STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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COMMONWEALTH of VIRGINIA

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES Post Office Box 1797 Richmond, Virginia 23218-1797

REGULAR MEETING MINUTES

9:30 a.m., Wednesday, December 2, 2020

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

Members Present (virtually)	Elizabeth Hilscher, Chair; Rebecca Graser, Vice Chair; Paige Cash; Jerome Hughes; Kendall Lee; Moira Mazzi; Chris Olivo; Sandra Price-Stroble.
Members Absent	Varun Choudhary.
Staff Present	 Eric Billings, Deputy Director, Office of Fiscal and Grants Management. Heidi Dix, Deputy Commissioner, Division of Quality Assurance and Government Relations. Taneika Goldman, Deputy Human Rights Director. Alex Harris, Policy and Legislative Affairs Director. Robert Hobbleman, Chief Information Officer. Ramona Howell, Federal Grants Manager, Office of Fiscal and Grants Management. Alison Land, FACHE, Commissioner. Josie Mace, Policy and Finance Analyst, Office of Budget Development. Ruth Anne Walker, Regulatory Affairs Director and State Board Liaison.
Guests Present	Invited guests: Jennifer Faison, Executive Director, Virginia Association of Community Services Boards; John Shepherd, Chair, Charlottesville Area Local Human Rights Committee. Other citizens attended.
Call to Order and Introductions	At 9:31 a.m., Elizabeth Hilscher, Chair, called the meeting to order and welcomed everyone. She noted that the State Board was meeting via electronic means, in accordance with language in Item 4-0.01 g. of Chapter 1283 of the Acts of Assembly, 2020 Virginia General Assembly, Article 5 the Bylaws of the State Board, and the Virginia Freedom of Information Act (FOIA). All board members and department staff were able to converse, but all others on the call were muted with the ability to listen and view the screen. The

Approval of Agenda	 meeting packet of information was located on Virginia's Town Hall. Ms. Hilscher noted that there would be a period for public comment, within the timeframe allowed on the agenda. <i>At 9:32 a.m.</i>, Ms. Hilscher conducted a roll call of members and announced a quorum was present for the meeting. Ms. Hilscher welcomed new member Paige Cash from Pulaski County, filling the local elected position. Dr. Cash is a member of the Pulaski County School Board. <i>At 9:35 a.m. the State Board to adopt the December 2, 2020, agenda. On a motion by Sandra Price-Strobel and a second by</i>
	Moira Mazzi, the agenda was approved unanimously by roll call vote.
Approval of Draft Minutes	Regular Meeting, October 14, 2020 <i>At 9:38 a.m., on a motion by Chris Olivo and a second by Kendall</i> <i>Lee, the October minutes were approved as final by a roll call vote.</i>
Public Comment	At 9:40 a.m., Ms. Hilscher noted that a period for public comment was included on the draft agenda, and that it was announced with the meeting packet that anyone wishing to give verbal or written comments needed to email by 5 p.m. on December 1, 2020. No comments were received. John Shepherd, Chair of the Charlottesville Area Local Human Rights Committee, was invited to give comment on the upcoming periodic review of the Human Rights Regulations, and to reflect on how the changes to regulations in the last periodic review brought significant organizational improvements that made the process much more meaningful for individuals receiving services, members of the human rights committees, providers, and staff.
2021 General Assembly: Pre-Session Budget Review	At 9:50 a.m., Josie Mace, Financial and Policy Analyst, Office of Budget Development, summarized the limited budget requests approved for the Governor's <u>Budget Document</u> including emergency needs, mandated costs, court and federal mandates, and a handful of other requests to address urgent needs. Ms. Mace responded to a question about the 9.2M to exclude dementia from the mental health definition in regard to temporary detention orders, she explained that the intention is to provide more appropriate and less restrictive treatment options for those individuals with a primary diagnosis of dementia to be diverted from state hospitals.
2019 Biennial Planning Priority: Electronic Health Records (and General IT Update)	At 10:05 a.m., Robert Hobbleman, Chief Information Officer, provided an update on the status of electronic health records implementation and other IT projects and priorities. There have been recent changes to the division's organizational structure and

	an updated strategic plan that uses the IT Investment Board to prioritize projects. Current goals in regard to applications include application project oversight that is consistent, effective, utilizes resources well, and aligns with the strategic plan. Changes are being made to improve inventory information to ensure proper billing from VITA and that standardized equipment is used across the agency.
Regulatory Actions	 A. Initiate Periodic Review: Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services [12VAC35-115] (Human Rights Regulations) At 10:43 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. Taneika Goldman, State Human Rights Director, Office of Human Rights, spoke to the anticipation of the office to receive stakeholder comment on the existing regulations and of changes staff expect to propose to the State Board to further improve the process for all involved. Upon a motion by Jerome Hughes and a second by Moira Mazzi, the State Board voted unanimously by roll count to authorize the initiation of a periodic review of the Human Rights Regulations. B. General Update: Regulatory Matrix and 2021 Workplan
	Ms. Walker provided a regulatory workplan for 2021, and made particular note of the eight regulations due to undergo periodic review. The workplan lays out the activity expected to occur by board meeting.
Commissioner's Report	 At 11:06 a.m., Alison Land, Commissioner, spoke with the State Board about a number of critical issues including: <u>Impacts of the COVID-19 pandemic</u>, including the increased use of telehealth, tracking of cases and deaths, prioritization of essential services by DBHDS facilities and community services boards (CSBs); <u>Census at state hospitals</u>, which have had an added difficulty with admissions and discharges due to the necessary pandemic protocols, the need to halt admissions to preserve the ability to quarantine and isolate for COVID-19, the demand for geriatric beds often requires use of beds from the other adult bed available; <u>System Transformation Excellence and Performance (STEP- VA)</u> is the planned path to bring Virginians the robust,
	accessible, quality community behavioral health services system they deserve and it has rolled out such that same day

 access and primary care screening have been launched, and efforts are underway to expand outpatient services, mobile crisis, and the crisis dispatch; while initial data indicates: A total of 60,070 same day assessments were reported statewide. A sessments were conducted with 55,483 unique individuals. A total of 77,795 primary care screens were don. During the fiscal year, a total of 34,534 metabolic screens were reported across 17,113 individuals. US DOJ Settlement Agreement with Virginia has 47 provisions remaining that the Independent Reviewer deemed Virginia is not yet in full compliance, and the implementation of a well-structured DOJ project plan enabled Virginia to complete the build out of the newly negotiated 328 compliance indicators; the scope of studies by the Independent Reviewer will be modified based on COVID impacts; next steps include building out the mid- to long- term solutions and a public facing document library. \$52.6 million in federal grants to address opioids and stimulants were awarded through October 2022, and to date over 4,000 people have received Ireatment services and over 10,000 received recovery support services; medication assisted treatment (MAT) is now available in all 40 CSBs, and over 3,500 people have received MAT through this funding; eight colleges have been funded to build campus recovery programs; REVIVE!, a training for lay people and first responders to administer naloxone in the event of an overdose, has seen nearly 5,800 Naloxone kits distributed ; the peer recovery specialists and family support partners trained since January 2017; and the Curb the Crisis website was redesigned (www.curbthecrisis.com). VA COPES, a federally funded warmline to provide emotional support and referrals for Virginians who struggle to cope during the pandemic.
Ms. Graser mentioned the bill referred to as <u>Danny's Bill' (SB903</u> , <u>2020 Regular Session</u>) that requires hospitals with an emergency department to establish a protocol for treatment of individuals experiencing a substance use-related emergency. The protocol must include the completion of appropriate assessments or screenings to identify medical interventions necessary for the treatment of the individual in the emergency department. To date, while hospitals are receptive when peer staff make them aware of

	the requirement, there does not seem to be broad awareness of the legislation.
	Mr. Hughes commented that he was glad to hear that there will be more use of peer recovery specialists in the system, including on the statewide warm line rollout.
2021 General Assembly: Pre-Session Legislative Review	 At 12:05 p.m., adding to the information provided by Ms. Mace, Heidi Dix, Deputy Commissioner for Quality Assurance and Government Relations, spoke to the legislative landscape going into the 2021 Session of the Virginia General Assembly. <u>"Language only" draft budget amendments</u> were in the vetting process by the Administration; the Governor's Budget Document would be published December 16, 2020. Change DBHDS licensed provider annual inspection requirement for the period of the PHE; Authorize amendments for QRTP federal requirements pertaining to children's residential regulations; Change the victims of eugenical sterilization report requirements; Consolidate legislatively mandated waiver reports (there are currently six waiver reports); Remove training center reporting requirements (there are currently 13 annual reports); Provide options for acute inpatient care for children; Expand usage of CIT training funds; and Update DBHDS regulations to ensure appropriate discharge from state hospitals during periods of special hospitalization. Legislative proposals: Ten were considered by the Administration and thus far three were approved to go forward. The proposals are 'confidential Governor's working papers' until a later date (this is different from the budget proposals that are public much sooner). The proposals still under consideration address: Align CSB and facility discharge planning requirements with current needs and practices, which would assist with getting more individuals who are ready for discharge to move out of state hospitals more quickly and reduce overall census pressures; Changing terms of how/who/when/where restoration to competency occurs for misdemeanor cases in order to be more recovery oriented, and again lo

BREAK for Lunch, 30	 Ms. Dix noted other legislative items of interest: The regular legislative session may be just 30 days this year; it will be virtual. There are new, very tight bill limits this year, only seven for the House of Delegates and 12 for the Senate of Virginia. This will certainly make a difference in how the work of the session is addressed. Ms. Graser asked about DAP fundinglooking to make it smoother and faster from the currently cumbersome as it seems it takes 'forever' to get people out of the hospital. Build supports Ms. Dix spoke to Commissioner Land's private sector hospital perspective has been quite helpful to address this issue. She expects that real progress will be seen on this matter soon. In response to interest expressed by Ms. Graser in the budget adopted the previous week from the 2021 Special Session, Ms. Dix stated her thought that the agency did well with restoration of most funds for crisis services, STEP-VA, and other key pieces like discharge assistance planning (DAP), and pilots with private hospitals. Also, on the DD side, rate requests were addressed.
minutes Semi Annual Federal Grant Report	 lunch break, reconvening at 1:02 p.m. At 1:03 p.m., the Office of Fiscal and Grants Management Deputy Director Eric Billings and Federal Grants Manager Ramona Howell joined the meeting. Ms. Howell reported that the grants team biannually provides updates on grants under consideration, grants being actively pursued, and grants that have been received in the past 6 months. DBHDS was not currently pursuing or considering any new grants. Also, Mr. Billings explained that the team provides periodic briefs on new federal funds being pursued to the Grant Review Committee for review. For this biannual updated, Mr. Billings covered information on the following: 15 federal grants that total to approx. \$107 million in FY 2021 This amount does not include approved or potential
	 This amount does not include approved or potential Carryforwards. New Carryforwards would be approved in January 2021 for up to 25% of the FY 2021 award amount Does not include grants for which DBHDS is a subrecipient (2 grants that total \$386.3K in FY 2021) Does not include 3 approved No Cost Extensions for SOR, SOC, and Link PPW totaling \$7.8M

 Four grants: 1) Substance Abuse Block Grant; 2) Mental Health Block Grant; 3) State Opioid Response Grant; and 4) Early Intervention Part C Grant make up approx. \$99 million (or 92.6%) of the award amount in FY 2021 Most grants operate from 9/30/20 - 9/29/21 although the Block Grants operate on a two year period, Part C from 7/1/20 – 9/30/21, PATH from 9/1/20 – 8/31/21, Emergency COVID-19 from 4/20/20 – 8/19/21, and VA COPES (CCP) 9/1/20 – 5/31/21.
 Recently discontinued grants were noted: <u>Link PPW</u> - \$1.1 M for 9/30/19 - 9/29/20, mostly distributed to CSBs for pregnant and postpartum women with SUDs. Carryforward – Ends January 2021 Systems of Care - \$2.8 M for 9/30/19 - 9/29/20, distributed to CSBs and non-profits for community-based mental health support for families. Carryforward – Ends September 2021 SOR Grant - \$24.1 M 9/30/19-9/29/20, its objective is to address the opioid crisis by increasing access to medication-assisted treatment, reducing unmet treatment need, and reducing opioid overdose-related deaths through prevention, treatment, and recovery activities. Carryforward – Ends September 2021 Transitioned to new award SPF PFS - \$1.7 M for 9/30/19 - 9/29/20, mostly distributed to CSBs for the prevention and reduction of SUDs. NO CARRYFORWARDS CCP Thru VDEM- \$391K M for 4/30/20 - 9/28/20, for subrecipient relationships with non-profits that provide disaster relief assistance. Transitioned to the VA COPES grant
Ms. Howell and Mr. Billings reported, in response to a question, that amounts stay pretty stable year to year (around 100M per year). The types of grants and total grant funds saw a significant ramp up in the number of discretionary grants received by DBHDS, but since that time the total has been relatively static. In terms of the four big grants, SOAR grew since first received (initially 15M; now 24M), the Mental Health Block Grant received a significant increase (11M for 17M), both the Substance Abuse Block Grant and Part C were relatively static. Also in response to a question, they stated that financial audit and reporting tools are utilized in their office, and there is also lead office programmatic reporting; overall, there are a number of audits throughout the year by

	SAMHSA and APA, the state auditors. Audits and reporting are complied with as a team with the program offices.
Committee Reports:	A. Policy Development and Evaluation At 1:41, Alex Harris, Policy and Legislative Affairs Director, presented a brief review of the policy development and adoption process, and the revised workplan for the committee for 2021 that includes review of the following policies: 2011(ADM)88-3; 3000(CO)74-10; 2010(ADM)88-2; 1034(SYS)05-1; 1030(SYS)90- 3.
Update on the Virginia Association of Community Services Boards	 B. Planning and Budget At 1:47, Ms. Hilscher reported that the committee received a brief from Meghan McGuire, Chief Public Relations Officer, on the status of strategic planning within the agency. Understandably, overall planning slowed to shift focus to the pandemic; however, leadership sees a fresh opportunity now to carve out time to plan strategically both long-term and across the board. It is expected there will be more to come on this in April. Meeting topics for 2021 were discussed, and the committee would meet again in the near future to confirm those through July 2022. A new idea is to have a 'Board Member Spotlight' at each meeting (what drew them to the work of the State Board, their backgrounds and focus, etc.) to allow opportunity to know each other better. At 1:17, Jennifer Faison, Executive Director, Virginia Association of Community Services Boards (VACSB), updated the board on the status of CSBs. Since the October meeting of the State Board, the
	increase in rates of COVID-19 will continue to operationally impact CSBs and the delivery of services. CSBs had tried to open up again around August and September, but those are likely see the most operational changes (for example, day support services). CSBs report regularly to make DBHDS aware of operational changes. The ongoing expense and availability of personal protective equipment (PPE) is an ongoing concern.
	Both developmental disability and behavioral health services are impacted. In a number of behavioral health residential service locations, staff are becoming infected even though the overall capacity has been reduced; this further inhibits the ability to maintain capacity and sometimes requires that admissions are paused. PPE and telehealth expenditures are expected to be ongoing and likely to increase. The use of fitted N95 masks are quite expensive. So far, all of those expenses have not yet been reimbursed by CARES Act funding.
	Something that was rather late breaking is that the Administration announced interest in legalization of marijuana over a couple of

	years. The association has historically opposed both decriminalizing and legalizing; VACSB is now trying to formulate a position on that and how it will prompt the need for prevention and treatment funding. VACSB is advocating for a seat at the table if these plans go forward.
	Because of the special session and changes to the budget, it has been nearly impossible to finalize budget priorities as an association, which is normally done in October. A focus will be on preserving budget items that came out of the special session. VACSB will not put forward any legislative items. VACSB will likely advocate for funding to support additional sites that will come on to support the Marcus Alert legislation. This would be beyond the STEP-VA funding.
	In answer to a question, Ms. Faison explained that CSBs provide services to individuals who are uninsured or underinsured. In addition to that safety next role, CSBs are attached to emergency services as the only avenue for preadmission screenings. The bulk of those evaluations occur in an emergency room, but there are a significant number that occur in other settings including jails, CSBs, crisis intervention training (CIT) sites, or homes.
	Mr. Hughes, who is a CSB partner providing recovery services in five locations in Northern Virginia where individuals come to the recovery centers (and therefore, staff come in contact every day with clients), wondered if there was a priority of staff on the front lines for the vaccination, and also whether there is an opportunity to acquire PPE through grant funds. Ms. Faison expressed empathy with Mr. Hughes and stated that out of the 2.1M for PPE, CSBs are getting about 240K. The funding will come from the CARES Act. VACSB is not clear on the federal prioritization of administration of the vaccine. The residential nature of some services seems like it should be a higher priority.
Miscellaneous	A. Annual Executive Summary At 1:15 p.m., the draft executive summary was reviewed. No changes were suggested.
	 B. Meeting Dates At 1:53 p.m., members set dates through 2021 (see below), with tentative in person meetings later in the year, pending the status of the pandemic. On a motion from Dr. Cash and a second from Dr. Lee, a roll call vote confirmed unanimous approval of the dates and locations: April 14 (Wed), Virtual July 14 (Wed), Virtual and Central Office, DBHDS, Richmond

	 Sept. 29 (Wed), Southwestern Virginia Mental Health Institute (SWVMHI), Marion Dec 8 (Wed), Central Office, DBHDS, Richmond C. Board Liaison Assignments Ms. Walker would connect individually with members on the liaison role and send letters of introduction to directors of DBHDS state hospitals and CSBs.
	D. Quarterly Budget Report There were no changes to the budget except the expense of a plaque for former member Djuna Osborne.
Other Business & Adjournment	There being no other business, Ms. Hilscher adjourned the meeting at 2:06 p.m.