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| MEETING DETAILS |
| **Date and time:** | August 16, 2023 10am  |
| **Venue:** | Virtual through Zoom  |
| COUNCIL DEMOGRAPHICS |
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| **Present** | Madelyn Lent (DBHDS); Heather Orrock (VOCAL); Heather Pate (Robin’s Hope); Nichole Brenner; Livia Jansen (DJJ); Cristy Corbin (FSPVA); Caitlin Mabry (NAMI); Katharine Hunter (DBHDS); Hilary Piland; Nathanael Rudney (DBHDS); Terry Nunley (DARS); Bruce Cruser (MHAV); Eli Bouldin-Clopton (On Our Own of Charlottesville), Justin Wallace (VDH); Katharine Hunter (DBHDS); Sandra Nichols (Panacea Behavioral Health & Wellness);  |
| **Guest(s)** | Beth Marcynski; Ann Denton (SAMHSA TA Team); Alan Marzilli (SAMHSA TA Team); Ellen Harrison (DBHDS); Kristin Vaughn (Human Trafficking Survivor & Advocate); Tom Jackson (Virginia Recovery Coalition & Western State Hospital); Mark Hickman |
| **Unexcused Absences** | Kristinne Stone (DOE); Mary Ottinot (RN/Parent); Dreamel Spady (LCSW Renewal Growth & Healing); Nicholas Pappas (CPRS/Advocate), Mary McQuown (DBHDS) |
| **Excused Absences** | Patrice Beard (Parent/Partnership for People with Disabilities); |
| **Minutes Taken By** | Hilary Piland, Vice President (minutes taken in place of secretary)  |
| **Presiding Officer** | Eli Bouldin Clopton, President |
| **Order Called** | Council convened at 10:00 am |

Quorum **was not** present in today’s meeting (requires 13 members, a majority [7 out 13] of these members need be consumers/peers, advocates, and family members)

|  | Item | Discussion/Action | **Responsibility/Follow-Up (if applicable)** |
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|  | Welcome, Introductions, Public Comment: |
|  |  | * Welcome: Eli began the meeting with introductions.
* Public comment: None
* Announcement: None
 | **Responsibility and Follow-up:** N/A |
|  | **Approval of Minutes from Previous Meetings** |
|  |  | * The June minutes were not approved because there was not a quorum.
* BHAC to approve the June minutes at the October 2023 meeting.
 | **Responsibility and Follow-up:** N/A |
|  | **Treasurer’s Report: Bruce Cruser:**  |
|  |  | * A treasurer’s report was not given at this meeting
 | **Responsibility and Follow-up:** N/A |
|  | **Update on DBHDS Developments & Key Strategic Initiatives: Ellen Harrison, DBHDS Chief Deputy Commissioner** |
|  |  | **Update from Office of Recovery Services - Ellen Harrison:** * The Peer Recovery Specialists Medicaid reimbursement rate has increased, however, it is still too low and should be increased again.
* In October 1, 2022, Office of Recovery Services (ORS) was charged to increase Virginia’s certified peer workforce by 10% before December 31, 2023. At that time, the number of certified peers in the Commonwealth was 863. Meeting the 10% increase would require 86 additional peers to reach certification status by end of 2023 totaling 949.
* As of August 15, 2023, Virginia’s Certified Peer Recovery Specialist workforce has increased by 116% with a total of certified peers reaching 1,098.
* ORS Regional Recovery Coordinators continue to provide free and accessible training to the CSBs, Recovery Community Organizations, and private providers. Virginia’s Recovery Coordinators trained 979 individuals between Feb ’22 and March ’23.
* ARPA dollars were awarded to CSBs via RFP to develop and implement peer internships and build out infrastructures required to bill Medicaid for Peer and Family Support services.
* DBHDS funded Recovery Community Organizations (RCOs) have increased by 5 with the additional caveat of standing up peer internships in those organizations as well.
* Recovery Corps is entering its second year of service in Virginia. During Y1, 43 individuals provided services at 11 different sites throughout Virginia.
* ORS has developed specialized endorsements in its effort to host the most qualified peer workforce in the nation. Those endorsements training support specialized populations such as justice involved with Integrated Forensic Peer Specialist training (iFPRS), supporting our aging population with Certified Older Adult Peer Specialist training (COAPS), and our workforce in acute care settings utilizing the Crisis Training.
* The Recovery Leadership Academy is in its third year and slated to graduate 20 emerging leaders in November 2023. An overhaul of the DBHDS 72-Hour PRS Training manual was just completed and includes sections such as Diversity, Opportunities, Inclusion, and Justice (DOI-J) and Professionalism in the Workplace and ORS also developed a cohort of trainers that identify as part of the LGBTQIA+ communities.

Cristy Corban asked if DBHDs has data on the number of PRSs that are certified yet cannot work at a DBHDS licensed facility because of a barrier crime. Heather Orrock asked how the funding is balancing out for the 5 Recovery Community Organizations (RCOs) that have received funding to stand up peer internships, yet some organizations have lost funding recently. Two council members asked which 5 organizations received this recent funding. **Behavioral Health Oversight & Accountability - Ellen Harrison**: This is a result of the federal grants management audit DBHDS went through a few years ago. As a result of the audit, federal funding to DBHDS is now being administered through Webgrants. This is where all expenses are submitted and then reimbursed. This setup was completed in June of 2023. Nathanal manages the subrecipient monitoring quarterly process. The MH block grant falls into this category. Program managers of each grant meet quarterly to see if grant recipients are meeting the requirements of the subrecipient process. Most of the recipients are CSBs. This gives DBHDS a good look at which recipients are doing really well and why. Nathanael shared that the data that can be pulled from Webgrants will make it easier for the BHAC members to see how the block grant money is spent, including more of the day to day services that these subrecipients provide. **Behavioral Health Quality Management System** - **Ellen Harrison**:Ellen noted that the quality management system for Developmental Disability services has been making improvements for a while now as a result of the DOJ Settlement Agreement. Now the Behavioral health side is making these same improvements. There will be metrics under the following three categories: 1. Health, Safety and Wellbeing
2. Integrated Settings
3. Provider Competency and capacity

**Update on State Hospitals -** - **Ellen Harrison**:* DBHDS’ goal was to get hospital staff vacancy rate to be below 20%. DBHDS continues to work on improving its vacancy rate. One way has been to hire contract staff to work at hospitals. This is a short term strategy, however. The goal is to also increase the permanent staff at state hospitals.

**Facility Vacancy rates:** RN                          22%Psychologist       12.9%LPN                        41.2%Housekeeping   17%DSA                        21.4%Heather Orrock asked what DBHDS is doing to address the workforce challenges CSBs are having. * Ellen noted that the state is still waiting on amendments to the FY24 budget to pass, and DBHDS is currently working on the next biennium budget right now. In regard to long term solutions for the CSB workforce issues, the goal is that all CSBs will eventually become Certified Community Behavioral Health Clinics (CCBHCs). The CCBHC model will mean an expansion of services and with that comes a prospective payment system where expenses are reimbursed. The CCBHC model will bring financial stability to the CSBs over time which should help with the CSB workforce issues.

Ellen shared that the CCBHC model has Peer Recovery services built in.  | **Responsibility and Follow-up:** N/A**Madelyn Lint noted that DBHDS does track that. She will get the numbers on this to Nathanael to share with the council.** **Ellen will get back to the council on this.**  |
|  | **Right Help Right Now Update**  |
|  |  | * Nathanael shared that originally the BHAC had planned to reach out to Janet Kelly from the governor’s office to see if she could present prior to this August meeting. That was a tight turn around, so it did not work. Plus, there were already several things the BHAC has to cover on the August agenda. Janet Kelly is already planning to present on the Right Help Right Now plan to the Behavioral Health Commission in September.
* Dr. Aplasca will give the BHAC an update on the Right Help Right Now plan sometime in September. This will be an additional BHAC meeting, not part of the bimonthly meetings the BHAC has.
* At the October BHAC meeting, the council will come up with feedback and recommendations to give on the Right Help Right Now Plan. The feedback and recommendations will be given to DBHDS and the Governor’s team.
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|  | **SAMHSA Technical Assistance Presentation– Ann Denton, AHP and Alan Marzilli, AHP** |
|  |  | BHAC requested assistance in 5 areas. At this meeting the SAMHSA TA Consultants gave the groups information/feedback on the first 3 areas. 1. Best Practices around the Review of the Block Grant
* Next time the BHAC meets, it should look at the letter the council sent to the Commissioner with the Block Grant application and use those items on the letter to determine a plan for how the BHAC can continue to monitor those items on the letter as the BHAC goes through the year.
* The BHAC could have a working session on one of the topics from the letter. For example, workforce could be a topic the groups dives deep and looks at if or how a lack of workforce is a barrier to recipients of the block grant meeting the federal requirements of the block grant.
* Or there could be a committee that works just on data. This committee could be a data resource for the other committees.
* All year long the BHAC should be getting updates on topics the council identifies as important. It’s the job of BHAC members to know the block grant application details from last year and to pay attention as issues are presented that may need to be incorporated into the next years letter for the block grant application.
* The key is providing adequate time for the review. It’s a quick turnaround however because SAMHSA does not provide much time. The BHAC can look early on at how the new block grant application fits into what the BHAC has been looking at all year long.
* There could be scoring or review sheets or working sessions that BHAC members can attend or not.
* After the review, the BHAC should document its concerns (BHAC does that though the letter submitted with the application). The BHAC would then take time to look how the BHAC wants to change the process for next year.
1. Getting information from other states about how their planning councils are structured and conduct activities.
* The services that Medicaid pays for have gotten so much broader through the years. The BHAC might want to have a committee on BH Medicaid reimbursement rates as well as a legislative committee.
* Florida’s planning council has members that represent different regions of the state.
* Kansas’ planning council has an annual topics report that covers the following areas like housing/homelessness, rural communities, service members & veterans, children services, and prevention. These acts as kind of a “State of the State” on these topics.
* The TAs will help the BHAC review the committees it currently has and make recommendations for new committees it could add.
1. Roles & responsibilities of council members. For ex. what is the role of the state agency representatives and people with lived experience?
* The language from the statute for the planning council is written in a convoluted way. Not less than 50% of the council members should be individuals who are not state employees and who are not providers of BH services. SAMHSA wants a majority of people to be consumers or family members. Some states don’t get involved in the membership categories. Some states do. There could be a hybrid approach where if a provider does not provide clinical services then the person can identify with either the organization he/she works for or as a Peer.
* Heather Orrock asked if a Board Member with VOCAL would be considered “associated” with the organization. Allen shared that in some states yes.
* SAMHSA has not taken a specific stance on what it means to be a provider.
* The BHAC can choose how the membership requirements are laid out.
1. Balancing the advocacy role with the review of the block grant
2. Establish a more realistic yearly framework for getting all that work done.

  | **Responsibility and Follow-up:** N/A |
|  | **DBHDS Block Grant Updates: Nathanael Rudney** |
|  |  | **Discussion on Recommendations to Include in the Letter that goes to Commissioner Smith at DBHDS. This letter will accompany the Block Grant application.** * Nathanael noted that if there are other recommendations that a council member wants to share later, he can work with SAMHSA to open a revision request where things can be added to the report that is attached with the Block Grant Application.

**Concerns of the Council:** **Peer Services:** * Eli Boldon Clopton noted the issue with Peer Services where an agency cannot bill DMAS if that Peer is not a registered PRS, and that Peer cannot become registered if they have a Barrier Crime. This creates a lot of barriers for hiring Peers. This also creates problems for the agency when it can bill DMAS for some staff services but cannot for other staff services (the ones who have a barrier crime)
* PRS Reimbursement Rate is still too low. Heather Orrock would love to see the Peer rate increase, but since it increased recently the GA is not as likely to increase that again.

**Barrier Crimes**: * Heather Orrock noted that the administration has singled that it might support some changes on the Barrier Crimes statutes. VOCAL and SAARA and other advocacy groups will be working hard on legislation that relaxes the barrier crimes statutes.
* Tom Jackson noted that Peers cannot bill for the same quantity of hours that clinical staff can.
* Cristy Corbin pointed out that there are a lot of programs that cannot bill Medicaid at all. The structure for billing Medicaid excludes Family Run Peer Led organizations because there are no clinical components in these Peer Led programs. This is a federal requirement.

 * Tom Jackson spoke with Secretary Littel recently. The Secretary shared with him that the administration’s take on Barrier Crimes will most likely come from a workforce issue. The Secretary knows that there are a lot of trained Peers in Virginia who cannot be employed. He thinks that could be a position to sell to republicans who, in the past, have been opposed to relaxing the barriers crimes statute.
* Right now, a clinician has to say Peer Services are needed for the agency to be able to bill for Peer Services. Heather Orrock will look more into this.
* Eli shared another issue is that for an agency to bill for Peer services, that agency has to have access to the Electronic Medical Records (EMRs). These Peer agencies don’t always have access to or the funds to get access to EMRs.

**Hospital Discharge Planning**: * Eli suggested the letter contain a recommendation for improvements made to State Hospital Discharge Planning.
* Bruce suggested that letter contain a recommendation that crisis services be a priority and that all funds that can be made available for crisis services be made available. The point can also be made that these funds should be made flexible enough that they can be used to recruit and retain staff where there are workforce issues.
* Bruce asked Justin Wallace about the VDH report on discharge planning and how its effectiveness if critical to suicide prevention.
* Justin did not know which study Bruce is referring to, but the general statistic shows how critical it is that a person receive proper post hospital discharge care. Regardless of what reason an individual is admitted to a psychiatric hospital, the 30 days after discharge are a time when the individual is 30-50% more likely to die by suicide.
* Justin will send Nathanael any recommendations he has from VDH that can be included in this letter.

**Council Requests for DBHDS in Fulfilling the Federal Mandate:** * Cristiy Corbin asked if DBHDS can show the council more reporting and data on the Block Grant funds that are specific to child and youth services. Can there be a stronger focus on children services. She noted that the survey that CSBs conduct on the services they provide for child and families is not good data because those surveys don’t reflect all the services CSBs are providing to children and families.
* Nathanel shared that there has been talk in the past about having someone from the DBHDS data team provide data to the BHAC from across programs.
* Cristy shared that the Child and Youth Committee has talked about how to help support the CSBs so that the survey they send out can get a larger reach.

Bruce noted that the group has talked in the past about how to have some kind of cross walk or comprehensive look that shows all the services provided by all provider types from all funding sources which shows the gaps in services. The problem is the system is too big to get all that data in one place and for all the reporting types to be consistent enough for the data to make sense. This would be ideal, but it’s just not possible. However, the ask listed above could be a good step to strengthening the council’s ability to understand the context of the behavioral health system. As well, if could be helpful to have different staff from DBHDS either staff the council or present to the council on a yearly basis. Nathanael will put a recommendation in the letter that someone from DBHDS’ Data and Evaluation team be available to staff this council. The letter will also recommend that someone from DBHDS’ fiscal department either staff the BHAC meetings or just present at one or more BHAC meetings each year. Nathanael noted that the fiscal department at DBHDS is very understaffed right now, so it might not be realistic to expect that a fiscal staff person can attend every BHAC meeting. Nathanael will summarize all the points made during this meeting to formulate the letter. He will then share the draft letter with the executive committee for feedback and then share that newer version of the letter with the entire council for any additional recommendations. However, any additional recommendations that a council member has should be in align with the work or recommendations that the council has made or discussed over the past year. This is not the time for a brand-new idea that has not already been discussed or worked on by this council.  |  |
|  | **Committee Reports:** |
|  |  | Child and Youth Committee: Cristy shared that the committee has been exploring ways for the data collection of the Youth Services surveys to be improved. This survey is a block grant requirement. There are two other areas that are standing agenda items that the committee talks about. * The JLARC report
* Right Help Right Now Plan
 | Responsibility and Follow-up: N/A |
|  | Next Meetings:  |
|  |  | The October meeting will be virtual only. At the October meeting the council will vote on whether or not to have the December meeting be in person or virtual.  | Responsibility and Follow-up: N/A |
|  | Other Comments: |
|  |  | * No comments
 | Responsibility and Follow-up: N/A |
|  | 1. **Adjourn [Next meetings: October 18, December 13]**
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|  |  | Motion by: not doneSecond by: not done |  |
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|  | **Meeting was adjourned at 12:00 pm.**  | Notes taken by Hilary Piland, Vice President (in place of Secretary)  |
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| Next Meeting(s): October 18, 2023Location of meeting: via Zoom  |

**MINUTES APPROVED BY COUNCIL ON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**