



COMMONWEALTH of VIRGINIA
STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

**Regular Meeting
MEETING MINUTES**

9:30 a.m., Wednesday, September 29, 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	Elizabeth Hilscher, Chair; Rebecca Graser, Vice Chair; Paige Cash; Varun Choudhary (electronic); Kendall Lee; Christopher Olivo; Sandra Price-Stroble.
Members Absent	Jerome Hughes; Moira Mazzi.
Staff Present	<ul style="list-style-type: none">• Emily Bowles, Office of Licensing Associate Director for Licensing, Regulatory Compliance, Quality and Training.• Heidi Dix, Deputy Commissioner, Division of Quality Assurance and Government Relations.• Taneika Goldman, Director, Office of Human Rights.• Alison Land, Commissioner.• Josie Mace, Legislative Affairs Manager.• Stacy Pendleton, Chief Human Resources Officer.• Susan Puglisi, Regulatory Research Specialist, Office of Regulatory Affairs.• Gail Maddox Taylor, Director, Office of Behavioral Health Wellness.• Ruth Anne Walker, Director, Office of Regulatory Affairs, and State Board Liaison.
Guests Present	Invited guests: Jennifer Faison, Executive Director, Virginia Association of Community Services Boards. Heather Anderson, Director of the Division of Primary Care, Office of Health Equity, Virginia Department of Health (VDH). Augustine W. Doe, Health Equity Specialist, VDH.

	<p>Anna Riggan, Social Epidemiologist/NHSC Site Support, Office of Health Equity, VDH. Julie Allen, Chair, State Human Rights Committee.</p> <p>Other Guests Physically Present: dLCV Interns: Taylor Easley; Sarah Meehan; Kat Webel.</p> <p>Other Guests Attended Electronically: Court Campbell; L. Cantrell; Sue Bergmann; Terri Gibbs; T. Haperman; Joshua Johnson; Elizabeth Lee; Kate Masters; Jason Pryor; Nicole (?); Scott Reiner; Katherine Rice; Pattie Schreeman; Aaron Smith; George Worthington; Kristin Zagar; unknown (804.---.522).</p>
<p>Call to Order and Introductions</p>	<p>At 9:33 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.</p> <p>The meeting packet of information was located on Virginia’s Town Hall. Members and staff introduced themselves.</p>
<p>Approval of Agenda</p>	<p><i>At 9:37 a.m. the State Board voted to adopt the September 29, 2021, agenda. On a motion by Kendall Lee and a second by Sandra Price-Stroble, the agenda was approved as amended.</i></p>
<p>Approval of Draft Minutes</p>	<p>Biennial Planning Meeting, July 27, 2021 <i>At 9:39 a.m., on a motion by Kendall Lee and a second by Sandra Price-Stroble, the minutes were approved as final.</i></p> <p>Nominating Committee Meeting, July 27, 2021 <i>At 9:40 a.m., on a motion by Becky Graser and a second by Kendall Lee, the minutes were approved as final.</i></p> <p>Regular Meeting, July 28, 2021 <i>At 9:41 a.m., on a motion by Paige Cash and a second Christopher Olivo, the July minutes were approved as final.</i></p>
<p>Public Comment</p>	<p>At 9:42 a.m., Ms. Hilscher stated a period for public comment was included on the draft agenda, and that an opportunity</p>

	<p>was available for anyone wishing to give verbal or written comments needed to email by 8 a.m. on September 29, 2021. No comments were received, and no one in attendance wished to give comment.</p>
<p>Regulatory Actions</p>	<p>Regulatory Actions At 9:45 a.m., Ms. Hilscher directed all to turn to page 36 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; Susan Puglisi, Regulatory Research Specialist in the Office of Regulatory Affairs; and Emily Bowles, Office of Licensing Associate Director for Licensing, Regulatory Compliance, Quality and Training.</p> <p>A. Emergency/Notice of Intended Regulatory Action</p> <p>1. Regulations for Children’s Residential Facilities, 12VAC35-46: QRTP. Ms. Puglisi provided background on the emergency action and a notice of intended regulatory action to promulgate permanent regulations through the standard process. The action was mandated by the 2021 General Assembly to promulgate regulations to amend the DBHDS Regulations for Children’s Residential Facilities to align with the requirements of the federal Family First Prevention Service Act. The Family First Prevention Services Act seeks to curtail the use of congregate or group care for children and instead places a new emphasis on family foster homes. With limited exceptions, the federal government will not reimburse states for children placed in group care settings for more than two weeks. For those limited exceptions the placement must be in an approved setting, known as qualified residential treatment program or QRTP. A QRTP must use a trauma-informed treatment model and employ registered or licensed nursing staff and other licensed clinical staff. The child must be formally assessed within 30 days of placement to determine if his or her needs can be met by family members, in a family foster home or another approved setting. These regulations formalize the requirements of QRTPs. QRTP requirements will be a new licensure category and therefore the regulatory requirements will not apply to all children's residential facilities The department received input from the Department of Social Services (DSS) and the Department of Medical Assistance Services (DMAS) in the development of this action.</p>

Also, it is noteworthy that the Family First Prevention Services Act adds a strong emphasis on prevention services. One of the major areas this legislation seeks to change is the way Title IV-E funds can be spent by states. Title IV-E funds previously could be used only to help with the costs of foster care maintenance for eligible children; administrative expenses to manage the program; and training for staff, foster parents, and certain private agency staff; adoption assistance; and kinship guardianship assistance. With the Family First Prevention Services Act states, territories, and tribes with an approved Title IV-E plan have the option to use these funds for prevention services that would allow “candidates for foster care” to stay with their parents or relatives. States will be reimbursed for prevention services for up to 12 months. A written, trauma-informed prevention plan must be created, and services will need to be evidence-based.

At 9:50 a.m., on a motion by Varun Choudhary, and a second by Dr. Cash, the emergency amendments to Chapter 46 were adopted and initiation of the emergency/NOIRA was authorized.

B. Initiate Periodic Review:

1. 12 VAC 35-105 Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services.

Ms. Puglisi 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, and gave an update on the ‘overhaul’ of the licensing regulations started after the last periodic review when DBHDS determined that the Licensing regulations should be amended and determined a large regulatory overhaul should be undertaken. It was decided to split up the licensing regulations into six chapters based on service settings, with a general chapter that applies to all providers and the following service specific chapters: residential, center based, home/non-center based, case management, and crisis. The [general](#), [residential](#), and [home/non-center based](#) draft chapters have been published for public comment and responses to those comments are under development. The draft center based chapter was recently completed and DBHDS hopes to publish it for public comment this fall. The

	<p>case management chapter is currently being drafted, and the crisis chapter will be the final to develop. DBHDS hopes to have all chapters drafted and published for public comment by early next year. Then a formal regulatory action to promulgate the regulations will be brought to the board.</p> <p><i>At 9:55 a.m., upon a motion by Ms. Price-Stroble and a second by Dr. Lee Mazzi, the State Board voted unanimously by roll count to authorize the initiation of a periodic review of Chapter 12, 190, 200, and 210.</i></p> <p>C. General Update – Regulatory Matrix Ms. Walker referenced the matrix on page 34.</p>
<p>Commissioner’s Report</p>	<p>At 10 a.m., Commissioner Allison Land updated board members on a number of agency matters and initiatives.</p> <ol style="list-style-type: none"> 1. Current DBHDS facility COVID cases. 2. Status of state hospital civil TDO admission closures (all state hospitals are now open.) 3. Picture of bed census given staff shortages. 4. Reduced capacity due to staff loss at the Commonwealth Center for Children and Adolescents (CCCA), effective June 30, 2021 (total of 18 beds) and a related partnership with Children’s Hospital of the King’s Daughters (CHKD) to divert admissions. 5. Challenging staffing levels across all state facilities. 6. Finding solutions for patients with dementia. 7. Behavioral health system transformation. <p><i>(Presentation available upon request.)</i></p> <p>Ms. Hilscher asked about the changing workforce issues depending on institutional versus community settings. Dr. Lee asked about COVID-19 trends and testing. Ms. Price-Stroble noted the commissioner’s presentation to the Joint Subcommittee to Study Mental Health Services in the Twenty-First Century. Ms. Hilscher about the greater imbalance of staffing at CCCA versus the other state hospitals, and how to maintain the facility financially when the number of filled beds gets so low. She also expressed that her impression of the system is that it is still very heavily institutionally based with the most serious cases, and how that ties to STEP-VA and the need for more community based services. Ms. Graser asked about diversion programs and CIT.</p> <p>Ms. Hilscher thanked Ms. Land for her time.</p>

State Human Rights Committee

At 11:06 a.m., Taneika Goldman, Director, Office of Human Rights, introduced the SHRC Chair, Julie Allen, who gave brief remarks.

Ms. Allen expressed appreciation of the support of the board, including visits by board members in recent years. The SHRC is comprised of very compassionate people who are committed to ensure rights are maintained at the local level and that the appeals process works as it should.

Mrs. Goldman reviewed the 2020 Annual Report including:

1. The history and authority of the human rights structure in the system through the Code of Virginia and regulations, the basic function and mission of the program, and the eight meetings held in the past year. SHRC members are appointed by the State Board and they, along with the State Human Rights Director, have a dotted line to the commissioner. Each of the nearly 100 citizen volunteers on the 17 local human rights committees are appointed by the SHRC. Eight meetings of the SHRC were held in 2020.
2. The goals and activities in the SHRC 2020 Work Plan, which include reviewing the quality of treatment and limitations of services in the system. Recognizing the treatment environment in state facility settings as among the most restrictive in the system, the SHRC continued quarterly focused review of data, trending information for seclusion and restraint, abuse, neglect, exploitation, and human rights complaints.
3. The mission of the office is based on the promotion of the basic precepts of human dignity. Human Rights staff totals (31 full-time and 2 part-time) and functions across the system including ensuring the rights of individuals; representing individuals making complaints; trying to prevent, correct, and mitigate violations; providing training to individuals, families, and providers. There are facility-based advocates, community-based advocates, and three developmental disability-specific advocates in the community.
4. Operationalizing the way complaints are triaged to prioritize the more serious incidents through the AIM process (Assessing and ensuring safety; Initiating the process; Monitoring provider follow up). Every complaint is reviewed by an advocate.
5. Analysis of both facility and community data and statistics on human rights complaints; violations; allegations of

	<p>abuse, neglect or exploitation; substantiated cases; and level of resolution. A total of 9,294 individuals received services in state hospitals and centers. There were 1,510 complaints in state facilities, with about 3 percent found to be substantiated. There were 2,681 allegations of abuse, neglect, or exploitation, also with about 3 percent found to be substantiated. There were 208,525 unduplicated individuals that received services from community services boards, and thousands of additional individuals receiving services from other providers of services licensed by DBHDS. There were 839 complaints in the community with about 12 percent determined as founded. There were 10,356 allegations of abuse, neglect, or exploitation, with about 8 percent were found to be a violation.</p> <p>Mrs. Goldman surmised that if responsiveness to individual complaints is an indicator of the system’s success, then because the overwhelming majority of cases were resolved at the lowest level rather than advancing to the SHRC, it indicates a highly effective system. The SHRC is made up of nine volunteer members appointed by the State Board. Mrs. Goldman expressed tremendous gratitude to the SHRC members in support of the human rights program and individuals receiving services. She also acknowledged hard work of the staff and volunteers, and the support from the State Board.</p> <p>Ms. Hilscher stated that the resolution statistics shows overwhelming success. She felt that the work of the office is often overlooked, yet it is so important.</p> <p>Following the presentation, the board took a brief break.</p>
<p>Update on Prevention Services</p>	<p>At 11:30 a.m., Gail Maddox Taylor, Director of the Office of Behavioral Health Wellness, gave an overview of Virginia’s approach to prevention. The guiding principles that drive strategy development are that substance use disorders and mental illness are community issues that require a response across the lifespan, and trauma is a gateway to many life challenges. There is a focus for prevention practices to use evidence-based planning models, including the SAMHSA strategic prevention framework (SPF), which is an outcome-based planning model. Ms. Maddox Taylor covered areas of prevention work around core areas of: assessment, capacity building, planning, implementation, and evaluation. Other topics covered included the Virginia Social Indicator</p>

	<p>Dashboard, the Virginia State Epidemiological Outcomes Workgroup, priority prevention strategies of the DBHDS Office of Behavioral Health and Wellness, the impact of emerging issues as well as trauma experiences. Community planning cuts across sectors. Much work is done via funding received through the federal (SAMHSA) Substance Abuse Prevention Block Grant, including workgroup. Virginia's evidence-based workgroup that focuses on prescription medications. Other block grant efforts include adverse childhood experiences (ACES) interface, and youth tobacco use (Synar Initiative). Other initiatives include prescription drug drop boxes, suicide prevention, mental health first aid, behavioral health equity summits, aids for individuals for whom English is a second language, and targeting refugee populations.</p> <p>Ms. Hilscher complimented and thanked Ms. Maddox Taylor on all she and her office address and accomplish in their work.</p>
<p>BREAK for Lunch, 30 minutes</p>	<p>At 12:09 p.m., Ms. Hilscher suspended the meeting for a 30 minute lunch break, reconvening at 12:31 p.m.</p>
<p>Board Topic of Interest: Health Equity</p>	<p><i>At 12:31 p.m., Ms. Hilscher reconvened the meeting.</i></p> <p>Ms. Hilscher welcomed three staff from the Virginia Department of Health: Heather Anderson, Director of the Division of Primary Care, Office of Health Equity; Mr. Augustine Doe, Health Equity Specialist; and Ms. Anna Riggan, Social Epidemiologist/NHSC Site Support, Office of Health Equity. Staff explained the Office of Health Equity is organized around three divisions: multicultural health and community engagement; primary care and rural health; and social epidemiology and data.</p> <p>In the latter, the goal is to advance health equity through data analysis. The influence of COVID-19 isolation on mental health has resulted in anxiety and depressive symptoms increasing as much as four times what was reported in the week of 2019 in the CDC Morbidity and Mortality Weekly Report, June 2020. There are racial and ethnic disparities in the increased prevalence of adverse mental health events. Current mitigation strategies center mainly on incentive programs for provider recruitment and retention. Incentive programs are currently being expanded, beyond the longstanding National Health Service Corps (NHSC), State</p>

	<p>Loan Repayment Program (SLRP), and Conrad 30 J-1 Visa Waiver options, with a direct focus on behavioral health.</p> <p>The office also works to advance health equity through primary care and rural community engagement programs. Rural health programs target the health workforce, the Medicare Rural Hospital Flexibility Program, the Small Rural Hospital Improvement Program, and the Virginia State Rural Health Plan. In regard to the health workforce, the 2021 General Assembly established a \$1.6 million Virginia Behavioral Health Loan Repayment Program (BH-LRP) to help recruit and retain behavioral health professionals to practice in underserved areas of the Commonwealth or provide counseling and treatment to underserved populations. This program will repay a portion of an eligible BH professional's student loan debt. In return, recipients commit to practicing in Virginia for a minimum of two years at an eligible site.</p> <p>Staff reported that the definition of 'health equity' is 'when all people and communities have the opportunity to attain their full potential and highest level of health.' They reviewed social determinants of health and touched on 'cultural humility.'</p> <p>Ms. Hilscher thanked the presenters.</p>
<p>Committee Reports</p>	<p>At 1:00 p.m., Ms. Hilscher called for the reports of the committees.</p> <p>A. Policy Development and Evaluation Rebecca Graser, Board Vice Chair and Committee Chair stated that Craig Camidge, Director of the Office of Enterprise Management Services, presented to the committee on State Board Policy 1034(SYS)05-1: Partnership Agreement. Josie Mace, Legislative Affairs Manager, reported that the information on State Board Policy 1030(SYS)90-3: Consistent Collection and Utilization of Data in State Facilities and Community Services Boards was deferred to the December meeting as the lead staff was not able to attend.</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>B. Planning and Budget</p>

	<p>Ms. Hilscher reported that the committee reviewed the chart of Planned State Board Meeting Topics for the December meeting and all 2022 meetings, the quarterly budget report, and received a presentation from Amy Addington, , on final actions by the 2021 General Assembly Special Session II in regard to American Rescue Plan Act of 2021 (ARPA) federal funding. DBHDS grant staff will present to the full board on all federal grant funding in December.</p>
<p>Update: Virginia Association of Community Services Boards (VACSB)</p>	<p>At 1:10 p.m., Jennifer Faison, VACSB Executive Director, reported on the association’s biennium budget priorities, framed around the theme of ‘all of us first,’ referring to the need to prioritize the entire public system for behavioral health and developmental disability services, as well as the individuals served in the system. VACSB is advocating that for every dollar invested in state facilities, at least an equal investment needs to be made in community-based care, in order to benefit the individuals served. Specific areas addressed in the priorities are:</p> <ul style="list-style-type: none"> • Addressing the CSB workforce crisis. • Continued STEP-VA funding. • Developmental Disability (DD) Waiver provider rebase for reimbursement rates. • Priority one wait list for DD Waiver services. • Permanent supportive housing. <p>Ms. Hilscher commented that the money doesn’t go very far when divided across 40 CSBs. She thanked Ms. Faison for her presentation.</p>
<p>Human Resources Management and Development: Interface with Higher Education</p>	<p>At 1:33 p.m., Stacy Pendleton, Chief Human Resources Officer, updated members on a number of workforce development initiatives. DBHDS partners with a variety of academic entities (colleges, universities, community college system, technical schools, medical academies and career centers) and areas of specialty include:</p> <ul style="list-style-type: none"> ▪ Nursing ▪ Social Work Clinical Mental Health Counseling ▪ Occupational Therapy ▪ Psychology <p>The Career Pathways Program is intended to increase the overall competency level of staff, lead to a more positive work place environment, raise morale, and improve both recruitment and retention. It is structured in three tiers that</p>

	<p>provide increasing advancement opportunities as a direct support professional (DSP).</p> <p>A new initiative, the seven-month Recovery Leadership Academy (modeled after the DBHDS SystemLEAD program) started in February 2021 with twelve emerging leaders and twelve mentors, all of whom are in recovery. Training was across eight seven-hour virtual training sessions over the course of eight months to earn 56 continuing education hours.</p> <p>The Health Sciences Workforce Highway, funded through the Claude Moore Charitable Foundation and facilitated by former Secretary of Health and Human Resources, Dr. Bill Hazel, is designed to enable continuous learning from middle school through professional education to ‘upskill’ in different phases of life.</p> <p>Other state agencies partner with DBHDS in different ways including the Virginia Community College System (VCCS) Fast Forward Program; the Department for Aging and Rehabilitative Services (DARS); the Department of the Blind and Vision Impaired (DBVI) Paid Work Based Learning Program; and the Virginia Department of Veterans Services (DVS) Virginia Veterans and Military Families and the Military Medics and Corpsmen Program (MMAC).</p> <p>Within DBHDS, the SystemLEAD lasts nine months and is a long-term organizational strategy to instruct leaders on effective management principles and skills to be successful agents of change in the public sector.</p> <p>Virginia Public Sector Leadership (VPSL) has three levels and is designed to grow leadership competencies within an organization.</p> <p>The average age of DBHDS employees is 46 years with 9.5 years of service.</p> <p>Ms. Cash thanked Ms. Pendleton for the presentation; it answered all her questions.</p>
<p>Board Member Spotlight (New)</p>	<p>At 2 p.m., Ms. Hilscher stated that since Moira Mazzi was not able to attend, that she would give her own spotlight. She serves on the board as the result of a long road after losing her daughter, Emily Jane, in the tragedy at Virginia Tech on April 16, 2007. Emily was an animal and poultry major with</p>

the hope of becoming a veterinarian. Her older daughter Erica, a psychology major at Longwood at the time, said the family needed to do something. Ms. Hilscher and Erica have focused on improving the mental health system, beginning with mental health parity as part of overall health. They trained on how to lobby, lobbied the General Assembly, educated themselves on both the history of mental health care in this country and Virginia's ranking in April 2007 (47th). The two of them made many calls and knocked on a lot of doors. Ms. Hilscher served on the board of Piedmont Regional Educational Program (PREP provides special education programming and related services to nine school districts under an umbrella of a regional program), and oversees the operation of Ivy Creek School for students with an emotional disability. She learned more about mental illness through those activities. Professionals at Ivy Creek School offered to write a pilot program for transitions services for students with emotional and behavioral disabilities which would act as a bridge for students who graduate out of high school. She feels there is still a dearth of programs that help transition to adult programs. Senator Deeds and former Delegate Toscano took up the pilot in a budget amendment; however, it was not funded. But, that effort did allow for another platform for raising issues. Ms. Hilscher was invited five years ago to serve on the State Board of BHDS. She feels very strongly that there must be more focus on prevention and early intervention in order to reduce crisis. Mental health is a crisis-based system presently. She has great concern for children.

She suffered the worst loss she could imagine, and the stoicism she learned from her father, a Navy veteran, has helped her greatly. Prior to losing her daughter, she suffered from anxiety and depression. The trauma of the loss only exacerbated the diagnoses. She also works to lobby against stigma, and for those who have experienced trauma. She tries to do one positive thing every day for her own mental health. She is very proud of Erica, who is a counselor for children. They both are dedicated to making the world a better place.

Ms. Hilscher is an interior designer, she does building design, and owns a small construction company with her husband, Eric. She is also a master naturalist and gets excited about bugs, and is a certified permaculturist. This involves training in patterning sustainable environments based on the patterns

	<p>of nature (sustainable farms and homes). For example, she has an edible forest in her front yard without any grass. There are 12 principles in permaculture, and they can translate to sustainability as an individual as well as creating sustainable environments.</p> <p>She and her husband love sailing. They own a 42 foot two-masted gaff rigged wooden schooner. As a result, she has a lot of experience in sanding and painting.</p>
Miscellaneous	<p>A. Letter to the Governor At 2:05 p.m., Ms. Walker reported that the board’s letter was sent on August 31, 2021, internally for arrival the first week of September.</p> <p>B. Meeting Planning Board members reviewed a draft 2022 Planned State Board Meeting Topics chart. Ms. Walker reviewed that the commissioner tends to cover state hospital and community based supports, but topics for presentations are arranged to cover the board’s adopted priorities and other topics of interest. The Planning and Budget Committee will continue to refine it, but the board was asked to endorse it. Ms. Hilscher reminded members to let her know of any other topics they wished to hear about.</p> <p>C. Annual Executive Summary Board members would receive a draft revised summary in advance of the December meeting.</p>
Other Business	<p>DRAFT Resolution Commending the State Hospital Staff In response to Moira Mazzi’s suggestion, Ms. Hilscher distributed a draft resolution for the board’s consideration. Members were asked to send any suggested edits to Ms. Walker by Monday, October 25, 2021.</p>
Adjournment	<p>Ms. Hilscher thanked Karen Dyer and Susan Puglisi, and IT staff support for all their help staffing the board meeting.</p> <p>There being no other business, Ms. Hilscher adjourned the meeting at 2:20 p.m.</p>

2021 MEETING SCHEDULE

DATE	Location
<i>Dec: 8 (Wed)</i>	<i>Central Office, DBHDS Richmond</i>

2022 MEETING SCHEDULE

DATE	Location
March 30 (Wed)	<i>TBD</i>
July 13 (Wed)	<i>Central Office, DBHDS Richmond</i>
Sept 28 (Wed)	<i>TBD</i>
December 7 (Wed)	<i>Central Office, DBHDS Richmond</i>

CONCURRENT COMMITTEE MEETINGS

Wednesday, September 29, 2021 8:30 a.m. – 9:45 a.m.
DBHDS Central Office, 13th Floor Large Conference Room, Jefferson Building
1220 Bank Street, Richmond, VA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Planning and Budget Committee

DRAFT MINUTES

September 29, 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: Elizabeth Hilscher, Board and Committee Chair; E. Paige Cash; Christopher Olivo.

Members Absent: Jerome Hughes.

Staff Present: Amy Addington; Susan Puglisi; Ruth Anne Walker.

I. Call to Order

A quorum being present, at 8:34 a.m., Elizabeth Hilscher, Chair, called the meeting to order.

II. Welcome and Introductions

Ms. Hilscher welcomed all present, and acknowledged the staff present.

III. Adoption of Minutes, July 28, 2021

On a motion from Christopher Olivo and a second from Paige Cash the meeting minutes from July 28, 2021, were adopted unanimously.

IV. 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. Planned General Assembly Legislative and Budget Update

At 8:35 a.m., Amy Addington, Finance and Policy Analyst, in the Office of Budget Development, provided a review of final actions of the 2021 Special Session II of the General Assembly. In FY 2022, \$45 million was allocated for bonuses to direct care staff in DBHDS state facilities. Personal protective equipment at state facilities was funded in FY 2022 at \$1.2 million. Another \$50 million in FY 2022 was allocated for renovation or replacement of ventilation and water or sewer systems at state facilities.

A language change for community providers in effect through June 2022 states "lack of adequate staff" in reference to any evacuation plan, that "*DBHDS shall interpret Standard 12VAC35-105-530 E. to include "lack of adequate staff" as one of the conditions which can jeopardize the health, safety or welfare of*

individuals and/or employees to permit implementation of the emergency evacuation plan....DBHDS shall, if necessary, increase the licensed capacity for a minimum of six months for any location within 24 hours of receiving notice either verbally or via electronic communication to ensure that compliance is maintained with Department of Medical Assistance Regulation 12VAC30-122.”

Other changes for community providers were:

- 12.5% rate increase ongoing for Home and Community Based Services (HCBS Medicaid Waiver).
- \$10 million for continued expansion of community-based crisis services (mobile crisis services, crisis receiving facilities, etc.).
- \$5 million to expand substance use disorder treatment services.
- A dementia pilot program was funded in FY 2022 at \$1.65 million to expand a pilot program to serve approximately 60 individuals diagnosed with dementia (diverting from state hospitals).
- Grants to VARR: \$10 million to make grants to members of the Virginia Association of Recovery Residences (VARR) for recovery support services.
- Permanent Supportive Housing Funding: \$5 million for permanent supportive housing in Northern Virginia to assist with bed crisis at state facilities.

B. State Board Budget Quarterly Report.

Ms. Addington shared that the year-to-date spending since July 1, 2021, was 15% of the overall budget, and up from last year’s pandemic-impacted spending.

- V. Semi Annual Federal Grant Report:** *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. [Office of Fiscal and Grants Management](#)*

There were no updates on this topic except that the semi-annual update would be provided to the board in December.

VI. Other Business

There was no further business.

VII. Next Steps:

A. Standing Item: *Provide updates on committee planning activities to the Board.*

The changes to the topics chart would be reviewed on in the regular meeting.

B. Next Meeting: December 8, 2021.

VIII. Adjournment

At 9:15 a.m., Ms. Hilscher adjourned the meeting.

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Policy and Evaluation Committee

DRAFT MINUTES

SEPTEMBER 29, 2021

8:30-9:25 AM

DHBDS, 4TH FLOOR NORTH SUITE 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, Vice Chair and Committee Chair; Varun Choudhary; Kendall Lee; Sandra Price-Stroble.

Members Absent: Moira Mazzi.

Staff: Craig Camidge, Director, Office of Enterprise Management Services; Josie Mace, Legislative Manager and committee staff; Chaye Neal-Jones, Project Manager/Program Administrator, Office of Enterprise Management Services (OEMS), DBHDS

Guests: None.

I. Call to Order

Kendall Lee called the meeting to order at 8:42 AM.

II. Welcome and Introductions (5 min)

Dr. Lee welcomed all present, and the committee members introduced themselves. Ms. Graser joined the meeting and presided.

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. 1030(SYS)90-3: Consistent Collection and Utilization of Data in State Facilities and Community Services Boards (TBD)

Josie Mace alerted committee members that the subject matter expert for this policy was unable to attend and background on the policy would be discussed at the December 8, 2021, meeting instead.

B. 1034(SYS)05-1: Partnership Agreement (Craig Camidge)

Craig Camidge and Chaye Neal-Jones presented on the background of policy 1034 (SYS) 05-1: Partnership Agreement. Ms. Mace will discuss Mr. Camidge's and Ms. Neal-Jones' suggested revisions and share with board members before the next meeting.

IV. Next Meeting: December 8, 2021

V. Other Business

There was no new business.

VI. Adjournment

Ms. Graser adjourned the meeting at 9:17 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>