

**Department of Behavioral Health and Developmental Services
(DBHDS)**

**Comments & DBHDS Response: 2022-23 SAMHSA
Combined MH & SA Block Grants Application**

Stage	Annual Application – Request for Public Comment
Window:	July 29, 2021 – September 1, 2021

#	Commenter Name	Commenter Organization	Date	Comments	DBHDS Response to Questions and Requests *Comments without questions or requests are noted for public record
1	John Shinholser	McShin Foundation	8/25/2021	<p>Introduced himself as president of McShin and person in long-term recovery. Has advocated for better policies and tax dollar usage with the General Assembly. For 21 years, there have been hundreds of people like him who have been building recovery capacity and has never once been invited. Has not seen opportunities from state agencies for community organizations to participate in the planning process nor do they think outside the box. Mr. Shinholser shared that it was his understanding that block grant funds could flow through authentic community recovery support providers and not have to go through the state agencies or CSBs where he felt they get held up. There are tremendous amount of barriers for community organizations to access these funds. He mentioned that he has not seen a great deal of outcome data from DBHDS as well. He also shared that he has lobbied for his congresswoman to introduce legislation to allow for 10% of the block grant to flow through community recovery organizations like McShin to guarantee and secure a portion to Non-Government Organizations. He advocated that it would be in the best interest for everyone to bring in more community voices into the planning conversation for funds.</p>	<p>Public and community engagement are critical to developing new ideas towards building integrated systems of care. DBHDS recognizes the need to improve its capacity for public discourse and input around system planning including the block grants. Strategies that are being reviewed include improving the website (streamlining editing for increased efficiency, posting more resources), making more efforts to circulate notice of public hearing i.e. email blasts and social media, as well as increasing opportunities for the public to provide input on system planning. Furthermore, for the first time DBHDS has allocated money through the ARPA block grant funds for non-CSB entities to apply via RFA for funds. This could be something that is explored with more regularity.</p> <p>As for the regular MH and SA SAMHSA block grants, those are awarded only to the states through the state mental health agencies per federal code (https://www.govinfo.gov/content/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap6A-subchapXVII-partB.pdf). However, for the first time, for the one-time ARPA block grant funds in 2021, a certain portion was set aside for community agencies and organizations to apply.</p>

2	Michael McDermott	FAVOR	8/25/2021	<p>*From written comment presented at public hearing</p> <p>On page 212 of the BG Application it says that DBHDS is committed to a Culture of Quality that is characterized as: driven by data collection and analysis</p> <p>But on page 300 for the answer to question #2, it says: Does the state measure the impact of your consumer and recovery community outreach activity, and DBHDS answers no. Why is this?</p>	<p>The first years of the Office of Recovery Services has been devoted to the creation and development of the peer workforce in Virginia. We have now turned our attention to capturing how this workforce has been impactful within VA's behavioral health system. We are in discussions with SAMHSA on the identification and implementation of a data management tool. Additionally, we have submitted an application for technical assistance to The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) for additional support in this area.</p> <p>Please see the following resource regarding DBHDS Data Modernization and Accountability for more information about some of the needs that DBHDS recognizes in regards to improvements in data collection particularly outcomes measures https://dbhds.virginia.gov/assets/doc/EI/dbhds-one-pager-data-modernization-operational-improvement-accountability.pdf .</p>
3	Michael McDermott	FAVOR	8/25/2021	<p>*From written comment presented at public hearing</p> <p>On page 287 of the BG application, question #4 asks: Does the state have an implemented education or quality assurance program to assure that evidence-based MAT with the use of FDA-approved medications for treatment of substance abuse use disorders are used appropriately? DBHDS answers no. Why not?</p>	<p>This response has been amended to say Yes due to the following justification:</p> <p>DBHDS works in collaboration with DMAS, the state Medicaid authority, for the implementation and oversight of the Addiction Recovery and Treatment Services (ARTS) program which aligns with the evidence based model of care the American Society of Addiction Medicine (ASAM) multidimensional assessment and treatment. DBHDS and DMAS have conducted statewide training on this model, including the use of evidence based MAT, through Project ECHO, and also provides state wide updates to highlight evidence based practices and MAT (DMAS memo 2/11/2019) and periodic webinars on this topic to support ongoing provider development.</p>
4	Michael McDermott	FAVOR	8/25/2021	<p>*From written comment presented at public hearing</p> <p>On page 300 of the BG application, DBHDS shares a table of examples of stakeholder groups that are engaged in the development of public policy, programs, and services. Mr. McDermott shared skepticism regarding whether this was a table that had been updated or had been used in multiple applications</p>	<p>Each biennial block grant application (full federal application every 2 years) requires an overview of Virginia's behavioral health system and program overviews. Some implements or charts are reused if no changes have occurred or are updated/completely rewritten if changes have occurred. In this case, the chart was updated to include new stakeholder groups that have been engaged in the last 2 years which includes VOCAL, SAARA, and the Virginia Association for Recovery Residences</p>
5	Michael McDermott	FAVOR	8/25/2021	<p>*From written comment presented at public hearing</p> <p>(Page 305- BG Application) DBHDS allocates both MH and SAPT block grant funds to support peer-run programs and family and consumer advocacy organizations. (How much, and to whom?)</p>	<p>FY 21</p> <p>Roads to Recovery - \$382,499.80</p> <p>On Our Own Roanoke - \$229,819.25</p> <p>Depression and Bi-Polar Support Alliance of Fairfax-Falls Church - \$\$67,402.75</p> <p>Mental Health America of VA - \$212,405,00</p> <p>On Our Own Charlottesville - \$\$170,132.00</p> <p>VOCAL - \$\$354,897.00</p> <p>SAARA - \$235,792.00</p> <p>Friends for Recovery - \$120,723.75</p> <p>Oxford Houses of VA - \$369,100.00</p> <p>NAMI - \$163,809.77</p>

					VARR \$\$216,370.00 LMECC - \$76,608.00
6	Michael McDermott	FAVOR	8/25/2021	*From written comment presented at public hearing (Page 305- BG Application) In addition, DBHDS has been appropriated additional State General Funds to contract for recovery support services for individuals with SUD. (How much?)	\$500,000.00 – VARR \$63,750.00 – Roads to Recovery
7	Michael McDermott	FAVOR	8/25/2021	*From written comment presented at public hearing (Page 305- BG Application) Organizations supported with state and federal funds include peer-run recovery centers, resource centers and advocacy organizations operated by and for people with mental health, substance use disorder and co-occurring disorder lived experience that foster the development of skills related to self-directed care and informed choice. (Names of organizations and funding amounts?)	FY21 Roads to Recovery - \$382,499.80 On Our Own Roanoke - \$229,819.25 Depression and Bi-Polar Support Alliance of Fairfax-Falls Church - \$\$67,402.75 Mental Health America of VA - \$212,405.00 On Our Own Charlottesville - \$\$170,132.00 VOCAL - \$\$354,897.00 SAARA - \$235,792.00 Friends for Recovery - \$120,723.75 Oxford Houses of VA - \$369,100.00 NAMI - \$163,809.77 VARR \$\$216,370.00 LMECC - \$76,608.00
8	Michael McDermott	FAVOR	8/25/2021	*From written comment presented at public hearing (Page 305- BG Application) DBHDS currently either contracts with or has provided financial support to a variety of organizations that provide peer and family supports, all of which are designed to enhance individuals' skill and ability to engage in informed self-directed care and intervention. (Names and funding amounts?)	FY21 Roads to Recovery - \$382,499.80 On Our Own Roanoke - \$229,819.25 Depression and Bi-Polar Support Alliance of Fairfax-Falls Church - \$\$67,402.75 Mental Health America of VA - \$212,405.00 On Our Own Charlottesville - \$\$170,132.00 VOCAL - \$\$354,897.00 SAARA - \$235,792.00 Friends for Recovery - \$120,723.75 Oxford Houses of VA - \$369,100.00 NAMI - \$163,809.77 VARR \$\$216,370.00 LMECC - \$76,608.00
9	Michael McDermott	FAVOR	8/25/2021	*From written comment presented at public hearing (Page 305- BG Application) DBHDS has also fostered the development of peer recovery support services into more mainstream settings such as the CSBs, non-profit non-governmental agencies, federally qualified health centers, public health centers,	FY21 Roads to Recovery - \$382,499.80 On Our Own Roanoke - \$229,819.25 Depression and Bi-Polar Support Alliance of Fairfax-Falls Church - \$\$67,402.75

				private providers, etc. (Names and funding amounts?)	<p>Mental Health America of VA - \$212,405.00 On Our Own Charlottesville - \$170,132.00 VOCAL - \$354,897.00 SAARA - \$235,792.00 Friends for Recovery - \$120,723.75 Oxford Houses of VA - \$454,100.00 NAMI - \$163,809.77 VARR \$1,075,731.00 LMECC - \$76,608.00</p> <p>CSB/BHAs</p> <p>New River Valley \$233,142.00 Norfolk CSB \$130,425.00 Northwestern \$130,425.00 Region Ten \$370,678.00 WTCSB \$112,000.00 Blue Ridge \$167,093.00 Richmond \$1,002,016.00 Rappahannock \$13,685.00 Prince Williams \$355,000.00 Planning District 1 \$175,686 Mt. Rogers \$100,000.00 Loudoun \$68,752.00 Highland \$64,179.00 Fairfax \$543,192.00 Dickenson \$53,550.00 Danville \$244,038.00 Cumberland \$79,966.00 Arlington \$171,199.00 Alleghany \$50,000.00 Alexandria \$130,000.00 Colonial \$262,920.00 Piedmont \$616,581.00 Planning District 19 \$200,000.00 Richmond \$100,000.00 Cumberland \$85,725.00</p>
10	Michael McDermott	FAVOR	8/25/2021	*From written comment presented at public hearing (Page 305- BG Application) Housing, employment and responsive access to services are foundational throughout the state. SAPT Block Grant and state general funds for SUD recovery services currently support nine recovery support programs. (Names of the nine programs and funding amounts?)	<p>FY21</p> <p>Roads to Recovery - \$382,499.80 SAARA - \$235,792.00 Oxford Houses of VA - \$454,100.00 VARR \$1,075,731.00</p>

					The four organizations below are the entities receiving SAPT BG and state general funds for SUD recovery services under the ORS purview.
11	Michael McDermott	FAVOR	8/25/2021	<p>*From written comment presented at public hearing (Page 433- BG Application) Please indicate areas of technical assistance needed related to this (Behavioral Health Advisory Council (BHAC)) section.</p> <p>None at this time. (Despite numerous, repeated and documented instances of the BHAC's lack of public transparency, accountability and public engagement, no improvements have been made regarding posting of meeting minutes, legislatively mandated communications or following public meeting laws regarding meeting notices.)</p>	Mr. McDermott is referencing a time in which the BHAC webpage was malfunctioning due to a VITA error in which the page reverted to a previous version. The page currently reflects the latest meeting minutes, and upcoming meetings, as well as links to the Commonwealth Calendar that also provides public notice on the meetings. DBHDS acknowledges challenges with the website and information needing to be updated on many pages but ongoing efforts have been made to update the BHAC page as well as efforts to streamline website editing for efficiency as currently edits do take more time than is ideal for broadest exposure and accessibility.
12	Michael McDermott	FAVOR	8/25/2021	<p>*From written comment presented at public hearing (Page 436- BG Application) Indicate how the Planning Council was involved in the review of the application. Did the Planning Council make any recommendations to modify the application?</p> <p>See attached BHAC Letter to DBHDS Commissioner-2021 (Where is the attached BHAC Letter to DBHDS Commissioner?)</p>	Letter to commissioner is drafted in August during the 30 day public comment period to give adequate time for the Council to review the application, meet in August to provide input on the letter, for the executive committee to draft the letter, and for the draft letter to be sent to the Council for any last comments. Then the letter is finalized and sent to the Commissioner. This process often lasts until late in August and can occur after the public hearing. However, the letter will be attached with the BG application that is submitted to SAMHSA September 2nd and will be publicly available on the DBHDS Mental Health Services webpage.
13	John Shinholser	McShin Foundation	8/25/2021	<p>He also shared his concern about the lack of engagement of community organizations and this issue starts with the national organization, NASADAD which he believes to be very territorial in regards to only engaging state agencies in the conversation about planning and funds. Mr. Shinholser again reiterated the need for more community engagement and that there are major discrepancies between CSBs and their practices. He did reference some recent changes including some money allocated to McShin via ARPA funds. Mr. Shinholser requested some sit-down meetings following this hearing to really re-engage and have more open discussion about creative ways to use funds effectively.</p>	NASADAD is the National Association of State Alcohol and Drug Abuse Directors and DBHDS cannot comment on their work. However, more meetings are possible to encourage public discourse and the block grant state planner will discuss what changes can occur prior to the next block grants application to bring more public engagement at the beginning of application process to help shape the plan.
14	Garrett English	Peer Journeys	8/25/2021	<p>Joined by his staff/colleagues from Peer Journeys, Mr. English is the president of the organization. He requested funds for crisis respite in Roanoke. 13 states already have these programs and those tools. Mr. English requested more information regarding RFP opportunities for funds (likely referencing ARPA0 and how a community organization might apply.</p>	ORS appropriated ARPA funds to initiate peer respite housing in VA. Research and collaborations, internal and external, are underway to address how to best implement and fund this initiative. More information from ORS will be forthcoming regarding peer respites.

15	Michael McDermott	FAVOR	8/25/2021	Added the efficacy and cost benefits of putting someone in sober living vs. the high cost of incarceration. He also stressed the issue of same day intervention given the immediacy of need for support regarding individuals with substance use disorders. Mr. McDermott stressed that the best outcomes for individuals was not in hospital but in a recovery residence and that this drastically reduces negative outcomes including incarceration.	DBHDS recognizes the efficacy, improved outcomes, and cost benefits of jail diversion through prevention and treatment for both mental health and substance use. Block grant funds and state general funds are utilized for a variety of services that help provide jail diversion including crisis intervention teams, mobile crisis, Marcus Alert coordination, recovery housing and supports. DBHDS will review jail diversion resources and information and increase efforts to make them publicly available.
16	John Shinholser	McShin Foundation	8/25/2021	Stressed the importance of providing programming and community support in jails. He referenced pilot programs that demonstrated the efficacy of community supports and that it was regrettable that these did not receive continued funding. Additionally, he advocated again for more community meetings engaging multiple stakeholders to follow this hearing.	DBHDS recognizes the efficacy, improved outcomes, and cost benefits of jail diversion through prevention and treatment for both mental health and substance use. Block grant funds and state general funds are utilized for a variety of services that help provide jail diversion including crisis intervention teams, mobile crisis, Marcus Alert coordination, recovery housing and supports. DBHDS will review jail diversion resources and information and increase efforts to make them publicly available.
17	Jessica King	Peer Journeys	8/25/2021	Is a peer recovery support specialist, has lived experience in recovery programs. She shared a concern that peer recovery support specialists cannot freelance and are required to be tied to agencies or in facilities which limits the ability for peers to provide services in settings in which they are needed.	Peer supports are open to provide services in any settings. These services are linked to agencies when they are seeking reimbursement per DMAS guidelines.
18	John Shinholser	McShin Foundation	8/25/2021	Historically, the systems have not been open to criticism and that he felt that his voice has been disregarded in the past due to being a willing critic while providing creative alternatives supported by data and positive outcomes	DBHDS cannot specifically respond to what instances this comment refers but it is understood that many members of the public or communities have felt unheard or underrepresented. Although there is still much to be done to improve public discourse including creating opportunities for public input at the planning stages of funding, DBHDS is also invested in data modernization and improved outcome measures with a goals of also making those publicly available.

19	Garrett English	Peer Journeys	8/25/2021	Agreed with comment regarding the lack of DBHDS outcome measures to evaluate the impact of recovery community or peer run organizations. Mr. English requested more tools or techniques to study these impacts and asked whether there was anything like this publicly available.	<p>ORS is aware of the need for data management tools and the voice of recovery stakeholders to address this issue; To this effort ORS is currently in discussions with SAMHSA on the identification and implementation of a data management tool. Additionally, we have submitted an application for technical assistance to The National Center on Advancing Person-Centered Practices and Systems (NCAPPS) for additional support in this area.</p> <p>Please also see the following resource regarding DBHDS Data Modernization and Accountability for more information about some of the needs that DBHDS recognizes in regards to improvements in data collection particularly outcomes measures https://dbhds.virginia.gov/assets/doc/EI/dbhds-one-pager-data-modernization-operational-improvement-accountability.pdf .</p>
20	Garrett English	Peer Journeys	8/25/2021	Requested to start a conversation about recovery environments- Has worked at Catawba Hospital where clients have shared rooms and hallways whereas a crisis respite would be more suitable therapeutic setting	<p>Block grant funds cannot be used for hospitals but comment is noted in regards to state general fund dollars. Please see resource regarding DBHDS strategies to reduce the state hospital census: https://dbhds.virginia.gov/assets/doc/EI/dbhds-census-strategies-one-pager.pdf.</p> <p>ORS resources to get involved including community conversations are currently shared in multiple areas to include: DBHDS ORS Recovery e-blasts, PRS Roundtable, and Virginia Recovery Initiative workgroup.</p>
21	Garrett English	Peer Journeys	8/25/2021	Shared about his work in regional hospital provider on opioid use infections ward where patients could spend 6 weeks in a room or hallway, no common space, difficult environment, difficult to keep them from AMAing, and again emphasized his support for recovery environments	<p>Again, DBHDS supports diversion practices as individual outcomes improve dramatically if they are able to remain safe in the community with supports. Block grant funds are restricted under federal code from being utilized on state hospitals or improving the facilities. Please see resource regarding DBHDS strategies to reduce the state hospital census: https://dbhds.virginia.gov/assets/doc/EI/dbhds-census-strategies-one-pager.pdf</p>
22	Garrett English	Peer Journeys	8/25/2021	One of the dimensions of wellness for peer recovery is spirituality and that Mr. English has shared that he would like to have a community conversation about within ethical guidelines, supporting spirituality as a key component of recovery	<p>ORS supports SAMHSA Eight Dimensions of Wellness, in which, spirituality falls. Having a 'community conversation' regarding the ethical implications of this is something ORS would actively participate in.</p> <p>ORS resources to get involved including community conversations are currently shared in multiple areas to include: DBHDS ORS Recovery e-blasts, PRS Roundtable, and Virginia Recovery Initiative workgroup.</p>

23	Garrett English	Peer Journeys	8/25/2021	Referenced to his colleague, Keith Thomas who spearheads their organization's respite program efforts. Mr. English shared that 13 states have crisis respite programs but no substance use crisis respite exists Mr. English referenced Mr. Shinholser and agreed that Virginia could be the envy of other states in regards to fully funding and engaging a robust peer recovery crisis system	An ORS staff member has conducted research on this topic as part of a capstone group project. It was learned that there are currently no SUD specific peer respites in the country, at this time.
24	Garrett English	Peer Journeys	8/25/2021	Referenced housing, and Mr. English expressed that he is a permanent supportive housing success story. His personal experience was with a colleague who had a lot of success but that his work with peers reflected that Oxford houses were not suitable for recovery. Wanted to advocate for Level 2 monitoring supportive housing.	I believe, VARR has a model of Level 2 monitoring supportive housing in Virginia. Also, please see DBHDS informational one pager on permanent supportive housing https://dbhds.virginia.gov/assets/doc/EI/dbhds-psh-fact-sheet-2020.pdf
25	Garrett English	Peer Journeys	8/25/2021	Transition from hospitalization to community life is not very well supported, having been at 14 institutions, felt that he was deprived of rights, freedom, and responsibilities but also felt that he was not provided enough support in community. Wants to have better conversations about transitional and post recovery environments including crisis stabilization for SUD and MH.	Again, DBHDS supports diversion practices as individual outcomes improve dramatically if they are able to remain safe in the community with supports. Please see resource regarding DBHDS strategies to reduce the state hospital census which includes discharge to community resources: https://dbhds.virginia.gov/assets/doc/EI/dbhds-census-strategies-one-pager.pdf
26	Garrett English	Peer Journeys	8/25/2021	Was really excited to see internships funding for youth recovery specialists including future leadership. Would really like to see some of that funding go towards non-CSB providers	Comment noted and will be shared with Office of Recovery Services
27	Garrett English	Peer Journeys	8/25/2021	Was curious if DBHDS could post a sample RFP for a proposal from a community organization to access block grant funds that were allocated for non-CSB entities	RFP information regarding non-CSB entities will be shared publicly once the ARPA proposal submitted to SAMHSA has been approved for project spending. Instructions for how to complete the RFP will be provided.
28	Garrett English	Peer Journeys	8/25/2021	Would like to see DBHDS link for public hearing directly on the website. The Zoom link could be directly posted on the DBHDS website instead of a 2 part process requiring people to click the link for the Commonwealth Calendar page and then click the link.	This is will be implemented for the next block grants public hearing as long as it meets VITA IT compliance.

29	Adam Creveling	DMAS	8/27/2021	(pg.18) Replace Medicaid with Department of Medical Assistance Services	Change will be reflected in final draft copy submitted to SAMHSA
30	Adam Creveling	DMAS	8/27/2021	(pg.24) Correct misspelling of word "implemented." Spell out ASAM acronym in the first column	Change will be reflected in final draft copy submitted to SAMHSA
31	Adam Creveling	DMAS	8/27/2021	(pg 68) Specify to have peers eligible to be registered with the Virginia Board of Counseling which is a requirement for Medicaid reimbursement of Peer Recovery Support Services	Change will be reflected in final draft copy submitted to SAMHSA
32	Adam Creveling	DMAS	8/27/2021	(pg. 68) <u>Last Sentence Second Paragraph</u> Add word registration after certification	Change will be reflected in final draft copy submitted to SAMHSA
33	Adam Creveling	DMAS	8/27/2021	(pg. 69) <u>Project BRAVO/ Medicaid Behavioral Health Enhancement (formerly Redesign)</u> Add words Mental Health before Partial Hospitalization and Intensive Outpatient Treatment. Change word "multisystem" to "multisystemic"	Change will be reflected in final draft copy submitted to SAMHSA
34	Adam Creveling	DMAS	8/27/2021	(pg. 69) <u>The Behavioral Health Needs Assessment section</u> Update to reflect that as of August 15, 2021, over 575,000 adults have been enrolled in Medicaid expansion	Change will be reflected in final draft copy submitted to SAMHSA
35	Adam Creveling	DMAS	8/27/2021	(pg.70) Just use acronym DMAS as earlier in document	Change will be reflected in final draft copy submitted to SAMHSA

36	Adam Creveling	DMAS	8/27/2021	(pg.75) This paragraph is missing the mention of Registered Peer Recovery Specialist which is a requirement to bill Medicaid through the Department of Health Professional Board of Counseling (DHP). Currently there are 314 registered PRS in the commonwealth. https://dhp.virginiainteractive.org/Lookup/Result	Revision added to section and change will be reflected in final draft copy submitted to SAMHSA
37	Adam Creveling	DMAS	8/27/2021	<u>(pg.74)</u> Effective July 1, 2017, the Department of Medical Assistance Services (DMAS) expanded the Medicaid benefit to allow for credentialing and reimbursement of Peer Recovery Support Services to include Peer Support Services and Family Support Partners. Folks need to be registered with DHP to bill not just certified with VCB)	Revision added to section and change will be reflected in final draft copy submitted to SAMHSA
38	Adam Creveling	DMAS	8/27/2021	<u>(pg. 92)</u> Correct spelling of word "significant."	Change will be reflected in final draft copy submitted to SAMHSA