

# Behavioral Health Advisory Council (BHAC)

## December 15, 2021 Minutes

**DRAFT**

MEETING DETAILS	
<b>Date and time:</b>	December 15, 2021, 10 am
<b>Venue:</b>	Virtual through Zoom due to the ongoing pandemic
COUNCIL DEMOGRAPHICS	
<b>Present</b>	Patrice Beard (Parent and Partnership for People with Disabilities); Hilary Piland (VACSB); Bruce Cruser (MHAV), Quyen Duong (DOE); Heather Pate (Robin’s Hope); Nathanael Rudney (DBHDS); Tara Belfast-Hurd (DBHDS); Katharine Hunter (DBHDS); Patricia Parham (DOC); Nick Pappas (PEER); Elizabeth Bouldin-Clopton (PEER); Adam Creveling (DMAS); Caitlin DiBenedetto (NAMI); Justin Wallace (Suicide Prevention at VDH); Ron Pritchard (VAAP), Katharyn Clark (SAARA); Heather Orrock (VOCAL); Livia Jansen (DJJ); Karlyn Clevert-Smith (Private Provider); Jenny Sappington (MHAV);
<b>Guest(s)</b>	Michael McDermott (Advocate with lived experience); Jessica Daggett (VOCAL); Carmen Lehnigk (transitioning into MH field); Ashley Wright (Arc of Virginia); Karen Brown (Health Workforce Development Center in Northern Virginia); Dillon Wild (JLARC); Tracy Smith (JLARC); Kate Agnelli (JLARC)
<b>Unexcused Absences</b>	
<b>Excused Absences</b>	Mary McQuown (DBHDS); Shatada Floyd-White (Virginia Veterans Affairs)
<b>Minutes Taken By</b>	Hilary Piland
<b>Presiding Officer</b>	Patrice Beard, President
<b>Order Called</b>	Council convened at 10:00 AM

Quorum was 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)
	<b>Welcome, Introductions, Public Comment:</b>		

		<ul style="list-style-type: none"> <li>Patrice began the meeting with quick introductions.</li> </ul>	
<b>Approval of Minutes from Previous Meeting</b>			
		<ul style="list-style-type: none"> <li>Hilary Piland noted a correction that needed to be made in the BHAC October meeting minutes. The following sentence will be replaced with the corrected sentence below.</li> </ul> <p><b>Incorrect:</b> Adam shared that DMAS has been working on streamlining Peer services and eliminating some of the barriers that would prevent a Peer rate increase.</p> <p><b>Correct:</b> DMAS has been working to streamline peer services by eliminating barriers with the intent to increase utilization of peers.</p>	
<b>Treasurer's Report:</b>			
		<ul style="list-style-type: none"> <li>Bruce Crusier shared that the BHAC still has a balance of \$10,070. Because the council has not been meeting in person, it has not had any new expenses.</li> </ul>	
<b>Executive Committee Report:</b>			
		<ul style="list-style-type: none"> <li>No new updates.</li> </ul>	
<b>Membership Report:</b>			
		<ul style="list-style-type: none"> <li>Ron Pritchard shared with the group that the council may be gaining a new member, named Duke Burruss. Duke's son sadly died from an accidental fentanyl overdose in 2020. Ron recommended the BHAC include Mr. Burruss as a member. Nick Pappas seconded that motion. The council will be happy to welcome Mr. Burruss when he is ready to attend.</li> </ul>	
<b>DBHDS Report:</b>			
		<p><b>Block Grant:</b></p> <ul style="list-style-type: none"> <li>DBHDS has completed the reporting process for the block grant. The block grant report will be shared with the BHAC at its next meeting, which is in February. This is a report on the priority indicator outcomes and expenditures of the block grant so far.</li> <li>The ARPA block grant funds, which have an expenditure period through 2024, have been approved and released for spending through DBHDS. Part of those funds will be for non-CSB entities and will be awarded through an RFA.</li> <li>DBHDS is waiting on the consolidated appropriations act funds to be released soon.</li> <li>There is a small part of the ARPA funds that will be COVID relief which will consist of COVID mitigation tools like PPE and training on social distancing.</li> </ul>	

		<p><b><u>FIOA:</u></b></p> <ul style="list-style-type: none"> <li>• DBHDS is still trying to get a clear answer for if the BHAC needs to meet in person or if it can continue to conduct business virtually.</li> <li>• The challenge is that the state FOIA code requires organizations to have an in-person quorum. Since the BHAC is a federally mandated council, it may be that the BHAC is able to follow the federal requirements for meetings regarding having a quorum. The federal requirements are less strict.</li> <li>• The ability to have the virtual options seems more inclusive and has made it easier for people to attend, especially considering that the council should be made up of people from all over Virginia. Allowing virtual attendance to count toward quorum gives people the ability to attend when they might not attend if the meeting is in person, because of the risk of COVID spread and distance a person would have to travel.</li> </ul>	
<b>Block Grant Report:</b>			
		<ul style="list-style-type: none"> <li>• The Block Grant committee is planning to have Margaret Steele from DBHDS present on the block grant at the February BHAC meeting.</li> </ul>	
<b>Committee Reports:</b>			
		<p><b>Executive Committee:</b> No new updates</p> <p><b>Child and Youth Committee:</b> The committee is focusing a lot on school based mental health. The committee recently reviewed a presentation by DBHDS and DOE committee representatives on the status of school mental health services. This presentation was an updated presentation from last year that was also presented by DBHDS and DOE committee representatives.</p> <p><b>Adult and Elder Committee:</b> No new updates</p>	
<b>New Business:</b>			
		<p>The council discussed the budget and legislative priorities it would advocate for in the advocacy letter it submits to legislators and the executive branch of Virginia. One of the overall goals of the BHAC is to <b>Improve Access to Behavioral Health Care for all Virginians.</b></p>	

The BHAC sees the following budget priorities and legislative request as ways to **Improve Access to Behavioral Health Care.**

**1. Strengthen the behavioral health workforce:**

Before the pandemic, Virginia ranked 41<sup>st</sup> nationally in access to a trained behavioural health workforce. Today, the lack of staff has created desperation for both children and adults across the service spectrum, from accessing crisis services through community care to short and long-term facility care. It is imperative that we find ways to attract and retain staff in all settings and in all related disciplines.

- Make permanent the 12.5% increase in Medicaid reimbursement rates for behavioral health services, currently set to expire on June 30, 2022.
- Give priority to increasing the rate for Peer Recovery Specialists (PRS). The current rate is so low many agencies lose money if they hire a PRS, even at the low salaries PRS receive. A good start is to adopt the recent consultant recommendation to DBHDS, which is \$34.31/hour to the employing agency (for all agency costs including individual compensation).
- Fund pay increase packages for staff at all community based behavioral health services.

**2. Address the state psychiatric hospital census crises by providing more funds for Permanent Supportive Housing (PSH).**

Adequate housing and a range of community behavioral health options are vital to keeping individuals stable in the community, rather than cycling back into the psychiatric hospital system.

Appropriate housing is a significant barrier to discharge from state psychiatric hospitals. Increased funding for PSH will reduce the hospital census pressures by having the ability to discharge individuals from the hospital as soon as they are clinically ready. 87% of individuals served in PSH remained stably housed for at

least one year, according to DBHDS data, which saved \$12.2M in state psychiatric bed day costs.

- Fund an additional \$20 million to support Permanent Supportive Housing across the state.

**3. Amend current Barrier Crime laws to provide more opportunities for otherwise qualified individuals to join the behavioural health workforce.**

The council supports legislation that will relax or simplify the barrier crimes statutes to allow more Peer Recovery Specialists to be employed. There is wide support for recommended changes that will expand the work force without sacrificing public safety.

**4. Endorse effective strategies for reducing teen & youth suicide.**

Every eight hours a Virginian dies by suicide, and suicide is the second leading cause of death among Virginians 15-34 years of age.

- Incentivize full staffing of the prevention services workforce.
- Expand the Virginia Mental Health Access Program to provide all health care staff with immediate access to mental health consultation.
- Increase the presence of mental health services in all schools, including strengthening connections between schools and community providers.

The BHAC also supports the budget and legislative requests that are being put forward by the advocacy partners that serve on this council. A list of those requests will be attached with the letter that the BHAC sends.

**Approval of these Priorities:**

- Bruce provided a motion for the council to approve the priorities listed above for the letter. Nick Pappas seconded that motion.
- Katharine Hunter suggested “Endorsing Effective Strategies for Reducing Youth Suicide” be an addition to the priorities. This is because with the pandemic the youth suicide rate has increased.

		<ul style="list-style-type: none"> <li>Bruce amended his motion to include the Youth Suicide efforts. Nick Pappas seconded that amended motion.</li> </ul>	
<b>Public Comment:</b>			
		<p><b><u>Michael McDermott from FAVOR Virginia</u></b></p> <ul style="list-style-type: none"> <li>Expressed that the BHAC should find more ways to advertise the BHAC meetings to the general public. He knows that the DBHDS Recovery Blast sent out a notification about the meeting one time. He was hoping that the Recovery Blast would send out regular meeting announcements.</li> <li>Shared support for changing the barrier crimes statutes to make it easier for Peer Recovery Specialists with criminal records to obtain employment.</li> <li>Suggested that everyone on the BHAC call and advocate for change to the barrier crimes statutes, not just for the organization they represent, but also personally as a regular citizen.</li> <li>Shared support for funds for the Recovery High School that is proposed for Chesterfield County by Delegate Coyner. There is a video on the FAVOR Virginia website that talks about the Recovery High School.</li> <li>Danny's Law needs advocacy from everyone to make it stronger and more effective by changing "may" to "shall" in regard to dispensing naloxone or other opioid antagonist used for overdose reversal to patients who have been treated for substance use-related emergencies, including opioid overdose, or other high-risk patients.</li> <li>Hopes that the BHAC will remain transparent and accessible to the general public no matter how the BHAC's meetings are conducted (in person or virtually). Mr. McDermott would be concerned if the council in any way separated itself from the FOIA requirements that keep meetings open and accessible to the general public.</li> </ul>	
			Notes taken by Hilary Piland
		<b>Meeting was adjourned at 11:40. The committees met after this meeting.</b>	

**Next Meeting(s):**  
February 16, 2022

**Location of meeting: via Zoom**

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

DRAFT