

HDMC Planning Team_ Supporting Staff Subcommittee Meeting-20250317_153021-Meeting Recording (Transcript provided by Microsoft Teams)

March 17, 2025, 7:30PM

49m 15s

● **Cunningham, Lauren (DBHDS)** started transcription



Cunningham, Lauren (DBHDS) 0:13

All right. We'll go ahead and get started.

Thank you all for taking the time to join us this afternoon.

I know Cassie Sebolca is running just a few minutes late.

She got pulled into something urgent.

But I have a couple administrative updates we can get to you while we're waiting for her.

First thing I wanted to note for this group is you may have seen during this past legislative session, which ended in February. There was some additional language added required.

Hearing that the plan that this larger planning team is putting together needs to now also be submitted to the money committee by November 1st, 2025.

That date is still firm, but that does not change anything for this group as our plan was to have our portion of the plan submitted to the Commissioner by August 1st. So August 1st is still the date we should remain focused on with the knowledge of course, that.

There's that additional.

Group that's gonna be viewing it before it ends up with its final destination, but wanted to clarify that for everyone.

August 1st is still the date that we're working towards, which is coming up quickly, so we should probably discuss at some point how we're going to proceed with an outline and moving forward. But I did want to flag that since I know that that November 1st date was.

Also floating around out there.

Any questions about that before we move on?

OK, if not while we're waiting for Cassie, I'd like to open it up for public comment.

If anyone has anything they want to update or share.

Now is the time we'll ask you to try to keep it to about two minutes with, of course, the understanding that this is a group I think of mostly dbhds employees, and you're welcome to speak during the meeting as well.

But we do want to hold that formal public comment period as well.

So please if you wanna just raise your hand and we'll we'll go in order.

OK.

Well, it's looking like we don't anyone for public comment. Again, please feel free to speak during the meeting and we'll move on from there.

Doctor Griffin, did you have any updates from from Hiram Davis that you wanted to give?



Griffin, Jarvis (DBHDS) 2:48

Oh.

Well, nothing in particular.

You know, we've already.

Submitted and kind of compound our census based staffing plan.

And I appreciate all of the department heads for submitting those.

Umm.

The biggest thing that I pointed out from from that is you know the proposal of.

Going down to one floor of operations, once we hit a census of 30.

And so that's still pretty much on the table and it requires going to require.

Some relicensing decisions of license beds and bed map locations.

The majority of our staff that are been identified.

To be retained and maybe designated to go over to Central State.



Mentis, Jahann (DBHDS) 3:44

Well anyway.



Griffin, Jarvis (DBHDS) 3:48

Have you know already? Kind of been included. And so the the biggest bulk of what we're doing.



Mentis, Jahann (DBHDS) 3:50

Don't be interested.



Griffin, Jarvis (DBHDS) 3:54

And we're gonna talk a lot more about it through the HR pieces of how we're gonna support staff in making a transition as far as readying.

With skills, assessments and placement preferences as well as career goal intentions. And so we're working on a number of initiatives that we're gonna kind of speak to and kind of where we are with those today.



Mentis, Jahann (DBHDS) 4:21

Storm.



Griffin, Jarvis (DBHDS) 4:21

But I did want to kind of pause there.

To solicit any input, reactions and experiences from.

The the work that in regards to the the Census staffing plan concerns or any kind of comments that you all may have in regards to that as well as any questions.



Cunningham, Lauren (DBHDS) 4:47

Sure, we'll, we'll open the floor if anyone has questions, comments, anything they wanna share related to that, please feel free to go ahead.

This might be a very quick meeting.

I understand that it's late in the day though.

We'll, we'll go ahead.

I think I'm looking to see did Tracy Salisbury join?



Salisbury, Tracy (DBHDS) 5:22

I did.

I'm here.



Cunningham, Lauren (DBHDS) 5:23

Hey Tracy, did I know you've been visiting Hiram Davis?

Did you have any updates from from Central Office HRI? Know we're waiting on Cassie.



Salisbury, Tracy (DBHDS) 5:33

Oh, sure. We've we've done a few things recently.

Patricia Bouillon has been to Hiram Davis twice now, and we'll be back again toward the end of the month.

Patricia is in workforce development and she's talking.

She's met with leadership.

And to include Doctor Allen and Jarvis, Julie.

To talk about some career goals that we can help.

Staff with grow your own programs. She's made the connection, actually went and demanded an appointment at Bright Point to to see what it is that they have.

So we have their summer schedule, we know that.

They have a bridge program from LPN to RN.

They also they don't have.

They don't have a great program at the moment to take someone straight to an RN who hasn't been in the program yet because there's so many prerequisites.

So an LPN to an RN is really the optimal.

But we also have talked to.

Quite a number of staff she's already had.

I think it was 11 or 12, one-on-one appointments to find out what are people's goals, how we can help them.

Even if it's not to go into a medical field.

So it's it's nice that she's got those one to ones.

She then has to go back and and fill them in on what more she's found.

We talked about funding, how how to get funding so that so that getting a degree can cost little to nothing and the the little we would hope would be picked up by the facilities in, in any manner that we can do. But but there are so many differe.

Sourcing programs between the G3 and.

FAFSA and a couple of others that we will be working with, the one-on-one what people want.

We're also not excluding the fact that we have the DSP program, the career ladder.

We want to meet with, as I understand it, the two folks that have already started but haven't completed and so.

So we can get them through that because there is a a pay bump for completing each of the three series. And so our goal is to let people go as far as they want because if they're going to stay with DB DHS and move on to Hiram or.

Piedmont or any of our mental health facilities.

Behavioral health facilities.

Those courses in the career ladder program are really great to have.

As a backbone.

But they're also you don't have to be only in nursing.

We had someone in in a therapy program come and talk to us about. Well, could they take those courses too?

And yeah, you can. They're free.

They're prerequisites, but if you are in the the nursing department with a nursing role title and you complete level 1-2 or three, it is.

A.

A.

Pay bump.

So we want to see who wants to register and get that moving.

We want to.

Continue. Anybody who started it so that we can help them finish it.

Jarvis and I can talk about it kind of together, but we're working with Julianne Tripp.

I said to to put together a leadership program where in the final stages of of the agenda, it's three days.

It's kind of a combination of a VP SL type atmosphere.

It's just not for leadership, but it's based on leadership, but it also talks about about how to cope with what's going on.

Too. So. So we're hoping to get as many people in that program and run it probably three to six times depending upon whether we can schedule it every other month or once a quarter or however, however long it takes to get anybody interested in it through it it.

Will only be for Hirem Davis employees.

And Jarvis, do you want to say anything about that?



Griffin, Jarvis (DBHDS) 10:08

I think it's gonna. It's gonna be a really good one.

It's gonna have a makeup of of faculty, of individuals from various perspectives, psychology workforce development.

I'm gonna teach some pieces in it. Tracy's gonna teach some pieces, and I think it's gonna be a great opportunity to kind of again kind of utilize a lot of those skills and competencies that we learn in vpsl, but also expand upon.

Some of those necessary soft skills that you need.
In order to be successful in leadership positions.

 **Salisbury, Tracy (DBHDS)** 10:43

So we'll have more to share about that. As far as the dates and time and what the curriculum has been finalized, we still have to confirm some of the speakers who have volunteered their their help.

So we've got those three things rolling.

I've been asked several times.

You know, when are you going to sit down with me and tell me where I'm going and when I'm going and we can't do that yet?

We're we're just not there.

And that's a good thing.

So I know it's it's something that people want to know.

We have Julie's folks over at Central State and the benefits department have worked up.

The retirement.

What the schedule looks like for retirement if it for anybody who is retiree eligible. In other words, they're fifty with 10 years of service, or they're 55 with five years of service.

So they've worked up those charts so that they can share them.

With folks and they can make appointments with that benefit staff.

However, we just hired someone to work in benefits on site at Hiram Davis. So as soon as she's completed her orientation, she will have those in her hot little hands and be able to to work one-on-one with with the staff especially right now with the RET.

So that.

They can, you know, start to envision when it is that they want to retire.

Or how long they want to stay and keep working.

So we'll have that all prepared for them.

Julie, I've forgotten the name.

What's the name of the? They haven't completed all the calculators yet.

We just got the message, but what's the name of our new benefits, gal?

 **Webb, Julie (DBHDS)** 12:29

Name is Don Whitley.

So she started.

And today was her first day actually in the office. So she's available for questions.

She comes with a wealth of experience with cardinal and state as well, so feel free to go by and say hello.

I will have her working with my central state team this week while I'm at HRD meeting.

But she's also gonna be helping because we I kind of explained to her with these calculators.

So we can.

Kind of see, depending on their age and years of service will have different ones.

Whether you stay till here or here based on.

You know, since the closure announcement and when potentially they could close, we'll have different dates for you.

So they're working on those right now. But so then those conversations can start to be had.



Griffin, Jarvis (DBHDS) 13:21

So the key for our staff here as we roll out these programs is that you know we want to, we're going to be doing end tape for example, and we're going to be capturing those touch points with you all.

And those are the the metrics that we're going to be utilizing to put in our plan on how we, what we're going to deliver, for example.

With the career ladder program and those touch points with Patricia Bouillon.

I really want folks to get out and at least have one session with with them and let us intake.

You know what?

Your career goals are so that we can start to work through how we can support you.

If we can support you along those those ends and so everyone is going to have a unique case.

And that's no one-size-fits-all.



Salisbury, Tracy (DBHDS) 14:23

Yep.



Griffin, Jarvis (DBHDS) 14:23

We, you know, as Tracy spelled out, we're going to be rolling back out the DSP program, the CRCI and those types of programs which are going to help you get if you don't already.

Community College credit and certification credit. And for those that complete those pieces in those intervals, they're dedicated promotions I think are tied to those at level one and two and three.

So those types of things are really definitely important that we get a handle on and that you sit down and take take you know take that opportunity to kind of work through those.



Salisbury, Tracy (DBHDS) 14:56

Not if.

I do want to say just because Patricia is only able to come to Hiram Davis in person. Three to four times a month.

That doesn't mean that she's not available to set up one-on-one virtual meetings with any of you.

All you have to do is send an e-mail.

And she will set it up.

We talked about having open office hours, but I think it's better off to have these one-on-one appointments. Just set up instead.

But I did find when we met with folks back when the training center closed a few years back.

That I started meeting with people one-on-one, but they actually preferred to meet as groups. So I would meet with one of the residential units.

One shift, but all of the same role, and they liked meeting together because someone would ask a question that they hadn't even thought to ask.

But they benefited from the answer.

And so, you know, if you all want to partner up and and bring one or two people with you to a group meeting, she's open to do those as well.



Cunningham, Lauren (DBHDS) 16:24

Before before I hand it over to Cassie, I did want to see if anyone has questions for Tracy or Doctor Griffin or Julie.

Not all right.

This may be a very short meeting, Cassie.

I'll. I'll, I'll throw it over to you.



Cibulka, Cassandra (DBHDS) 16:44

Thank you.

Thank you.

Sorry, I was a couple minutes late, I apologize.

So just wanted to and maybe and if I'm duplicating anything, please let me know. But just wanted to remind everyone that you know, our goal is to create a plan for people, right?

By August 1st, right.

I'm not saying that wrong.



Cunningham, Lauren (DBHDS) 17:03

August 1st, yes.



Cibulka, Cassandra (DBHDS) 17:05

Yeah, so so I was like, hey, I just sent you the blank.

So I just wanted to remind everyone of that and that you know, we will have to release our.

Discussing that of what that plan is, right?

And so I just want to reiterate kind of you know our goal and kind of just put that out there.

I know that you know Hiram Davis has been looking at census and their current staff just to kind of, you know, discuss and they put together some numbers that I am going to share. And just so we can have an open discussion, this is not I want to. Be clear, this is not. This is what we're doing.

This is really, hey, we let's put something on paper.

So we can begin a discussion so that maybe this can help us move towards our plan of what what we look like. And the other thing to really discuss is you know with Central State being built, the new building for Central State, that there are some designated DEP.

Right, pharmacy, some of the therapy ptot right that are already planned for central state. And so we just need to remember that as we're building our plan that you

know eventually will.

Need as part of our plan. What?

What is the recommendation for when they move over?

So just know that some of this is part of our plan.

This is just a place to have discussion. Again, I I put draft on this just to make sure that you know, everyone knows it's a draft.

This is not anything.

It's just brainstorming on paper because I didn't want to come empty handed, right to say, well, this is the plan 'cause. This is not necessarily the end. All might not even be close to what we end up with.

But I wanted to give us some kind of starting point.

To have a conversation.

So Jarvis, I'm gonna share this and then maybe we can start to talk through just kind of you know what what we have on paper here and like just have a conversation to begin again.

I don't expect us to solve this today.

I think it's really just, let's put some numbers down on paper and let's start to say, what does it look like and so get feedback from people.

And maybe we're close.

Maybe we're in left field, but you know, at least we can have the conversation.

And know that, you know, we're starting to to, to kinda talk about what is gonna be in our plan.

So I am gonna just pull this up.

I've pulled it up and I can make it bigger if I need to, but we can just kind of talk about, you know, where we are. And Jarvis, what is your current bed staff or census? Is it 31 or is it 32?

BA

Babb, Anissa (DBHDS) 19:34

We had 34 patients.

We got 33 in house and one on special hospitalization.



Cibulka, Cassandra (DBHDS) 19:36

34 thank you.

BA

Babb, Anissa (DBHDS) 19:40

I'm having some technical difficulties, so I had to switch over and bump aneesa out of her seat.



Cibulka, Cassandra (DBHDS) 19:41

Sir.

That's OK.

That's OK. Oops, that's OK.



Babb, Anissa (DBHDS) 19:48

So I'm sorry about that.



Cibulka, Cassandra (DBHDS) 19:50

It's OK.

And so this kind of just shows kind of right.

Like 30 seems to be a step down point potentially. Now you know as long as we're open for admissions we we can never say we're gonna start this.

So don't like I'm not planning to wrote like I want to be very clear.

Claire, we're not planning to implement this right.

We're just having the discussion of what what that might look like, but it does look like 30 would be a number that if we were to close the the the hospital that that would be, you know, kind of we have a plan at 30, a plan at 20.

And then under 20 and so again don't know that that's right, right.

And so I just wanted to kind of just talk through, I mean, Jarvis did a good job here of, you know kind of outlining what CMS requires, right?

Which is for RNS, that cover 8 hours per day, seven days per week.

And that's per unit, right?



Babb, Anissa (DBHDS) 20:43

Yes.



Cibulka, Cassandra (DBHDS) 20:43

And and the LPN is a coverage per per day.

So we did take that into consideration as we were, you know, drawing up this very, very, very rough draft, right.

And so, you know Jarvis, do you wanna walk us through? And then let's talk through

it. If there's any questions or suggestions.

You know, I would like some feedback on it just so that we kinda hear what people think of this.

Again, very, very early reiteration of what you know can start to be like a model of some sort.

 **Babb, Anissa (DBHDS)** 21:14

So I will preface this piece as this is primarily and solely this piece that we're talking about is about nursing staffing on the unit.

 **Cibulka, Kassandra (DBHDS)** 21:24

Thank you.

 **Babb, Anissa (DBHDS)** 21:26

Now every other discipline has a unique situation like I kind of prefaced early on about those services that are designated to go to central state, for example.

 **Cibulka, Kassandra (DBHDS)** 21:27

Yeah.

Great.

 **Babb, Anissa (DBHDS)** 21:39

Our.

Dental all of our dental staff.

All of our.

Pharmacy laboratory clinic staff and some of the other ancillary staff.

So those we already know are gonna have to be factored in and at some point transferred over to Central State when that happens.

Is primarily gonna be contingent upon, you know, recommendation foreclosure as well as it should correspond with the commissioning of.

Appropriate units within the new central state, so that will probably happen when those things come to fruition.

Now that's all I'm sure of. The staff, with the exception of nursing.

So when we look at this census based plan for nursing in particular, which we're charted out.

We balance what those needs were against the required CMS hours.

For the nursing care services. And so as you can see.

It does even take into consideration, you know our every level of care from the General Medical where we required to have a dedicated RN which.

Which we have annotated there.

As well as the other nursing staff that will be there to support.

So these are reflective of what our minimal staffing would be required for those.

Various levels of census.

So basically we'll be working at.

When we, if we are approved at below 30 or below, we'll have one the 8, the staffing ratio 1:00 to 5:00.

When we're under.

Over 30.

And basically.

Under a little bit greater than 20, up to 20, you know, be one to 10 and so forth.

Will operate with RN on day three Lpns and four CN as.

And we are slowly phasing out our PCTs, our personal care attendants.

Our goal is to continue to hire, I guess another round or two and we'll be moving those individuals through our CNA program.

But they are not actually counting in nursing staffing for CMS.

It's compliance and so they're not represented here.

So as we get closer towards the point where.

Admissions are being halted.

Recruiting is being frozen will start to make those determinations as to the relevancy of the necessity for those continued needed use and having those within our staffing pattern.

So I'll pause there just to kind of solicit any feedback regarding this census plan, in particular to nursing.

Now I paused.

There I wanna hear from some of the other disciplines and representatives.

For example, I know we have administrative staff, administrative support staff, we have.

Emergency Management staff and I see we I believe we have some other staff that are don't traditionally fall into those categories of the dedicated staff that are going over to Central State and not I wanna hear some of your concerns.

Or your thoughts in regards to our staffing plan?

OK.

 **Davis, Kimberly (DBHDS)** 25:51

Hello, this is Kimberly Davis with SE Virginia training center.

I just want to state that I think it's a great staffing plan in the avenues for them to show improving and to transfer.

I think it's great.

Not that it won't change.

Or that it's Ashton Stone. But I think you ought to a great start.

 **Babb, Anissa (DBHDS)** 26:08

Thank you.

Just to have some kind of road map and you know, identification of what minimally we need to operate for patient care.

Now I know we have nuances when we talk about the other programmatic areas like hospital where we provide outpatient services and those are all contingent on again, when we implement the staffing plan, it's gonna require us to make some decisions regarding license bed number etcetera and at that.

Point. We may potentially see definite changes in how we are.

Facility 'cause. Once we get to that point, you know our mission changes.

We're no longer gonna be.

Provide medically complex care services to individuals served by DBHDS. At that point, we're gonna be working on closure, right?

So our mission is to safely and effectively close the facility, and that means discharging our patients safely.

And re establishing our staffing in accordance to placement etc.

So I wanna make that clear, you know.

So part of what I believe our intention is to deliver.

 **Rose, William (DBHDS)** 27:38

Hey.

 **Babb, Anissa (DBHDS)** 27:43

On August the 1st, a plan that includes what our staffing model would be, how we're

going to.

Manage our staffing through closure. As far as reductions in staff, how we're gonna transition staff to other facilities and we've kinda tossed around ideas of looking at vacant roles, vacant positions.

At facilities within our.

Safe commuting distance.

And really starting to have a posture whereby we have a direct.

Placement, if that's appropriate in the skill set matches.

While we're working through that concurrently, we're gonna be working to identify individuals in their career paths, whether it's retirement.

Or whether it's, you know, making a transition from medical to psych.

So what skill sets do you need? Or competencies you need in order to transition to? Psych. Or there's another discipline you're looking to try to transition to within that amount of time.

So we're gonna be strategic about how we budget.

And how we allocate funding.

To initiatives that go towards that aim, we will be very intentional about how we document and capture each individual's.

Placement.

Development opportunity.

We're already doing a number of things internally as far as staffing is concerned.

When we have vacant roads and transitions in positions whereby we're offering.

Additional duties to individuals to have their roles reevaluated and have an ability to. Take on opportunities and responsibilities that are traditionally not within their role, giving them stretch assignment so that they could be better equipped to to function in different capacities.

And so all those things are very intentional.

Oh, we're gonna be intentionally capturing those modifications as we move along this continual.

In order to demonstrate, you know that we are doing our most in our best to accommodate and facilitate this transition.

As it's stand, we're still admitting patients, but no longer on the long term care basis for permanent placement. And so every admission means something, but it also you know has a caveat that you know we have a a placement identified for those individuals.

So we'll continue to function until you know, we get the directive to help admissions. And so that's the biggest key for us at this point.



Rose, William (DBHDS) 31:02

Hey, Jarvis.



Babb, Anissa (DBHDS) 31:03

So I'm interested and I know our the the Co leads are interested to know what other ideas or thoughts that you all think is important to our plan. We've listed out a number of things that we're working and that we're gonna be implementing. But I I wanna assure you know, assure that we are capturing as much of the concerns and questions that we can.

I know it's still quite early to say.

Am I going to be able to go over central state or?

Pee Man or the training center?

But anything within the rim of you know what we can do at the facility currently is what I'm really interested in kind of understanding.



Cunningham, Lauren (DBHDS) 31:56

I heard.

Did somebody come off mute?

I think there might have been a question in there.



Rose, William (DBHDS) 32:02

Yeah, I did. Hi, Paul here.

I Jarvis.

I had a quick question in regards to this and I know that obviously it being a medical facility obviously is centered around the patients and centered around the nursing staff is there.

A.

I guess is is there something written out and I know I keep hearing August 1st for the plan as far as which staff will be here until the end, I feel not that. I feel like I'm on the chopping block. The Emergency Management, I feel like I'll be.

Here until the end, and then probably taking on additional duties. But I'm just

curious what that looks like or if there is a list of potential positions that are in that. And then what other additional duties we're looking towards?



Cibulka, Kassandra (DBHDS) 32:46

Yeah, I think that's what we have to determine, right.

That's part of what we're meeting each month for is to start beginning to craft that because we don't have that spelled out yet and and that's kind of what we need to you know, start to spell out.

And so I think I think the intent was to start with nursing just because it is the most. But then I do think that we have to go through each of those and kind of have an, you know discussion and be able to really spell that out for.

Everyone and be transparent, right?

And so.

We need you to be part of this conversation.

As we go through it to help us, you know, determine what that's going to look like, I think in Jarvis, correct me wrong, but I think that's why we started with nursing because that's the most important.

But as we get through it, we're going to have to define what that looks like for the rest of the roles. And that just means that we don't know the answer to that yet, but that's something that by August, we do need to have a plan and that.

Is spelled out exactly everything you just said.



Babb, Anissa (DBHDS) 33:43

So, Cassie, if you can Scroll down a little bit as well.



Salisbury, Tracy (DBHDS) 33:43

And.



Cibulka, Kassandra (DBHDS) 33:46

OK.



Salisbury, Tracy (DBHDS) 33:46

Click.



Cibulka, Cassandra (DBHDS) 33:47

Yeah. Here you go.



Salisbury, Tracy (DBHDS) 33:48

I was just going to piggyback off of what Cassie said.



Babb, Anissa (DBHDS) 33:49

OK, pull up a little bit.

Up a little bit.



Cibulka, Cassandra (DBHDS) 33:53

Right here.

The non nursing.



Babb, Anissa (DBHDS) 33:57

Yeah. So when we start to look at the 9 nursing right, the department heads have submitted with their status of all of their staff or their years of experience to certifications that they, they have the staff, the patient ratio.

And basically the task was similar.

Work, exercise that nursing has conducted. So your department has have submitted with their bare minimum needs would be.

At those various.

Staffing that senses pattern and for the large majority of them.

The department head determined that, you know, just about everyone was essential.

The deception of some of the, you know, P fourteens and so that's where we're going to have to start to have some conversations about.

What is realistically basically needed, and I know we're gonna be trying to balance that.

That we're trying to operate as a hospital. And so I would say, you know, we have to take into consideration the possibility of the the relicensing and so that's going to have a big factor as to do. We continue to operate as a hospital or do we just.

Function as a a long term care facility.

Skilled nursing facility, etc.

But yes, definitely as Cassie was pointing out.

And I think Tracy was getting ready to say is that that's that's part of the work that we have to do. You know, we're gonna have to really sit down and have a make some decisions on, you know what that will actually entail and how we go about. You know, gleaning at that point.

ST **Salisbury, Tracy (DBHDS)** 35:44

Yes, and and as I'm there every Tuesday.

I think before the end of this month, as we enter into April, I'll have a spreadsheet with, you know, everybody's name on it and I'd like to try to set up times to meet with people or just stop in. But but to learn what it is that.

That you want, you know. Are you?

Are you live closer to PGH?

Are you wanting us to hopefully place you at PGH?

What is your preferred shift if you are one of the employees?

That is on a shift assignment, you know those types of things, or if you are close to retirement, Nope, you've decided you're going. And this is, you know, you're gonna see it through to the bitter end or know you've got to go at a certain time anyway that.

3 examples but.

Anytime now and we'll send a message out to all staff that, you know, stop by anytime or send me an e-mail for a specific time to meet and and I'll start putting together a spreadsheet so that we know.

And we can balance your wants as well as the other facilities needs.

BA **Babb, Anissa (DBHDS)** 36:52

So we'll have a core team, you know, devoted to our discharging patients.

The ones that's gonna do our post move monitoring the ones that's gonna do our education on the various components of the patients treatment needs, whether it's respiratory, whether it's, you know, positioning, adaptive equipment.

Medication and treatments.

That's an aspect of that's gonna have to remain in place throughout.

Another aspect is the support services administrative.

The the training needs compliance needs the human resources, time functions, et cetera.

Those things are gonna have to be in place at to some extent, and then, you know,

we still have the physical environment and patient care. And so we've kinda identified basic patient care.

We know there is central functions that we have to have in place as far as to provide certain safe nursing care equipment. So we're still gonna have a, a pretty, pretty. I'm not gonna say robust staff needs, but we will still have to plan for a substantial amount.

Of coverage.

Because as you all know, many of our our folks require.

Significant support.

And that's not primarily due sheer number of staff, but by staff that, you know, have those competencies.

In abilities to be able to safely provide the care.

So I'll stop there.

So all that was just kind of draft material there. But the primary thing is what's what's at the top was the the nursing piece and getting those inputs from the departments for non nursing services.

Staffing.

So again, we got our staffing plan, we got our workforce development.

Aspect or section of our plan that we're gonna spell out explicitly.

You know our CNA program, our.

Mou with Brightpoint or some other college.

The various leadership programs that we're gonna be utilizing to upskill.

And all of those facets of where we can support folks along their educational.

Pieces or work certification pieces.

We're gonna be annotating what?

Folks preferences are.

The certification and where they are.



Cibulka, Kassandra (DBHDS) 39:50

Yeah.

So Jarvis, the one thing that I would ask you said that your department heads are also meeting to kind of put together like the the the needs of the Agency from now until like as you you step down as well is that that accurate as well?

 **Babb, Anissa (DBHDS)** 40:11

Mm hmm.

 **Cibulka, Kassandra (DBHDS)** 40:12

Did I get that right?

So maybe you know by next month, maybe we can talk a little bit more and show a little bit more of that preliminary sense. You know we didn't get much feedback, but think about this when we'll get feedback next month to see you know you had some time.

To think about it, did we miss something on the nursing line?

And then maybe next month, we can show a draft of the next department that we're talking about or the next group of people.

Does that sound like a good plan?

 **Babb, Anissa (DBHDS)** 40:35

OK.

Yeah, I'll plan to to schedule a meeting with the department heads.

We can review.

 **Cibulka, Kassandra (DBHDS)** 40:41

OK.

 **Babb, Anissa (DBHDS)** 40:43

Staffing plans that were submitted and then we can kind of start to present an approach that you know we can kinda work through and talk through as a hospital.

 **Cibulka, Kassandra (DBHDS)** 40:52

OK, I think that sounds like a good plan.

Does anyone else have any suggestions on that?

I don't wanna if there's something better, like glad to hear that.

Is that some like this? Seems to be like a, you know, get think about this, you know, get some feedback if you think Oh no, this doesn't make any sense. Let's provide that feedback. And then next month we can, you know, take if there was anything that came.

Up about the nursing one, let me know.

And then if?

We could maybe show preview of of other staff.

And then we can kind of go from there. If that works for everyone.

And then at some point, we'll also have to, you know, have maybe a cross section of of committees because there's three of us, right.

And so there's our committee.

There's the one that's doing with the patient, the staffing and so at some point we probably also will have to do a cross section with our two committees with the the employees as well as how it cross sections with the patients, right.

So just thinking long term, what that might look like as well?

'Cause we we both intersect each other, right?

 **Babb, Anissa (DBHDS)** 41:59

Thank you, Cassie.

 **Cibulka, Kassandra (DBHDS)** 42:02

And so we wanna make sure that we're not either duplicating work or that we're not missing something that is very important to the other group.

So just putting that on our radar for future future discussion.

 **Babb, Anissa (DBHDS)** 42:14

And Kathy, that's so pivotal that you point that out because it came up in at least I believe the two other subcommittees.

 **Cibulka, Kassandra (DBHDS)** 42:22

OK.

 **Babb, Anissa (DBHDS)** 42:22

So I think the need and and yeah.

 **Cibulka, Kassandra (DBHDS)** 42:23

Well, I'm glad that, yeah.

OK.

Does anyone have? I don't want to cut it short, but does anyone have any other

comments, suggestions, anything else that we need to be considering?

Otherwise, we can plan to meet again next month and kind of, you know, just get feedback if anything that we miss and then our plan would be kinda go through that and then we can look maybe maybe in the May, June time frame well you know that we.

Have across section committee.

Where we can kind of pull together just some, you know, talking points of, you know, maybe we can plan that next month to kind of say these are kind of what we would want to make sure we're we're asking the right questions on.

 **Babb, Anissa (DBHDS)** 43:10

Well, I really do appreciate everyone's attendance.

 **Cibulka, Kassandra (DBHDS)** 43:12

Research.

 **Babb, Anissa (DBHDS)** 43:13

I mean this, I think by far the biggest attendance that we've had so far.

And you know, this is really means something.

Miss Morton, you got your hand up?

 **Cibulka, Kassandra (DBHDS)** 43:22

Yes.

 **Morton, Demetrie (DBHDS)** 43:26

Yeah, I do have a question. Some of my staff have been asking about.

Educational opportunities for staff who are non nursing.

Is there a pot of money?

Possibly that they could apply for to assist them with furthering their education and some other skill set.

 **Cibulka, Kassandra (DBHDS)** 43:47

So so we've asked.

The facility has, I think, and I want to give the wrong.

It's a couple.

Maybe what's your dollar amount?

They have a grow your own program, our workforce dollars that were allocated for this budget year.

So we are asking the facility to compile that and that's part of what Patricia has been meeting with people on is to gauge that interest and eventually maybe doing some kind of application before we.

Determine where those funds are going to go.

So we are going through the process and asking if people are interested Juan reach out to Patricia on the days that she's there.

She's collecting that.

And then Jarvis and the team at Hiram Davis will also, you know, collect that information. And then when we get ready to the point where, you know, we feel like we've gotten through everyone, we will.

There will be a process and we'll define that process in advance and how we're going to determine where that money goes.

 **Salisbury, Tracy (DBHDS)** 44:40

Aside from that money, there are still other programs for funding the as I mentioned, the G3 Fast forward.

 **Cibulka, Kassandra (DBHDS)** 44:45

Thank you.

 **Salisbury, Tracy (DBHDS)** 44:50

Several of those will cover almost all, if not if not, a huge portion of, and that's that's even to get a certification or for an electrician to get its journeyman or a food service to get a safe serve. It does not have to be a nursing, so I.

Threw out a couple. If there's someone who wants to pursue a social work degree.

Patricia is your best connection for that.

And so as I said earlier, hit her up.

When she's there, she'll be there. The Tuesday.

I think it's the 25th of this month, but she can also be emailed to do one-on-one or group discussions.

Virtually as well. Yeah, she'll be there in the 25th.

BA Babb, Anissa (DBHDS) 45:38

And that's why it's so important that I want to encourage you all to do the intake. The intake piece with Patricia so that we can work through your unique situation. Again, as Cassie pointed out, there is a pot of money that we're gonna be utilizing this fiscal year.

And that's what we're that's what we're gearing up for.

We recognize that in the upcoming fiscal year.

We have to start to modify.

I would.

Our what?

Our posture is gonna be.

We know that our mission is gonna be changing.

And so the way that we fund things and the things that we start to.

That we utilize will at some point start to decrease and those we can reallocate some of our funding I believe and that's what we're working through from the budgetary side as we start to prepare for next fiscal year.

What does that look like and what kind of opportunities can we offer throughout the next fiscal year as well?

So our plan is gonna be very intentional so that we can.

Capture and support as many staff.

As we can as we work through and not just nursing.

MD Morton, Demetrie (DBHDS) 47:01

Thank you.

BA Babb, Anissa (DBHDS) 47:02

Mm hmm.

So just to circle back.

For the next meeting, we will in the interim, we will meet as a facility and we will review our staffing plan.

We will be prepared at the next meeting to review.

Said staffing plan.

And we may just start with one department or two.

But the goal is to work through everyone to kind of tease out what that what that

plan is to look like so that.

That's been our test and part of what we are tasked to deliver as part of this component of this plan.

Again, if anything comes up along the way, please shoot it to the Planning Commission.

Planning team e-mail.

You can reach out to Julie Tracy.

Myself or Cassie?

We're here to take any information.

That's our task is to make sure that you know, we look at everything that is required to support our staff through this transition and that's.

And that's our intentions.

So I appreciate everyone's attention and willingness to participate in this part of the project.



Cibulka, Cassandra (DBHDS) 48:38

Thank you.



Cunningham, Lauren (DBHDS) 48:41

Thank you all.

Remember, check the that page of the Hiram Davis website for upcoming meetings.

We'll also send out a notice when we have the next meeting in April scheduled that also has that e-mail address hdmcpplanning.team@dbhds.virginia.gov. If you prefer to provide written comment.

Or questions.

And we look forward to seeing you in April.



Cibulka, Cassandra (DBHDS) 49:07

Thank you.



Babb, Anissa (DBHDS) 49:09

Thank you.

All.