



COMMONWEALTH of VIRGINIA
 STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Biennial Planning Meeting

DRAFT MEETING MINUTES

Tuesday July 27, 2021 12:30 p.m.

**DHBDS, 13th Floor Large Conference Room, Jefferson Building,
 1220 Bank Street, Richmond, VA 23219**

This meeting was held in person with a physical quorum present, with electronic or phone connection available. A recording of the meeting is available. No business was conducted.

		<p>Members Present: Elizabeth Hilscher, Chair; Rebecca Graser, Vice Chair; Paige Cash (electronic); Kendall Lee; Moira Mazzi; Christopher Olivo; Sandra Price-Stroble.</p> <p>Members Absent: Varun Choudhary; Jerome Hughes.</p> <p>Staff Present: Heidi Dix; Ruth Anne Walker.</p>
	1:30	<p>Welcome & Introductions At 1:30 p.m., Elizabeth Hilsher called the meeting to order</p>
	1:45	<p>Heidi Dix reviewed the current list of DBHDS primary strategic objectives, which are connected and interconnected with major system activities and initiatives. The six strategic objectives include:</p> <ol style="list-style-type: none"> 1. DBHDS facilities cannot remain at or over full capacity. It is not sustainable or safe, particularly with a workforce at critically low levels. DBHDS must reduce census to 85% of capacity to ensure safe and high-quality operations for both patients and staff. 2. Compliance with the DOJ Settlement Agreement will ensure that a higher level of quality does occur and is sustained even after we fully exit the settlement agreement. 3. STEP-VA, Project Bravo and crisis transformation will rebalance the system away from high cost, high acuity inpatient hospitalizations to lower cost community-based prevention and wellness. Restructuring the financing system is the census crisis' true long-term solution 4. DBHDS must do the hard work to become an organization in which Diversity, Equity and Inclusion is a defining element in workplaces and in the delivery of services..

		<p>5. DBHDS has a profound need to improve its data systems and data management processes. DBHDS must modernize to become a Data Driven Organization.</p> <p>6. 6. DBHDS is a healthcare system, not a Central Office and 12 independent facilities. To optimize performance and protect limited resources, DBHDS must operate as a single, unified agency with robust oversight of operations and an emphasis on enterprise solutions.</p> <p>Ms. Dix also presented the agency’s proposals for ARPA funding. Members asked clarifying questions and discussed the topics and issues with Ms. Dix.</p>
	2:45	Break
	3:00	<p>Board Planning Session Beginning at 3 p.m., members reviewed the information provided by Ms. Dix and discussed a list of five possible priorities for the board to consider at the regular meeting the next day.</p>
	4:15	<p>Review of Powers and Duties Ruth Anne Walker reviewed briefly the powers and duties of the board.</p>
	5:00	Ms. Hilscher adjourned the planning meeting at 4:45 p.m.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Nominating Committee DRAFT MEETING MINUTES 5:00 p.m., Tuesday, July 27, 2021

*This meeting was held in person with a physical quorum present,
with electronic or phone connection available.*

I.	5:05 pm	Call to Order Committee Chair Moira Mazzi called the meeting to order. A quorum was present. Members Present: Moira Mazzi; Kendall Lee. Members Absent: Jerome Hughes. Staff: Ruth Anne Walker, Board Liaison and Director of Regulatory Affairs.
II.	5:07 pm	Approval of July 27, 2021, Agenda <i>On a motion by Dr. Lee and a second by Ms. Mazzi, the agenda was.</i>
III.	5:10 pm	Consideration of Nominees for Slate Ms. Mazzi referenced that the Bylaws of the Board lay out the timeframe for the nominations and elections of officers. She reported that after communicating with all members to confirm interest of anyone interested in running for the chair and vice chair positions, that only the current chair and vice chair were interested in running. <i>Dr. Lee moved to nominate as a slate, Elizabeth Hilscher for the chair position and Rebecca Graser for the vice chair position. Ms. Mazzi seconded the motion. The vote was unanimous to adopt the slate as presented.</i> Ms. Mazzi announced that the report of the committee would be made to the full board at the July 28, 2021, regular meeting.
IV.	5:15 pm	Adjournment Ms. Mazzi adjourned the meeting.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Regular Meeting DRAFT MEETING MINUTES

9:30 a.m., Wednesday, July 28, 2021

This meeting was held in person with a physical quorum present, with electronic or phone connection available. A recording of the meeting is available.

Members Present (virtually)	Elizabeth Hilscher, Chair; Rebecca Graser, Vice Chair; Paige Cash (electronic); Kendall Lee; Moira Mazzi; Christopher Olivo; Sandra Price-Stroble.
Members Absent	Varun Choudhary; Jerome Hughes.
Staff Present	Heidi Dix, Deputy Commissioner, Division of Quality Assurance and Government Relations Cort Kirkley, Chief Administrative Officer Josie Mace, Legislative Affairs Manager Heather Norton, Assistant Commissioner, Division of Developmental Disability Services Ruth Anne Walker, Regulatory Affairs Director and State Board Liaison. ADD OTHERS
Guests Present	Invited guests: Jennifer Faison, Executive Director, Virginia Association of Community Services Boards. Other citizens attended electronically.
Call to Order and Introductions	At 9:32 a.m., Elizabeth Hilscher, Chair, called the meeting to order and welcomed everyone. Ms. Hilscher noted that with the end of the Governor’s State of Emergency, the meeting was held under the established requirements of Virginia’s Freedom of Information Act with a physical quorum present, but other board members and the public are able to participate electronically or by phone. As such, roll call attendance and votes would not need to be taken. A quorum of six members was physically present, and a seventh member participated electronically. The meeting packet of information was located on Virginia’s Town Hall. Members and staff introduced themselves.
Approval of Agenda	<i>At 9:37 a.m. the State Board to adopt the April 14, 2021, agenda with amendments on the time change for the DOJ presentation by Heather Norton and the Commissioner’s report, which would be delivered by Cort Kirkley. On a motion by Becky Graser and a second by Kendall Lee, the agenda was approved as amended.</i>

<p>Approval of Draft Minutes</p>	<p>Regular Meeting, April 14, 2021 <i>At 9:39 a.m., on a motion by Sandra Price-Stroble and a second Becky Graser, the April minutes were approved as final.</i></p>
<p>Officer Elections</p>	<p>At 9:40 a.m., Ms. Hilscher passed the gavel to the Nominating Committee Chair Moira Mazzi to continue to conduct the meeting through the officer elections, as both Ms. Hilscher and Ms. Graser were running for re-election as chair and vice chair, respectively.</p> <p>A. Presentation of the Slate of Candidates Ms. Mazzi reported that the committee met the afternoon before and adopted a slate of Ms. Hilscher and Ms. Graser were running for re-election as chair and vice chair. She reported that all members had been contacted prior to the committee meeting to gauge interest in seeking office.</p> <p>B. Nominations from the Floor Ms. Mazzi called for any nominations from the floor; there were none.</p> <p>C. Election <i>On a motion by Ms. Mazzi and a second by Dr. Lee, Ms. Hilscher and Ms. Graser were reelected unanimously.</i></p> <p>D. Passing of the Gavel At 9:42 a.m., Ms. Hilscher received the gavel back from Ms. Mazzi and resumed chairing the meeting. She thanked the Nominating Committee for their work stated it was an honor to serve with all the members.</p>
<p>Public Comment</p>	<p>At 9:42 a.m., Ms. Hilscher noted that an updated packet was uploaded a revised packet to Town Hall with three nonsubstantive amendments to the proposed stage actions, and committee meeting minutes from April.</p> <p>She stated 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, and no one present wished to present.</p>
<p>US Department of Justice Settlement Agreement with</p>	<p>At 9:50 a.m., Heather Norton, Assistant Commissioner, Developmental Services, presented on a topic identified by board members for an overall update: The status of the work on meeting the terms of the Settlement Agreement, and specifically 1. Compliance and Quality; and 2. Exiting the</p>

Settlement Agreement: Investments in Technology and Data.
(Presentation available upon request.)

- Monitoring Compliance
 - Project Management Process
- Exiting the Settlement Agreement
 - Successes
 - Challenges
- Investing in Technology
 - Current System Review/Concerns
 - Budget Request

She shared the project status dashboard, and the three stages since March 2020 (build phase with the 321 indicators; July 2020 run phase of implementing those processes for the indicators and received feedback from the independent reviewer; and currently, the project management process to bring any grey areas into compliance). The dashboard includes areas of risks or concerns.

Ms. Norton reported that the independent reviewer pointed out that despite the pandemic slowing Virginia's progress, the Commonwealth maintained its focus and continued to achieve many of the Agreement requirements. Of the 121 provisions, 40 remain non-compliant. Of the 319 indicators, 131 met within first 18 months (a number of things that were already in place or partly in place).

She stated that DBHDS develops a Data Quality Monitoring Plan to ensure that it is collecting and analyzing consistent reliable data. Data sources are not used for compliance reporting until they are found to be valid and reliable. This evaluation occurs at least annually and includes a review of, at minimum, data validation processes, data origination, and data uniqueness.

The Commonwealth submitted formal notification of non-compliance, July 19, 2021, and has 45 days to respond. DBHDS is working towards becoming a data-driven organization because the pandemic highlighted deficiency of data systems across multiple state agencies, and the independent reviewer focused on data reliability and validity as an obstacle to exiting the settlement agreement. The Commonwealth (including DBHDS and the Office of the Attorney General) are meeting with DOJ regarding concerns about eleven main areas of concern:

1. Case Management.
2. Crisis Services/Complex Behavioral.
3. Integrated Settings.
4. Regional Support Teams.
5. Quality Management System.
6. Risk Management.
7. Mortality.
8. Data, Quality Assurance, and Quality.
9. Provider and CSB Quality Improvement Programs.
10. Training.
11. Licensing and Human Rights.

At 10:15 a.m., Cort Kirkley, Chief Administrative Officer, presented part of the information to the board regarding the current state of the data systems that impact compliance with the settlement agreement and continued with the focus on becoming a data-driven organization, including the need to replace antiquated systems and systems across the agency that do not interact together. He reported that the current IT/data improvement initiatives:

- ITIB
- ImpactMakers DOJ Compliance Indicator Validation
 - Build
 - Run
 - Sustain
- Qlarion Data Pinnacle
 - Developing Strategic Plan for Data Management and Analytics
- IT Data Solutions and Project Manager
 - Dedicated resources to manage projects and systems needed to execute Data Strategic Plan
- Other Tools – Tableau, MS Dynamics

Mr. Kirkley reviewed the investment of resources needed to carry out the updates, including those spent to date.

Christopher Olivo asked about the Medicaid DD Waiver waiting list – any progress made and any that can be expected. Ms. Norton reported that a request was made to the 2020 General Assembly for the creation of workgroup to discuss ways to address the waitlist over time, and that workgroup has been meeting since the spring of this year. More than 6,000 slots have been allocated since the settlement agreement was signed in 2012. She stated it is important to remember over 50 percent is made up of children. There are prioritized categories for the waiting list. Priority 1 are those individuals who need waiver services

now; priority 2 and 3 categories include those who need services within five years. The cost for the slot is not the only need; administrative needs (i.e., working with providers to create capacity to meet those needs). The workgroup put forward a number of recommendations that will be put forward in a report to be published on November 1, 2021.

Ms. Graser referenced Heidi Dix's overview of the agency's priorities in the Biennial Planning Meeting the day before; and Ms. Graser asked about the timeline for the replacement of CCS3. Mr. Kirkley stated that the planning for the replacement is happening (business requirements, specifications) and the funding for the replacement is critical to moving forward, either through ARPA funding or other General Assembly funding. It will take a couple of years to replace. Ms. Graser also asked if consistency across CSBs for submission of information was a goal. Mr. Kirkley stated CCS3 has its own taxonomy; there are standard industry terms (i.e., ICD 10) that could be used. To get all CSBs and the state facilities communicate on the same system would be helpful, but with electronic health records for behavioral health data allow exchanges without being on the same system.

Ms. Hilscher stated it is clear that staff are working very hard on an extremely monumental task. She expressed appreciation for their time.

Regulatory Actions

Regulatory Actions

At 10:48 a.m., Ms. Hilscher directed all to turn to page 23 in the packet. She introduced all DBHDS staff on to assist with the presentation of the regulator actions: Ruth Anne Walker, Regulatory Affairs Director and State Board Liaison; Emily Bowles, Office of Licensing Associate Director for Licensing, Regulatory Compliance, Quality and Training; Susie Puglisi, Regulatory Research Specialist in the Office of Regulatory Affairs; Alexis Ablasca, Chief Clinical Officer; and Jeff VanArnam, Adult Mental Health Services Coordinator, Division of Community Behavioral Health Services.

Ruth Anne Walker took a moment to explain the role of the Office of Regulatory Affairs serve as experts on the regulatory process including the drafting process, and the leads from various offices are the subject matter experts, including clinical expertise. Further, she reminded the board that the proposed stage in the standard process is the key

editing stage that includes a 60 day public comment period. The final stage also includes a 30 day public comment period, but major edits are not expected at that point. If major revisions are needed after the proposed stage 60 day public comment period, then a second proposed stage would be needed.

A. Proposed Stage

Ms. Walker reminded all online that an updated packet was available online with nonsubstantive amendments to regulatory actions. She asked that the board adopt the amendments so that all three drafts were in proper posture for the board to review.

ADDENDUM TO PACKET

I. Request for Two ASAM Amendments

Within the regulatory action regarding ASAM Amendments to Chapter 105 the Office of Regulatory Affairs requests amendments to:

1. Correct a term in two places as listed below: **'Clinically managed population'** **specific high-intensity residential**, and
2. Re-alphabetize the Definitions section (move from 's' to 'c') and renumber the Licenses section (create a new 'B.2.' and cascade numbering through the list) to correspond to the corrections.

12VAC35-105-20. Definitions. **(excerpt) -Insert on page 54.** **"Clinically managed population s** **pecific high-intensity residential services"** **means a substance use treatment program that provides a structured recovery environment in combination with high-intensity clinical services provided in a manner to meet the functional limitations of individuals. The functional limitations of individuals who are placed within this level of care are primarily cognitive and can be either temporary or permanent.**

12VAC35-105-30. Licenses. **-Insert on page 66, renumber entire list pages 66-67.**

- A. Licenses are issued to providers who offer services to individuals who have mental illness, a developmental disability, or substance abuse (substance use disorders) or have brain injury and are receiving residential services.
- B. Providers shall be licensed to provide specific services as defined in this chapter or as determined by the commissioner. These services include:

1. Case management;
- 2. Clinically managed high-intensity residential care;**
3. Clinically managed low-intensity residential care;
4. Community gero-psychiatric residential;
- ~~3.~~ 5. ICF/IID;
4. 6. Residential crisis stabilization;
- ~~5.~~ 7. Nonresidential crisis stabilization;
- ~~6.~~ 8. Day support;
- ~~7.~~ 9. Day treatment, includes therapeutic day treatment for children and adolescents;
- ~~8.~~ 10. Group home and community residential;
- ~~9.~~ 11. Inpatient psychiatric;
- ~~10.~~ 12. Intensive community treatment (ICT);
- ~~11.~~ 13. Intensive in-home;
- ~~12. Managed withdrawal, including medical detoxification and social detoxification;~~
- ~~13.~~ 14. Medically managed intensive inpatient service;
15. Medically monitored intensive inpatient treatment;
16. Medication assisted opioid treatment;
17. Mental health community support;
- ~~14.~~ Opioid treatment/medication-assisted treatment;
- ~~15.~~ 18. Mental health intensive outpatient;
19. Mental health outpatient;
20. Mental health partial hospitalization;
21. Emergency;
- ~~16.~~ Outpatient;
- ~~17.~~ Partial hospitalization;
- ~~18.~~ 22. Program of assertive community treatment (PACT);
- ~~19.~~ 23. Psychosocial rehabilitation;
- ~~20.~~ 24. Residential treatment;
- ~~21.~~ 25. Respite care;
- 22. 26. Specific high-intensity residential;**
27. Sponsored residential home;
- ~~23.~~ 28. Substance abuse residential treatment for women with children;
- ~~24.~~ 29. Substance abuse intensive outpatient;
- ~~25.~~ 30. Substance abuse outpatient;
31. Substance abuse partial hospitalization;
32. Supervised living residential; and
- ~~26.~~ 33. Supportive in-home.

II. Request for BHE Amendment

Within the regulatory action regarding BHE Amendments to Chapter 105 the Office of Regulatory Affairs request an amendments to:

1. Remove the term “partial hospitalization” within the definition section (to align with the ASAM action also before the board). This has already been removed as a specific license and the definitions for both mental health and substance abuse partial hospitalization in the draft; that the drafting intent was to remove the general definition of partial hospitalization.

12VAC35-105-20. Definitions. **(excerpt) -Remove from page 60.**

~~"Partial hospitalization service" means time-limited active treatment interventions that are more intensive than outpatient services, designed to stabilize and ameliorate acute symptoms, and serve as an alternative to inpatient hospitalization or to reduce the length of a hospital stay. Partial hospitalization is focused on individuals with serious mental illness, substance abuse (substance use disorders), or co-occurring disorders at risk of hospitalization or who have been recently discharged from an inpatient setting.~~

On a motion from Dr. Lee and a second from Mr. Olivo, the corrective amendments were adopted.

1. Licensing Regulations, 12VAC35-105: Behavioral Health Expansion.

Ms. Bowles gave an overview of the changes from emergency to proposed language. The expansion phase one was split into two groups of services; the first group went live July 1, 2021, and included: assertive community treatment (ACT), mental health partial hospitalization, and mental health intensive outpatient. The second group of phase one are scheduled to ‘go live’ on December 1, 2021 and includes: functional family therapy (FFT), multisystemic family therapy (MST), 23 hour temporary observation services, community based crisis stabilization, residential crisis stabilization, and mobile crisis. For the emergency regulation, the focus was on any current Licensing regulations that would inhibit the phase one services to move forward. For the majority of the required services for behavioral health enhancement, changes were not needed. However, in the ‘overhaul’ of the Licensing regulations currently underway, more details will be included in regulatory language. The vast majority of the service changes were for ACT and intensive community treatment service (ICT) (DMAS is no

longer be reimbursing for ICT as of July 1, 2021). Ms. Bowles reported that Office of Licensing, Jeff VanArnam, and staff from the Department of Medical Assistance Services met with the vast majority of providers of services before the changes to ACT and ICT took effect on July 1st. Notes were taken from those meetings on any needed regulatory changes in addition to comments received during the public comment period. Ms. Bowles provided a thorough review of the changes in the draft language and reasons for them.

Ms. Hilscher asked for an explanation about the amendment in Section 1360 (page 67) to eliminate 'personality disorders' and 'traumatic brain injuries' from those eligible for ACT services. Mr. VanArnam explained that the admission criteria for the service exclude those diagnoses because the literature regarding community treatment has been pretty clear about the population that is best served by assertive community treatment. The individuals with those diagnoses would not necessarily be excluded all together, but to have either of those as a primary diagnosis, those individuals are not best served by the service. ACT services are designed for a subset of individuals with serious mental illness (SMI) of the most chronic level of illness.

At 11:10 a.m., on a motion by Paige Cash, and a second by Moira Mazzi, the proposed stage amendments to Chapter 105 were adopted and initiation of the proposed stage was authorized.

2. Licensing Regulations, 12VAC35-105: ASAM Criteria.

At 11:15 a.m., Susan Puglisi gave an overview of the two proposed regulatory actions, one for the General Licensing Regulations (Chapter 105) and one for the Children's Licensing Regulations (Chapter 46). She reminded the State Board that in 2016, the opioid addiction crisis was declared a public health emergency in Virginia, and the opioid crisis has worsened during the COVID-19 pandemic. In 2020, DBHDS was directed by the General Assembly to adopt regulations that align with the American Society of Addiction Medicine (ASAM) Levels of Care. In addition to the General Assembly mandate, the regulatory action incorporates best practices to promote recovery. This action provides the necessary definitions for the newly aligned services to be provided; and create staff, program, admission,

discharge, and co-occurring enhanced program criteria for:

- 4.0 (Medically managed intensive inpatient services),
- 3.7 (Medically monitored intensive inpatient services),
- 3.5 (Clinically managed high-intensity residential services),
- 3.3 (Clinically managed population-specific high-intensity residential services),
- 3.1 (Clinically managed low-intensity residential services),
- 2.5 (substance abuse partial hospitalization services),
- 2.1 (Substance abuse intensive outpatient services),
- Substance abuse outpatient services, and
- Medication assisted opioid treatment services.

Ms. Puglisi explained that the primary changes made to the regulations from the emergency stage to the proposed stage were to align the chapter with the federal regulations for [Certification and Treatment Standards for Opioid Treatment](#) (see Article one sections 925-1010).

Federal regulations supersede state regulations; therefore, providers are already required to meet these federal regulations, however by incorporating these standards into the Licensing Regulations, the regulations will become more accessible to both providers and individuals served, by ensuring all requirements are in one place.

Alexis Aplasca stated that ASAM criteria are the 'gold standard' for evidenced-based treatment regulations with those standards based on outcomes, and aligning the regulations will help to address the opioid crisis in Virginia by creating a 'floor' for providers to provide the services. She explained that sometimes the nuance between the levels is difficult to follow for the layperson, but they are designed to allow a person to smoothly move through a continuum of care from inpatient to outpatient care. Dr. Aplasca used the analogy of three 'buckets' to help understand the levels: level four services are the 'inpatient bucket,' level three services are in the 'residential bucket,' and level two is the 'outpatient bucket.'

At 11:20 a.m., on a motion by Dr. Lee, and a second by Mr. Olivo, the proposed stage amendments to Chapter 105 were adopted and initiation of the proposed stage was authorized.

3. Childrens Residential Regulations, 12VAC35-46: ASAM Criteria.

Ms. Puglisi reviewed that this action provides the necessary definitions for the newly aligned services to be provided; and create staff, program, admission, discharge, and co-occurring enhanced program criteria for:

- 3.3 (Clinically managed population-specific high-intensity residential services), and
- 3.1 (Clinically managed low-intensity residential services).

Ms. Puglisi stated that no changes were made to the regulatory language within Chapter 46 from the emergency stage to the proposed Stage, except for minor typographical edits.

At 11:25 a.m., on a motion by Ms. Price-Stroble, and a second by Dr. Lee, the proposed stage amendments to Chapter 46 were adopted and initiation of the proposed stage was authorized.

B. Initiate Periodic Reviews:

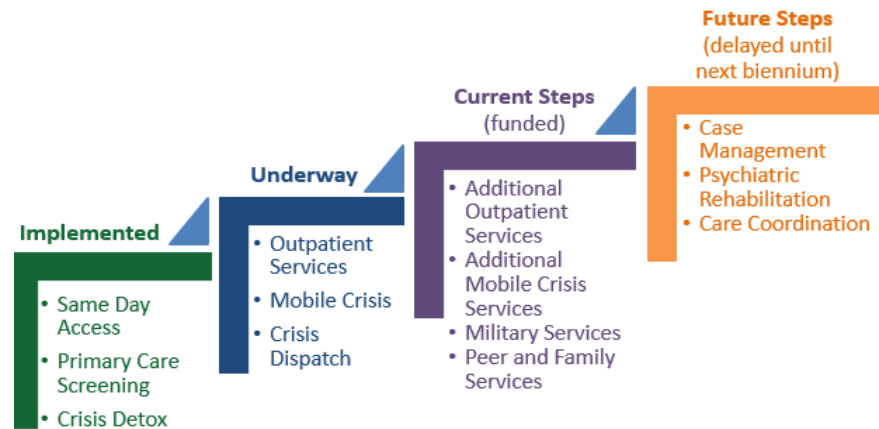
Following these three proposed stage requests are the requests to initiate four periodic reviews of other regulations, and an overall update of all actions in progress or in draft development. Ruth Anne?

1. 12 VAC 35-12 Public Participation Guidelines.
2. 12 VAC 35-190 Regulations for Voluntary Admissions to State Training Centers.
3. 12 VAC 35-200 Regulations for Emergency and Respite Care Admission to State Training Centers.
4. 12 VAC 35-210 Regulations to Govern Temporary Leave from State Facilities.

At 11:28 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 stated that these four regulations were thoroughly scrubbed four years ago and while they may have amendments, extensive changes were not expected.

Upon a motion by Dr. Lee and a second by Ms. Mazzi, the State Board voted unanimously by roll count to authorize the

	<p><i>initiation of a periodic review of Chapter 12, 190, 200, and 210.</i></p>
<p>Commissioner's Report</p>	<p>At 11:30 a.m., Cort Kirkley provided agency updates on behalf of Commissioner Alison Land, who was called to be present at a press announcement by the Governor regarding ARPA funds. <i>(Presentation available upon request.)</i></p> <p>He reviewed a number of topics.</p> <p>1. Planning to resolve the state hospital staffing, including:</p> <ul style="list-style-type: none"> ▪ Utilization of FY 2021 end-of-year non-General Fund operating reserve cash balances of \$25M to support 1st quarter retention bonus strategy \$14.6M; and earmark \$10.4M for emergency staff contracts ▪ DBHDS requests re-appropriation and authorization to use existing \$6.1M in FY 2021 end-of-year General Fund facility balances to reimburse DBHDS for the costs stated above regarding staff bonuses and contracts. <p>2. Recent DOJ Updates/Accomplishments</p> <ul style="list-style-type: none"> ▪ Training Center Discharge and Transition Sections IV and IV.D are closed. Section III Integrated Settings has a 67 % compliance rating and Section V Quality and Risk Management has a 33% compliance rating. ▪ Consent decree extended to July 1, 2022 <p>DOJ Challenges and Strategies</p> <ul style="list-style-type: none"> ▪ Identify and resolve barriers limiting growth of residential and day most integrated options. ▪ Invest in additional competency and capacity building for behavioral health supports. ▪ Develop best way to collect outcome data, streamline processes and paperwork. ▪ Integrate crisis services, and increase crisis continuum options. ▪ Support rate increases to expand workforce and access to all services. <p>3. Behavioral Health Expansion</p>



- Beyond critical community services, DBHDS is working to improve health information technology to eventually implement modern payment structures and a framework for quality improvement.

4. Crisis System Transformation

- Marcus Alert. State plan was completed July 1, 2021, with the first five Marcus Alert programs in place by Dec. 1, 2021.
- SB1302 (2021) establishes the crisis call center as the 9-8-8 National Suicide Prevention Lifeline contact point, in line with federal legislation.
- 23-hour crisis stabilization units (CSUs) and crisis intervention team assessment centers (CITACs), together with mobile crisis teams, are vital to the crisis continuum, addressing needs of those experiencing behavioral health crises as well as state hospital census challenges.

5. ARPA Purpose and Allowable Activities

- DBHDS' requests align with the purpose and allowable activities of ARPA State and Local Recovery - \$4.3 billion (Sec 9901).
- Stated Use of Funds: State Fiscal Recovery Funds ... meet pandemic response needs and rebuild a stronger, and more equitable economy as the country recovers. Use these funds to:
 - Support public health expenditures, by, e.g., funding COVID-19 mitigation efforts, medical expenses, behavioral healthcare, and certain public health and safety staff
 - Provide premium pay for essential workers, offering additional support to those who have and will bear the

greatest health risks because of their service in critical infrastructure sectors

- Optimization/business process improvement in area of public healthcare – especially in IT and Data Management
 - Integrate service delivery over the continuum
 - Achieve efficiency and effectiveness of service delivery
 - Enhance accountability
 - Great use of one-time funds / resources with long term impacts.

Ms. Graser commented that the commissioner's action regarding state hospital admissions was important. She asked about the initiative for visiting nurses and whether it would be ongoing. Mr. Kirkley said it was currently planned as short term; if ARPA funds are approved, it could go on a bit longer. But the goal is to increase staff pay to increase retention and overall number of staff.

Ms. Mazzi asked if visiting nurses are from this country. Mr. Kirkley stated they are and it is not a new practice; typically, they come for 6-9 months. International nurses take a much longer lead time to arrange for placement. The visiting nurses help to fill in a few critical positions temporarily, but is nowhere near the over 196 nurses currently needed.

Ms. Mazzi asked how staff are responding to the bonuses and contracts, and whether they bonuses are just for 13 weeks. Mr. Kirkley responded that mostly there has been a positive response, but the awareness of the difference in salaries has put in stark relief the need to increase permanent staff salaries. Resolution will come when compensation can be closer to the industry standard. Following the 13 weeks, either salaries will be raised or additional retention bonuses will be allocated.

Ms. Mazzi asked about the statewide sitter ER initiative (alternative transportation) pilot that would amend the current G4S contract for alternative transportation to provide sitter services for individuals with a temporary detention order (TDO) awaiting transfer to an inpatient behavioral health bed instead of law enforcement officers. She thought that it looked affordable for the scale, and wondered if that because it is a pilot program. Mr. Kirkley identified two factors, with one being that it is a pilot, and the other that other funds can be leveraged and existing efficiencies. He was not sure how

	<p>big the cost would be statewide; he would get that information.</p> <p>Ms. Hilscher stated she was hopeful to hear what was announced in the Governor’s press conference. Mr. Kirkley stated the timing of the state hospital staffing and census crisis right before the special session and decisions about the federal funding should prove beneficial. He hopes there is also positive carryover to the regular session in January.</p> <p>Ms. Hilscher thanked Mr. Kirkley and asked that he extend her best to the commissioner, and expressed support for the commissioner’s decision to freeze admissions temporarily.</p>
BREAK for Lunch, 30 minutes	<p>At 12:05 p.m., Ms. Hilscher suspended the meeting for a 30 minute lunch break, reconvening at 12:35 p.m.</p>
Committee Reports	<p><i>At 12:35 p.m., Ms. Hilscher reconvened the meeting.</i></p> <p>A. Planning and Budget</p> <p>Ms. Walker reported that a list had been prepared of the priorities discussed at the biennial planning meeting the previous day. In reviewing the draft priorities, the committee voted to recommend to the full board an amendment to add a sixth priority to the list:</p> <p>6. <u>Brace for the impacts of the pandemic on the system for all stages of the lifespan in regard to resources and priorities. By necessity, society has had to be reactive but hopefully things can shift to be more proactive.</u></p> <p>The committee also began to map out topics for presentations in 2022, in addition to the rest of the calendar year. The committee will work to finalize the chart of topics for this year and next year, and bring it to the board at the September meeting. For example, the annual update from the Office of Human Rights is moved to September to allow time at this July meeting, and a request is pending with the Department of Health for a presentation on health equity. Stacy Pendleton will be invited to speak to workforce recruitment and training issues and how the interface with colleges for career pathways is working and might become more robust.</p> <p>An agency budget update was received from Erin Kelley, and the quarterly budget summary of the board’s budget was distributed in hard copy.</p>

	<p>B. Policy Development and Evaluation</p> <p>At 12:41 p.m., Josie Mace, Legislative Affairs Manager, reported that the committee continued the review of policies from the April meeting that was cut short due to technical difficulties; reviewed the six year Policy Review Schedule; and, heard from Stacy Pendleton, Chief Human Resources Officer, on Policy 3000 (CO) 74-10 Appointments of Department Employees to Community Services Boards. That policy, along with Policy 2010 (ADM) 88-2 Policy Development and Evaluation, and Policy 2011 (ADM) 88-3 Naming New and Existing State Facilities, are expected to come to the State Board at the September meeting.</p> <p>The committee continued its discussion of STEP-VA in relation to existing board policies. That discussion will continue.</p> <p>The committee considered holding another meeting outside of the quarterly board meetings, but for now there are no plans to do that.</p> <p>Ms. Graser, Committee Chair, stated the next policy to review is Policy 1034 (SYS) 05-1 Partnership Agreement.</p> <p>All board policies are posted on the agency web site: https://dbhds.virginia.gov/about-dbhds/Boards-Councils/state-board-of-BHDS/bhds-policies.</p>
<p>Board Member Spotlight (New)</p>	<p>At 12:45 p.m., Ms. Hilscher stated is the second time for this new item that, for the foreseeable future at each meeting, there will be a segment to hear more about one of the members.</p> <p>Dr. Lee shared that he resides in Kenbridge in Lunenburg County, and has worked at Longwood University for six years. He currently serves as the Assistant Director for Speech, Hearing, and Learning Services. He is in charge of administrating the core programs for those services. There are a lot of school based and young children, but even adults. There is also an audiology program for all ages for assessments and hearing aids.</p> <p>Virginia Quality, internal Project JumpStart, and the Infant and Toddler Program, which serves the seven counties in the area. It is one of only two Early Intervention offices in the state affiliated within a university. The program that is unique</p>

	<p>is that it is directly associated with a clinical training program for speech therapy. It helps trainees to be exposed to the spectrum of other services administered within the office.</p> <p>Prior to coming to Longwood, he worked for nine years at the Children’s Hospital of Richmond, starting in the Infant and Toddler Program. He also worked for VCU in the Office of the President and Government Relations as the Associate Director of Government Relations for the Children’s. In that position, he focused on local, state, and federal relations and fondly remembers time at the General Assembly advocating for children’s health. He recalled children’s mental health being a huge focus area during his time and it was so rewarding to work with the faculty, staff, and administration to see the new Virginia Treatment Center for Children funded and built.</p> <p>These work experiences for his entire career have been focused on the unique physical and mental health needs of children and their families. The work of the State Board is another way to volunteer time to advocate for Virginia’s youngest citizens, including helping to create awareness and to educate others on the specific needs of those who reside in Southside Virginia, which tends to be more rural and by default, sometimes has limited access to resources.</p> <p>Dr. Lee started his professional career back in September 2001 as a case manager in an infant and toddler program at a the local community services board in his home area. At that time and for several years that followed, he was the only male in the entire state who worked as a service coordinator in the program.</p> <p>When reflecting back on where that start and where he is today, I have been involved in professionally and many things personally have centered on advocating for those who are often underserved. When looking beyond the policy, oversight, and administrative responsibilities over the years, he has always been an advocate and he believes that it is in this that this board shines most.</p>
<p>Update: Virginia Association of Community Services Boards (VACSB)</p>	<p>At 1:05 p.m., Jennifer Faison, VACSB Executive Director, reported on the association’s proposal to receive ARPA funding. The plan was based on the assertion that Virginia’s CSBs are uniquely situated to ensure that these funds are used to bring access to care to vulnerable individuals and</p>

	<p>that they are in support of the public health goals outlined by the Governor and the General Assembly. The funds would support system enhancements in four major areas and include a carve-out for pilot programs:</p> <ul style="list-style-type: none"> ▪ Workforce development; ▪ State hospital diversion/discharge; ▪ Physical infrastructure; and ▪ IT and administrative infrastructure. <p>The plan strategizes around key goals:</p> <ul style="list-style-type: none"> ▪ Meeting local needs in support of statewide goals using a formula similar to one currently being used to distribute STEP-VA funding but also takes into account the state general fund cuts CSBs took as a result of Medicaid expansion. ▪ Supporting previously identified statewide goals of: workforce development, STEP-VA, crisis system enhancements, system enhancements to support state hospital diversion and discharges, system enhancements to support more efficient information exchange both within the public behavioral health system and with the broader healthcare community, and community support and integration for individuals with I/DD and their families. ▪ Identified needs that can be supported using one-time or short-term funding for: workforce development, physical infrastructure, IT and administrative infrastructure, pilot program, and accountability. <p>Ms. Graser asked a clarifying question about a comment about the Marcus Alert. Ms. Faison explained that the law requires that protocols must be in place when law enforcement must be involved in a crisis call.</p> <p>Ms. Mazzi asked a question about law enforcement intervention. Ms. Faison explained details about the TDO and transportation requirements for law enforcement.</p>
<p>Biennial Planning Meeting</p>	<p>At 1:45 p.m., Ms. Hilscher turned the board’s attention to the discussion at the planning meeting yesterday.</p> <p>A. Report Out</p> <p>She reported that there was a productive and worthwhile planning meeting discussion yesterday afternoon. Heidi Dix went over the department’s strategic objectives and prioritized budget requests. She thanked the board members and staff for taking time for this important work.</p>

With the general support for the department's budget priorities and strategic objectives, the board agreed to put a spotlight on ~~five~~ six specific areas. The overall and ongoing impacts of the pandemic are the umbrella and across all ages, under which these are recommended – DRAFT FORM:

- 1. Endorse the department's strategic priority #1 about maintaining the workforce. The state hospital crisis definitely is an immediate priority, but the board notes that workforce and pay issues are not new, and are systemwide.*
- 2. Endorse the department's strategic priority #3 regarding community based supports, as any previous efforts need to be completed and new efforts must be started to continue to make the community structure what it should be. Ex. STEP-VA.*
- 3. Public awareness for how to access services, the frequency that individuals in our country need services to address mental health and substance use disorders or developmental disabilities, and encouragement to seek help. The needs have always been there but the pandemic has raised awareness and reduced stigma, yet exacerbated those needs. Ex. Teen suicide; windows of development for children (especially for children with DD those windows are missed opportunities).*
- 4. Streamline the discharge process from state hospitals.*
- 5. Continue to prioritize waiver rates and the waiting list for the DD population.*
- 6. Brace for the impacts of the pandemic on the system for all stages of the lifespan in regard to resources and priorities. By necessity, society has had to be reactive but hopefully things can shift to be more proactive.*

On a motion by Dr. Lee and a second by Mr. Olivo, the draft list of priorities for the 2022-2024 biennium with the additional priority added from the Planning and Budget Committee was adopted; and staff would prepare a draft letter by August 15th for board review.

Next Steps: Letter to the Governor

A letter would be sent by the end of August in order to be timely to advise for in the development of the new biennium budget.

<p>Meeting Information</p>	<p>A. Meeting Calendar On a motion by Dr. Lee and a second by Ms. Mazzi, the following dates were adopted for 2022 <i>en bloc</i>:</p> <ul style="list-style-type: none"> ▪ March 30 - TBD ▪ July 13, Richmond ▪ September 28 - TBD ▪ December 7, Richmond <p>The dates, locations, and focus of the VACSB conferences were also discussed.</p> <p>B. Next Meeting: September 29, 2021 The next meeting is currently scheduled for Marion, Virginia. Ms. Walker reminded members that the schedule would be like it was for this meeting with late afternoon activities and a full regular meeting. Members should plan for two full days with drive time; September 28-29.</p>
<p>Other Business & Adjournment</p>	<p>Ms. Mazzi recommended doing something to recognize the hard work of the state hospital staff. A decision was made for staff to draft a resolution to bring to the board in September.</p> <p>There being no other business, Ms. Hilscher adjourned the meeting at 2:30 p.m.</p>

2021 MEETING SCHEDULE

DATE	Location
Sept. 29, (Wed)	<i>Southwestern Virginia Mental Health Institute (SWVMHI), Marion</i>
Dec: 8, (Wed)	<i>Central Office, DBHDS, Richmond</i>

CONCURRENT COMMITTEE MEETINGS

Wednesday, July 17, 2021 8:30 a.m. – 9:45 a.m.

DBHDS Central Office, 13th Floor Large Conference Room, Jefferson Building
1220 Bank Street, Richmond, VA

INSERT Planning minutes

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee

DRAFT MINUTES

JULY 28, 2021

8:30-9:25 AM

DHBDS, 12TH FLOOR CONFERENCE ROOM, JEFFERSON BUILDING,
1220 BANK STREET, RICHMOND, VA 23219

*This meeting was held in person with a physical quorum present,
with electronic or phone connection available. A recording of the meeting is available.*

Members Present: Rebecca Graser, Committee Chair/Board Vice Chair; Kendall Lee; Moira Mazzi; Sandra Price-Stroble.

Members Absent: Varun Choudhary.

DBHDS Staff Present: Alex Harris and Josie Mace, committee staff; Stacy Pendleton, Chief Human Resources Officer.

Guests Present: Valentina Vega (Medical Society of Virginia).

I. Call to Order

Rebecca Graser called the meeting to order at 8:35 AM.

II. Welcome and Introductions

Ms. Graser welcomed all present and committee members introduced themselves. Ms. Graser presented the minutes from the last committee meeting on April 14, 2021 for approval.

Kendall Lee made an amendment to move himself from “absent” to “present”.

Dr. Lee made a motion to approve the minutes as amended. The motion was seconded by Moira Mazzi. The minutes were approved unanimously by voice vote.

III. Review of 2021 Policy Review Plan and Presentation of Policies for Discussion (30 min)

A. [2010 \(ADM\) 88-2 Policy Development and Evaluation](#)

B. [2011 \(ADM\) 88-3 Naming New and Existing State Facilities](#)

C. [3000 \(CO\) 74-10 Appointments of Department Employees to Community Services Boards](#)

Stacy Pendleton, Chief Human Resources Officer for DBHDS, presented on Policy 3000 (CO) 74-10.

Members of the committee reviewed Policy 2010 (ADM) 88-2 and Policy 2011 (ADM) 88-3.

Sandra Price-Stroble made a motion to approve changes to the policies to be considered by the full Board at the September 29, 2021, meeting. Dr. Lee seconded. The motion passed unanimously by voice vote.

IV. Next Meeting: September 29, 2021

V. Other Business (15 min)

Josie Mace suggested an additional meeting before the end of the year to address additional policies; however, the committee ultimately decided the quarterly meetings would suffice.

The committee reviewed the STEP-VA presentation used by DBHDS Chief Deputy Commissioner Mira Signer and Lisa Jobe-Shields, Deputy Commissioner, Division of Behavioral Health, at the last committee meeting. The committee is interested in possibly prioritizing policy review for those policies related to STEP-VA. Ms. Mace and Alex Harris will compile items for consideration concerning STEP-VA.

Ms. Mace will identify a subject matter expert to review background for [Policy 1034 \(SYS\) 05-1 Partnership Agreement](#) at the next committee meeting.

VI. Adjournment

Ms. Graser adjourned the meeting at 9:20 AM.

All current policies of the State Board are on the agency web site at this address: <https://www.dbhds.virginia.gov/about-dbhds/Boards-Councils/state-board-of-BHDS/bhds-policies>