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Cibulka, Kassandra (DBHDS) 0:08

Good morning, everyone.
Just wanted to take a quick time to thank you all for participating.
We're gonna go real quick and introduce each of ourselves, and we'll go around the whole entire room just because.
There's not a ton of people here, but my name is Cassie Sebola.
I'm the chief human resource officer of Dbhcs.
She go. Tracy, do you wanna go next?

Griffin, Jarvis (DBHDS) 0:40

Yes, good morning. I'm Jarvis Griffin.
I'm the chief executive officer for Hiram Davis Medical Center and Tracy just joined me in in my office and I have our new HR supervisor as well.

Cibulka, Kassandra (DBHDS) 0:48

OK.
OK.

Griffin, Jarvis (DBHDS) 0:53

They're not gonna be on camera as much, but I will.
Allow Tracy to introduce herself.
Privilege of working with Hiram Davis.
For about 6 years, when I was a regional director.
So it's nice to be involved with them again. Thank you.
And.
Hello, I'm Roxy Campbell.
I'm the new human resource supervisor here in Hiram Davis, and I'm excited to hear everything about it.

Cibulka, Kassandra (DBHDS) 1:32

Thank you.
Angelo.

Harvell, Angela (DBHDS) 1:38
Angela Harvell, deputy Commissioner for facility services work with all of our state facilities.

Griffin, Jarvis (DBHDS) 1:38
Thank you.

Cibulka, Kassandra (DBHDS) 1:45
A/C.

Pendleton, Stacy (DHRM) 1:46
Morning, Stacey.
Pendleton, I am the deputy director at the state, the Virginia Department of Human Resource Management.

Cibulka, Kassandra (DBHDS) 1:55
Samantha.

Rosenberg, Samantha (DBHDS) 1:57
Good morning.
My name is Samantha Rosenberg.
I am Angela Hervell's, executive assistant and work in the facility Services division.

Cibulka, Kassandra (DBHDS) 2:06
And Lauren.

Cunningham, Lauren (DBHDS) 2:08
Hi, Lauren Cunningham, communications director at Dbhds.

Cibulka, Kassandra (DBHDS) 2:12
OK. And then I'll just go through the attendees, Rebecca.

Asuncion, Rebekah (DBHDS) 2:17
Good morning, Rebecca sunshine.
I'm the HR director at Scvtc.

Cibulka, Kassandra (DBHDS) 2:23
Thank you, Atal, good to.

Atul Gupta 2:27
Gupta, my daughter Alicia, lives at Hiram Davis Medical Center.

Cibulka, Kassandra (DBHDS) 2:31
Thank you, Mark Bricky.

Brickey, Mark (VIRGINIA WORKS) 2:37
Hi Mark Bricky here.
I am the Central Virginia Rapid response coordinator with the Virginia Department for Workforce Development and Advancement.

Cibulka, Kassandra (DBHDS) 2:49
Martha bryant's.

Martha Bryant 2:53
Good morning.
I'm Martha Bryant.
I have a son in skill nursing at Hiram Davis Medical Center. I'm from Amherst county.

Cibulka, Kassandra (DBHDS) 3:03
Hey, Megan.

McGuire, Meghan (DBHDS) 3:06
Hi, good morning.
Megan McGuire, deputy Commissioner for policy and public affairs.

Cibulka, Kassandra (DBHDS) 3:12
And Julie?

Webb, Julie (DBHDS) 3:15
I'm Julie Webb.
I'm the Chief People Officer, HR director for Central State Hospital and Hiram Davis Medical Center.

Cibulka, Kassandra (DBHDS) 3:23
Thank you. And I think Anissa just joined.
OK.
Well, thank you.
I just want to real quick go through a few ground rules for our meeting.
We're just going to ask that everyone, be respectful and encourage you to listen, actively respect any differing viewpoints and engage in constructive dialogue in order to be efficient with our time and respectful the many topics and viewpoints we need to cover. As a subcommittee, please keep the REM.
On topic and do not disrupt other speakers.
If you have any additional comments or data to share with us.
Subcommittee, you can e-mail us at Hdmc planning team at DBH das.virginia.gov.
I'll put that in the chat just so that we have it as well.
So the next few minutes will take for public comments.
Will allow for public comments for that.
We are.
We allow up to five people per meeting and it's a 2 minute Max per person. So if we have anyone that would like to start, we'll go ahead and anyone wants to raise their hand. Or if you just want to let me know, let me see.
3.

Cunningham, Lauren (DBHDS) 4:51
Cassie. I see Miss Bryant has her hand raised.

Cibulka, Kassandra (DBHDS) 4:51
OK.

Thank you. I'm sorry, Miss Bryant.
Go ahead.

Martha Bryant 4:57
We value the expertise and dedication in the years of choosing to work with the ADI population and skilled nursing at Hiram Davis and the leadership there led by Jarvis. One thing I think we need to think about are the competencies of the employees there and the skill sets that they have like handling oxygen and suctioning and lifts and interal pumps. The on site services there, including weekends and nights and holidays and holidays.
So we have many onsite services there and.
Basically, in my son's situation, it's skilled nursing facility choice, not waiver and.
I'm waiting to see the plan for the skilled nursing facility for Profound ID that's being offered in the system so.
I also have to say that documentation.
And transfers of of documentation are essential for safety. When we go out somewhere like hospitals.
So we often hear from families that hospital settings are where the mistakes happen, whether it's medication administration or not. Being familiar with this subpopulation or hand, how to handle them there.
So I know in both of my son's case the medication reconciliations were very.
Dangerous points of.
Leading to death or near death for my other son.
So it's essential that we have professionals with the competencies and the staffing levels that are necessary for these populations.
I will say, since August, we've had a physician leave.
Another's retiring this week, so we have less coverage than we did in August.
And sometimes that stresses your existing workers, your physician, your two nurse practitioners who were there.
And I know that you're doing continuous recruitment, but meanwhile you're stressing your existing providers.
I really value the lab and X-ray on site, the pharmacy there having a night box able to get lab results in the same day get an antibiotic same day without going out.

Cibulka, Kassandra (DBHDS) 7:31

I don't mean to interrupt you, but we're at time.
So sorry, but thank you so much for your comments.
Took notes of that.
At all good time, Mr. Guitar. You're next. Thank you.

Atul Gupta 7:44
Yes, ma'am. So I'd first like me to thank you. First like to take this opportunity to thank all the staff at Hiram Davis. They are doing and have been doing an exceptional job and taking care of our loved ones.
My issue in terms of staffing is as you try to replicate the services somewhere else in the Commonwealth, if the plan foreclosure is approved by the General Assembly, then how would you train those employees because you got to retrain a whole new set of employees and certain employ.
We move from here.
So what is the plan to train or retrain these employees in a new environment?
And then the second part of this same equation is if there's a plan to create skilled beds in the Commonwealth.
Other than Hiram Davis, what is the? What is the plan to get that licensure done?
Because not everybody can run a skilled nursing facility.
Doctor Griffin here is licensed.
He's what is lent QA Doc Griffin. If I'm not wrong, I don't want to give your certification wrong, but.
That's the minimum credential required for somebody to super head the licensing process. And do you have the human resource at other places in the Commonwealth to get it done or do you need to move? Doctor Griffin be in charge of two facilities so that the process is is.
Moving ahead and we are not lagging behind time. So those discussions need to happen now because these.
Personnel, you are have an asset.
And I know we'll be losing some of them, but you as you create the new asset, the training becomes crucial.
What's the plan to train new employees you cannot do.
On OJT, on job training that will not be good for the residents. Thank you.

Cibulka, Kassandra (DBHDS) 9:42

Are there any other questions?
I just wanna make sure I'm not missing anyone.
Lauren, would you like to read the review? The code section for us?

Cunningham, Lauren (DBHDS) 10:05
Just give me one second.
I'll pull that up.

Cibulka, Kassandra (DBHDS) 10:07
Thank you.

Cunningham, Lauren (DBHDS) 10:13
Is everyone able to see my screen?

Griffin, Jarvis (DBHDS) 10:16
Yes.

Cunningham, Lauren (DBHDS) 10:17
OK.
This is the kids section that that establishes the state and Community consensus and planning team that the subcommittee is a part of.
I can drop the link to this in the chat for those that don't have it.
You'll see that I did want to kind of emphasize, especially for this subcommittee.
Section V.
The resolution of issues relating to the restructuring implementation process, including employment issues involving state hospital employee transition planning and appropriate transitional benefits.
Umm, that's really the section that this subcommittee is going to be focused on.
Within the plan, the code states that the Commissioner shall ensure that each plan includes the following components, a plan for Community education, a plan for the implementation of required community services, including state-of-the-art practice models and any models required to meet the unique characteristics of the.
Area to be served, which may include models for rural areas.
A plan for assuring the availability of adequate staff in the affected communities, including specific strategies.

For transferring qualified state hospital employees to community services.
A plan for assuring the development funding and implementation of individualized discharge plans for individuals discharged as a result of the closure or conversion of the state hospital to any use other than the provision of mental health services.
Excuse me and a provision for suspending implementation of the plan if the total general funds appropriated to the Department for State Hospital and Community Services decrease in any year plan implementation by more than 10% from the year in which the plan was approved by the general as.
For the sake of time, I won't go into, you know, some of the rest which deals with some of the logistics of and timing of getting it to the Joint Commission.
I did want to share with the group is, as we've said before in previous subcommittee meetings at our initial planning team meeting, this code section is really just a jumping off point.
It's a place for us to start in terms of our work, but we can obviously take take what we're working on much further than that and make sure that it's all-encompassing and something that can be really useful during this process.
Cassie, I'll turn it back to you.

CK **Cibulka, Kassandra (DBHDS)** 12:39
Thank you.
So we'd like to open up and I think what we're really looking for in this, this first initial call is really to listen to your concerns and any questions that we're trying to answer as part of our committee. And so really today is going to be information G.
And and really outlining these concerns so that we can, you know, find out what data we're going to need to to start to answer some of those and come to, you know kind of our plans so.
I will open up and we'll just start with what concerns do we have that we need to.
To consider as we go through this process.

AG **Atul Gupta** 13:25
My little girl cannot talk.
She cannot push a nurse call button.
She cannot tell that she's in pain when she's in excruciating pain, but her threshold is very high for pain.
So the employees you have currently and hire them understand her needs and

individuals similar to her, they are not normal walking, talking people and it requires years and years of experience.
To understand this population subset.
My concern is, as you close this place down and you reinvent pieces of it someplace else again, going back to my public comment, how do you retrain train?
What's the plan to bring that expertise, which will be lost?
As a result of this move.

CK **Cibulka, Kassandra (DBHDS)** 14:19
So one of the things that I'm gonna put down just to make sure I captured what you said was, you know, to make sure that we're training or retraining and and making sure that the people who are serving the population that is currently served at Hiram Davis have.
The skills and competencies would that be accurate?
I just wanna make sure I captured your concern.

AG **Atul Gupta** 14:36
Skills and competencies parallel to what we have currently at Hiram Davis, but these individuals are well trained to understand the needs of people who don't talk.
Don't you know express their their medical needs?

CK **Cibulka, Kassandra (DBHDS)** 14:48
Yeah.

AG **Atul Gupta** 14:54
So if somebody's diaper is wet just looking at their face expression, they know it's time to change the diaper.
And I've seen that.
But that's not true with a normal population.

CK **Cibulka, Kassandra (DBHDS)** 15:06
Thank you.

GJ **Griffin, Jarvis (DBHDS)** 15:15
Thank you, Doctor Gupta.

I wanna offer.
For our staff that have joined.
Kind of questions or concerns that you all have?
Gotta hand up Michael Compton.

Compton, Michael (DBHDS) 15:42
Hey Jarvis. So I wanna get some clarification to make sure I understand what this subcommittee.
Is for.
Is this it?
Was my understanding that this was kind of in preparation obviously for for closing, but this committee was kind of supposed to be playing on what to do with the current staff that we have here at Hiram Davis and how can we?
Put them in different places or what the staff can expect is that is my understanding of this incorrect.

Cibulka, Kassandra (DBHDS) 16:21
So this this is the yeah, this is the we're meaning to become and we're gonna create the plan for the staff.

Griffin, Jarvis (DBHDS) 16:22
The coke.

Cibulka, Kassandra (DBHDS) 16:29
That's correct.
And it'll it can encompass all that is to have the discussion, to determine what, how we're going to support the staff, how we're going to some of the comments have said we're we're creating the plan.
But one of the comments was how do we make sure that the knowledge and skills of the people that are here get to the?
So that's one thing that's been brought up, but that's what we're meeting is to discuss all of that and to come up with a plan for the people.
So and the staff and then also how do we make sure that you know the skills are needed for people out in the field as well?

So I think that's what it's turning into, but that's what the you're absolutely right. We can talk about that as well, so.

Griffin, Jarvis (DBHDS) 17:07
So the code specifies that we deliver a part of the plan that resolves issues related to. Employment issues.
As well as transitional benefits that may be associated with that. So.
I'm trying to seek to understand what employment issues may exist around this potential transition from hiring David is actually closing, So what does that look like for 162 employees and what support needs do they need in order to make that transition, whether we're trans?
To, as Doctor Gupta proposes, proposed.
Skilled, licensed facility or beds being used.
What portion of that population would be transitioning over to?
Serving that capacity on what other options that they may have out within our current system to absorb these actual services that they don't get lost?
Through closure, so we still retain a lot of that capacity.
That's competencies within our system in some form, shape or fashion.

Cibulka, Kassandra (DBHDS) 18:36
Michael, is there a specific concern or a specific question or specific area that you'd like to focus on with that?

Compton, Michael (DBHDS) 18:44
Well, well, I mean well the the staff.
So we need to be able to communicate to staff what the expectations are. I mean, we certainly want to get them in, in different places if in fact.
We are going to end up shutting down, so that's number one.
But in the meantime, we need to be able to communicate to them what to expect.
So some of the questions that we're getting because our census is is getting lower.
We know we have some.
It's like 8 or something. People that are gonna be discharged in the next.
Month or two.
What does that mean for staff?
So if we've got less than 30 residents left, what is the? What is the ratio to staff to

patient ratio that we can expect and at what point can we expect to see?
A.
A reduction.
And staff, whether it be early retirements, layoffs. But I mean we we obviously can't continue to employ 160 some people if we're down to 20 residents, so.
What we kind of need to know what to communicate.
Is what that plan is.
That makes any sense to you?

Griffin, Jarvis (DBHDS) 20:13
Yes, obvious, Mr. Compton.
That would, you know, the pool QUADRA staff.
Will will not be justifiable. You know, as we continue to decrease incenses.
So yes, we would need to, you know, kind of map out what the staffing pattern and plan would need to be as we have these intervals as we decrease discharge and have that type of attrition. Clearly, we've already started a number of staff who are.
Actually looking and transitioning to other positions within our system or outside of our system. And so part of what you know, what we're experiencing as a result of the announcement is you know.
Some staffing changes in within our organization already, particularly with the administrative positions. You know we have a control preventionist that's soon to be the department.
Miss Brian commented about position. Turn over and so that model is, you know, rapidly changing before us every week, so.
It's our our task and our duty to, you know, really kind of layout.
How we're gonna function over the next year or so as we get through these planes, I imagine that, you know, we won't be recruiting a lot of some of these positions that we may be able to absorb by giving additional duties to other staff.
So we will make that actual transition to retracing.
A lot of the ways.

Cibulka, Kassandra (DBHDS) 21:57
So as we lean into that just a little bit more to ask what information do we need to collect in order to make that to be able to come to that decision?
What do you?

What information do we need to gather so we can start to come up with those plans?

Griffin, Jarvis (DBHDS) 22:15
Clearly, based on, you know, CMS regulations, we're going to remain CMS certified throughout.
We would, you know, make sure that you know we have the nursing staff in ratios that you know comply with CMS.
So those ratios are already clearly defined and you know we can research and pull that to based our staffing model around.
We would need to look at what essential.
Functions that we would need to continue to.
Continue on with.
If we don't have, you know this staffing need as far as impatient care, what does that look like for the outpatient services that we're providing as well?

Martha Bryant 23:03
None.

Griffin, Jarvis (DBHDS) 23:12
Because it does take staff to continue to render those services for shared services as well.
We need to look at eligible folks or for retirement and start to classify those individuals and come up with those numbers of, you know, who's retirement, eligible age eligible so forth.

Cunningham, Lauren (DBHDS) 23:25
Cassie was just gonna.

Griffin, Jarvis (DBHDS) 23:42
And cohort, those paid individuals, so that we can at least start to have those conversations about what their intentions are for transition and that would help us understand, you know, where we are with that within that continuum for that subset of employees.
And then so on for those individuals that have, you know, still.

Years ago, within our career, looking at what their skill sets are, availability and you know really giving them preferential hiring.
As we you know, move throughout these next few years. You know if they choose to apply for a position, they should have some type of eligibility to, you know, advance a little higher and have a little bit more weight within those.
Employment opportunities.
I don't know if that's possible, and that might be something that we need to vent through with the HRM, so I'm glad to have you here, Stacy.

PS **Pendleton, Stacy (DHRM)** 24:51
Make a comment, Cassie.

CK **Cibulka, Kassandra (DBHDS)** 24:53
Yeah.

PS **Pendleton, Stacy (DHRM)** 24:54
Just to kind of follow up from Jarvis, I think you know in listening to kind of what data is needed, I think you have to kind of have that staffing plan.
In order to then decide if and when the tools available.
Such as you know what the layoff policy looks like and what what rights and benefits do employees have as well as if there is a need to put, you know, any of our compensation tools in place.
You know, retention bonuses, those kind of things that.
Help to mitigate, maybe some of the staffing concerns as you approach a closing.

CK **Cibulka, Kassandra (DBHDS)** 25:39
OK.

CL **Cunningham, Lauren (DBHDS)** 25:45
I see.
It's just gonna flag. I think Miss Bryant has her hand raised.

CK **Cibulka, Kassandra (DBHDS)** 25:48
Yes, yes.

Martha Bryant 25:52

Well, I would like a transparent process.
I would welcome less density per room, but I'm also concerned about consolidating to one floor so that.
My son is nonverbal, cannot help himself, cannot call for help.
He's very vulnerable to risk from others.
So I have heard rumors about consolidating upstairs to 3rd floor.
I definitely don't wanna enter an additional risk as as we go there.
I've always supported nursing and definitely into the retention bonuses. I do know that plan to move 34 jobs to Central state.
Was to be when the new central state construction opened, so the Mous.
Of how those jobs are retained or how they're gonna shift in the billing cycle to central state.
That's unclear right now.
Also about your physician and nurse practitioner coverage, which currently we have.
You know, we include weekends, night call holidays, we have rounding.
Daily rounding we have, you know, I think pharmacy and therapies were part of the go to Central state plan and that will be you know over a year later. So some of these things are.
Unclear to families, but I certainly want to retain adequate staff and services, including your clinic specialists like.
You know, and how that definitely retain their dental clinic and their dental sedation.
And their recovery.
So yeah, we have lots of considerations there.
Thank you.

Cibulka, Kassandra (DBHDS) 28:06

Thank you.

Martha Bryant 28:16

I will add that Senator Hashmi talked about relationships and continuity of care when she visited and the average length of stay for a resident was 10 years.
And people do have great continuity. One of our primary nurses has had tailored nearly eight years now, and continuity is something that you can't replace.

With just with a training or an in service or a competency check that.
Recognition of change in the nonverbal person is an essential thing.
So at one point, the department wanted transfers to other facilities within a 50 mile radius.
And SEVTC would be greater than 50 miles.
So we really are at risk of losing this expertise. These people who have continuity now and definitely if we go to a southeastern skilled nursing model, we need to look at what is the.
You know what are the CMS requirements of all these expertise components to run skilled care at whatever bed level you determine?
So we've asked for side by side comparisons.
What's at hiring Davis Medical Center?
What's at southeastern?
And we've yet to get it.
We've also looked at the revenue cycle, especially as you go down with your population census looking at.
How that affects revenue?

GJ **Griffin, Jarvis (DBHDS)** 30:04
Thank you, Miss Bryant.

CK **Cibulka, Kassandra (DBHDS)** 30:15
What other questions can we put on our list for as we work through this that we need to consider?

GJ **Griffin, Jarvis (DBHDS)** 30:53
Clearly we got it. We got it.
Staff that you know have a lot of organizational experience, a lot of organizational. History.
We gotta address the communication and it, you know, the the concerns that they have as far as transition.
So some kind of educational plan?
Skills resume review preparation. You know, for the job market.
I know it many individuals that you know transition out of the military to have support.

That, you know, help look at their resume, rewrite their resume, give interview coaching.
Experience, you know, on how.
To the market has changed and how how to research jobs.
That may be a component that we could kind of look at and make available to staff.
You know who who want those jobs?
Support as far as workforce rating is preparation.

CK **Cibulka, Kassandra (DBHDS)** 32:02
Thank you.
Are there any other data points that we should consider as we go through this?
I know we talked about, you know, staffing ratios and all and those things.
What other data should we be collecting, do you think?
Information.
This is fine.

MB **Martha Bryant** 32:38
Sometimes there are unequal salary and benefits profiles in different sectors.
When we had waiver in our home, our workers were hourly with no benefits.
So I think you need to look at your.
Comps on other?
Other sectors, I think overall we don't want to lose these people and would would there be any relocation bonuses or relocation incentives if someone does want to stay in this field?
My fear is that you're gonna get a net loss of expertise that, yes, people will go to jobs, but you're gonna get an overall decrease in expertise.

CK **Cibulka, Kassandra (DBHDS)** 33:59
Jarvis, do you know of any other data that you?
You're. You think we should gather as well?
Just throw it out to you for a minute that we've missed.

GJ **Griffin, Jarvis (DBHDS)** 34:06
Well, we already tracking, you know, quite a bit right now as far as the turnover and vacancy rate.

With the sense and turnover, but we still are doing really well with recruiting, but I imagine at some point we're going to start to feel those effects within the curve setting piece. As far as direct patient care.
As far as planning is concerned, I think.
That we have a mechanism to retain staff for safe patient care throughout the transition.
That leads up to, you know, closure and what that staffing model is going to look like.
Data related to that, we're still following the same ramp and kind of having you know the ability to.
Retained critical positions at that point.
Forksake patient care so.
Not so much as data that we would need, I don't think. But you know really having a actionable plan that we can implement at certain intervals as we progressed on the timeline.

CK **Cibulka, Kassandra (DBHDS)** 35:45
A few more people join over the last, you know, 30 minutes.
Is there anyone else that would like to make any comments on?
Questions that you have or.
Things that we need to consider as we go through our plan.

GJ **Griffin, Jarvis (DBHDS)** 36:08
Got a hand?

CK **Cibulka, Kassandra (DBHDS)** 36:08
Mark. Yep. Mark. Freaky. Yes, mark.

BM **Brickey, Mark (VIRGINIA WORKS)** 36:17
Hi. I just wanted to go back to Jarvis previous comment assisting the staff who will be translation.
Just wanted to remind everyone that of course I am with the rapid response program, which is the we're at a fellow state government agency, the Department of Workforce Development Advancement, previously the Virginia Employment Commission.

But that's why this program exists.
We're a federal Department of Labor program to assist whenever there are layoffs or closures or individuals who are losing their jobs.
Then we connect with the individuals who are being displaced.
Stand with things such as understanding the unemployment claim, filing process, getting connected with the local work, Virginia career work center so that we can address things such as Jarvis mention like resume assistance, interview process and so on.
But yeah, just to for any transitions that may be occurring, even if there's wave of layoffs, maybe just two or three here and there, please connect with my department and.
We have the Department of Labor Resources to assist those folks through the exact things that.
Jarvis had mentioned.

CK **Cibulka, Kassandra (DBHDS)** 37:25
Thank.

GJ **Griffin, Jarvis (DBHDS)** 37:35
I'm eager to hear more from our staff that's participating.

CM **Compton, Michael (DBHDS)** 37:42
Jarvis, I got. I got a question.
So at what do we have a time frame on when?
We can expect low, so not me, but there are some people just kind of waiting to hear if retirement is going to be an option for them, what that package is going to look like. What do we have a time frame on when we could start communicating that?
To.
To certain individuals.
Is there any kind of time frame for any of that and going back to the ratio earlier, at what ratio?
When we get to what ratio are we gonna have to start making reductions outside of attrition or?
It's just so many unanswered questions and I kind of feel like the questions are kind

of being.
Bounced around and we're not getting.

Cibulka, Kassandra (DBHDS) 38:39
So yeah, I think part of that is that's what we're this plan is for.
Like none of.

Griffin, Jarvis (DBHDS) 38:43
Yes, yes.

Compton, Michael (DBHDS) 38:44
OK.

Cibulka, Kassandra (DBHDS) 38:44
Yeah, none of that has really been decided yet because we don't have a closure date.
This is like going through the process of are we going to.
I know that the NASA submitted that they were going to start this process right?
But we haven't.
There's not a date.
There's. So that's kind of probably why it feels like that, but this is the first step to begin. OK, if we get a date, then this is the plan that will implement. And so this group that's going to meet over the, you know, next several months.
We're going to help formulate that, and so this was really.
First meeting that we've had and so this is the first step into getting to that plan.
So I understand that it feels like a lot of partners.

Compton, Michael (DBHDS) 39:16
OK, even that.
No, no, that that answer actually helps out a lot.

Cibulka, Kassandra (DBHDS) 39:21
OK, OK.

Compton, Michael (DBHDS) 39:22
Because if they're asking now, at least have.

Cibulka, Kassandra (DBHDS) 39:24
Yeah.

Compton, Michael (DBHDS) 39:26
A.
A consistent answer that hopefully we all can communicate the same thing so that that does help.

Griffin, Jarvis (DBHDS) 39:30
And that's.

Cibulka, Kassandra (DBHDS) 39:30
OK, OK.

Compton, Michael (DBHDS) 39:31
Thank you.

Griffin, Jarvis (DBHDS) 39:32
That's why we want to get as many ideas on the table as possible so that we can start to vent those out, follow up on and compel.

Cibulka, Kassandra (DBHDS) 39:32
Go ahead.
Great.
So that question is or that question is now part of our plan like I've, you know we this is one of the questions that we will seek to have an answer when we're done with this as part of our plans.
So just know that that is.
Thank you for the feedback on that.

Compton, Michael (DBHDS) 39:55
Thank you.

Pendleton, Stacy (DHRM) 39:56

Will I wanna say that we need to ensure I think part of the communication probably to staff is what is actually available like what is policy say can happen if there are has to be layoffs, what does that mean in you know in retirement or severance benefits? So I think making sure we're communicating with staff very clearly early on about. What does this actually mean and what's available like?
There aren't.
There's not just the ability to say you wanna retire. We'll give you an enhancement. There is a process that has to go through that to get to those points, and I think communicating that early.
So everybody understands what potential options are out there.
Would be helpful.

CM **Compton, Michael (DBHDS)** 40:50
You will the team be sending that communication out to staff when that time comes, or will each person be trying to communicate that message?
Separately, because it would, it would be very.

GJ **Griffin, Jarvis (DBHDS)** 41:07
We have a communication plan.
It'll be in.
Tandem with central office and we'll have some on it, some, you know, making sure that that information is available and that our staff or knowledgeable about it so that they can provide the the career counseling as well.
So.

CM **Compton, Michael (DBHDS)** 41:26
Only because I wanna make sure we're all spreading the same message and not a message on how each one of us interpret it 'cause. It's all gonna be different. But so that's what's the reason for that question.

CK **Cibulka, Kassandra (DBHDS)** 41:31
Yeah.
I'm not sure.
It's a good question.

Griffin, Jarvis (DBHDS) 41:40
I see Connie Wade has a hand up as well.

Cibulka, Kassandra (DBHDS) 41:45
Curly.

Wade, Connie (DBHDS) 41:49
Yes, good morning.
My question is for staff who would like to go back to school, take classes or get certifications.
Will there be any funding available for that?

Cibulka, Kassandra (DBHDS) 42:03
So those are the things that you know we can identify as we go through this process, right, that this is, you know, there's no, we don't have that answer right now, but we can put that as part of our plan to address as we go through. So let.
Me. Just write that down.
And then you know what?
Is there a specific one that you're you're you're thinking of?

Wade, Connie (DBHDS) 42:28
I would like to take additional classes to be a licensed clinical social worker.
Required classes for that.

Cibulka, Kassandra (DBHDS) 42:39
Adding it to our list.

Griffin, Jarvis (DBHDS) 42:50
So would there just kind of follow on as far as the facility plan? Is there an allocation that we could arrive at that could help us with workforce development? You know we have a grow our own CNA program to what resources can we invest in and what the?
Goal of having to produce so many CN.
New CN as over the next few years that could you know.
Further, provide those skills within our system.

Lpn to RN license you know from to a you know a bachelor's degree. What type of funding investment can we have and offer certain scholarships to staff to kind of demonstrate. You know that we have.
You know, produce and ready a certain percentage of our workforce for, you know, the next step in their careers.
It's bright.

McGuire, Meghan (DBHDS) 43:54
Uh huh.

Martha Bryant 43:57
EMS since April has had.
Enhanced federal funding for CN as and RNS in particular, did Virginia participate since April?
I also heard that central office is adding a nursing executive position and I'm not sure.
With the closure of, there'll be additional central office.
Enhance nursing physicians.
Thank you.

Griffin, Jarvis (DBHDS) 44:51
Yeah. And I think then this kind of going back, you know, as far as transitioning because we are mainly skilled nursing, medical focus and you know the other available facilities are primarily psychiatric and nature behavioral health. And so some type of pathway, you know, for those interested in.
Making it switch over to site would be something that we could take note of, you know, and kind of have a pathway for, say, a person that wants to go work in maximum security and central state. They have available position.
How do we get them, you know?
A pathway to absorb those skills that you know, so that they may qualify.
'Cause I know like with, you know, with transition and military they have like a truth to teacher program or.
Cna.
The Psychic Transition program or some type of pathway that we could offer staff, you know, and I know we have critical needs throughout the you know throughout

the facilities and so we could identify a certain number of positions at each facility and have those as options for trans.
Plans for folks that want to try to go that route, I think that would be something, the idea that we could possibly explore.

Cibulka, Kassandra (DBHDS) 46:28
87.

Cunningham, Lauren (DBHDS) 46:28
Mr. Berkey, did you want to go ahead?

Brickey, Mark (VIRGINIA WORKS) 46:33
Yes, thank you.
I see that Lauren did put in the chat that Tabitha Taylor is part of this committee and that is correct.
She is the executive director of the Workforce Board and region and in regards to the Upskilling and training for the Department of Labor W IOA Workforce Innovation and Opportunities Act, we refer to it as WEOLA. They do have dislocated worker funding.
So there's someone is laid off due to no fault of their own.
There are federal funds available to help those individuals, and the good thing about that is if you can identify.
A tentative end date for that individual.
That person can actually start that process up to six months in advance of the layoff date, which for instance, if let's just say someone works a day shift and they've been told they have six months until they're laid off, then that person can conceivably actually maybe start for.
Instance night classes to upscale to.
A higher certification or whatnot. But yes, Lauren was correct that Tabitha Taylor would be the person furthered that.
Discussion, but it is possible.

Cibulka, Kassandra (DBHDS) 47:55
Kind of want to talk about our next steps and our next meeting.

Griffin, Jarvis (DBHDS) 47:56
You.

Cibulka, Kassandra (DBHDS) 48:00
Just start looking at that as far as how often we wanna meet.
Then we can try to.

Cunningham, Lauren (DBHDS) 48:22
Capacity in case it's helpful for the group, I'll, I'll drop in just a a reminder that so each subcommittee is is being asked to have their plan submitted to the Commissioner by August 1st, 2025. If that gives you an idea of the timeline we're working with.

Cibulka, Kassandra (DBHDS) 48:22
Yes, yes.
Thank you.

Griffin, Jarvis (DBHDS) 48:43
Think initially until we kind of get.
Getting some kind of good cadence, I think we got a lot of great ideas on the table today that we would.
Need to, you know, kind of follow up on and kind of flesh out a little bit more.
I think we should plan for next month to kind of have a follow up meeting and ask you kind of get a little bit more definite proposals and ideas down.

Cibulka, Kassandra (DBHDS) 49:07
Yeah.

Griffin, Jarvis (DBHDS) 49:13
We probably could drop down.
To every other week leading up to, you know, August 1st to try to have that plan delivered.

Cibulka, Kassandra (DBHDS) 49:30

Does this time work? Like if we go four weeks out from today, what is that? I don't. I'm just thrown out ideas here.

Griffin, Jarvis (DBHDS) 49:41
Think this works.
Let's stick with what is it? The third Tuesday morning?

Cibulka, Kassandra (DBHDS) 49:55
What is that?

Cunningham, Lauren (DBHDS) 49:57
It looks like it would be January 14th.
Does 9:30 work for everyone?

Cibulka, Kassandra (DBHDS) 50:03
Yeah.
And really, Jarvis, I think the one thing that I think would help us like answer or start the process would be kind of this work like the the staffing ratios.
Maybe that's something we should do some research on.
To get together, kind of like what that might like.
Ex. People you know, I'm just trying to.
Maybe that's something was one of our deliverables. We can work on together, you and I maybe. And Tracy.
Kind of, you know.
Try to just get that out, because I think that would help us make some additional steps and that's gonna be more work than you know outside of this.
Does that sound like a good plan?

Griffin, Jarvis (DBHDS) 50:51
Yeah, we can.
We can start to work on that to bring that back as far as you know with the ratios are based on our current business and what that looks like and we can plan it out too.
You know, as a census it's down.

Cibulka, Kassandra (DBHDS) 50:56

OK.
Yeah.
Yes.

Griffin, Jarvis (DBHDS) 51:03
You know, right now we're at 39.
So we can plan what happens at 35, what happens at 30 and so on.

Cibulka, Kassandra (DBHDS) 51:11
It'll be good, yeah.

Compton, Michael (DBHDS) 51:11
Can I jump in and make a comment there?
So one of the things that maybe we can look at is when it's time to reduce the staffing here, it would be great if some of our staff had the option to maybe do to not lay them off or eliminate them, but possibly split them in between maybe.
Two facilities where there two days, 3 days or just to get them familiar with.
With other things.
Is that maybe that's something we can consider instead of giving somebody you know their their slip?
Maybe we could share them amongst facilities, whether that's nursing or administrative staff, whatever that is, that would be something that I think we'd like to look at.

Cibulka, Kassandra (DBHDS) 52:02
OK.

Griffin, Jarvis (DBHDS) 52:03
Not a fan of categories, but I think.
To try to approach this from a global perspective, I think we do need to have a rough categorization of staff.
Like we said, our retirement eligible.
Individuals that currently has at skills and competencies that would directly transition and start to you know, start to offer those things so that we don't get into that point

where you know we are laying off and then you categorize about priority of what we actually need to main.

Cibulka, Kassandra (DBHDS) 52:36
Right.

Griffin, Jarvis (DBHDS) 52:41
That that, that staffing ratio?
As far as those critical needs, so I think it would require some conversation with HR. Kind of really look into a deep dive at you know what our current holdings are, but I think we can arrive at a rough posture that we could kind of start to.

Cibulka, Kassandra (DBHDS) 53:01
Skype.

Griffin, Jarvis (DBHDS) 53:01
Help develop plans around.

Cibulka, Kassandra (DBHDS) 53:05
OK.
It was good.
Any other glasses, things that we need to consider?
Anything else that in the last few minutes that we have?
Appreciate everyone who's participated in all the comments and feedback. I think there's some really good things here that will really help us as we go through this process.
So I really do appreciate your time.
And your input, because I think that's the most important part is that we get people's input.
So thank you for taking time out of your busy schedules to join us.

Griffin, Jarvis (DBHDS) 53:54
But we look forward to re adjourning back in around January 14th.
We work with HR to kind of come up with some initial staffing ratio and possibly some categories. I know we got some research to do as far as you know.

Plans as far as.
The educational components, the career development resources.
And so, Cassie, you're going to capture most of those notes and we can kind of kind of vet them out accordingly.

Cibulka, Kassandra (DBHDS) 54:32
We sure can.

Griffin, Jarvis (DBHDS) 54:34
OK.

Cibulka, Kassandra (DBHDS) 54:39
Anything else, Lauren?
Is there anything else that you'd like to add?

Cunningham, Lauren (DBHDS) 54:44
Again, for taking the time. Once we kind of firm up this January 14th meeting, we'll communicate that via e-mail.
We'll also have that on the Hiram Davis website. Again, if you have any questions or if there's additional staff that you're talking to that have questions or something they want to submit to the subcommittee Hdmc planning team at dbhds.virginia.gov is.
The e-mail that's the quickest and easiest way for us to direct everything to the subcommittee leads to make sure that everybody is heard.
Thank you all so much.

Griffin, Jarvis (DBHDS) 55:22
Thank you all.

Cunningham, Lauren (DBHDS) 55:23
Bye bye.

Cunningham, Lauren (DBHDS) stopped transcription