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December 16, 2024, 3:30PM

Cunningham, Lauren (DBHDS) 0:10

Morning everyone.

That's just joining.

We're going to give folks just one or two minutes to to join the call. So if you can just bear with us for one second, we'll get started in just a moment.

All right, turning things over to our subcommittee Co leads, I think we're about ready to go ahead and get started.

Alabanza, Susan (DBHDS) 1:21

Morning. Thank you everyone for joining us.

I am Susan alabanza.

I'm the clinical director for Hiram Davis Medical Center.

On the screen we have.

The agenda for today, which is introductions, ground rules for the meetings, for the meetings, public comment, a review of the code, what concerns do we have?

What questions are we trying to answer?

What data or information do we need and looking ahead?

So we'll start with introductions.

I will just go around as to who's on my screen. All right, Lauren.

Cunningham, Lauren (DBHDS) 2:07

Hi, I'm Lauren Cunningham, communications director at Department of Behavioral Health and Developmental Services.

Moon, Susan (DBHDS) 2:19

Hi, good morning, everybody.

My name is Susan Moon.

I am the director for the Office of Integrated Health here at Central Office for the Department of Behavioral Health and Developmental Services.

Williams, Eric (DBHDS) 2:35

Hey, good morning.
My name's Eric Williams.
I'm the director at the Office of Provider Network support and the Acting Assistant Commissioner of developmental services.

Alabanza, Susan (DBHDS) 2:45
Thank you, Amy.
OK.
I'll move on to Cassie.

Grillon, Cassie (DBHDS) 2:59
I'm Cassie garlan.
I'm the marketing and communications manager at the new Virginia Department of Behavioral Health and Developmental Services.

Alabanza, Susan (DBHDS) 3:09
And McKinley?

Mihailoff, Mckinley (DBHDS) 3:12
Hello, I'm Michelin. Mahalo.
I'm with the Virginia management Fellows program and I'm working with Cassie and Lauren in the Communications office at Dbhds.

Alabanza, Susan (DBHDS) 3:24
Doctor Gupta.
For Gupta, I don't think we could hear you.

Shashi Lata 3:43
Actually I.
I think he's not in the call.
Well, I'm sorry. Lata, Alicia's mom.

Alabanza, Susan (DBHDS) 3:54
OK.
Aaron Harding.

Erin Harding 4:01
Everyone, this is Aaron. I'm an advocate with the Disability Law Center of Virginia.
I'm actually a member of a different subcommittee, so I'm just here today to to learn and listen.

Alabanza, Susan (DBHDS) 4:12
OK.
Thank you, Madeline lent.

Lent, Madelyn (DBHDS) 4:19
Hello, my name is Madeline Lund.
I'm the public policy manager for DBHDS.
I work under Megan McGuire.

Alabanza, Susan (DBHDS) 4:28
Miss Bryant.

Martha Bryant 4:33
I'm Martha Bryant.
I have a son at Harvard with intellectual disabilities, skilled nursing on 2nd floor.
I'm from Amherst.
I'm on another subgroup.

Alabanza, Susan (DBHDS) 4:44
Thank you Megan McGuire.

Cunningham, Lauren (DBHDS) 4:50
Megan said she was having mic issues this morning.
Megan McGuire is the deputy Commissioner for policy and public affairs at D Bhds.

Alabanza, Susan (DBHDS) 5:00
Angela Taylor.
You're on mute if you are speaking.
Taylor is also another.

Family member she is the parent of one of the individuals here at Davis.
OK, Connie, Wade.

Wade, Connie (DBHDS) 5:34
Good morning.
This is Connie Wade.
I'm the social work manager here at Hiram Davis.

Alabanza, Susan (DBHDS) 5:43
And is. Did I miss anyone?
OK.
Wait. Well, again. Go ahead.

Atul Gupta 5:53
Did you hear me now?

Alabanza, Susan (DBHDS) 5:56
Yes. Now we can hear you.
Did you want to introduce yourself?

Atul Gupta 6:02
It took a time representing my daughter, Alicia, who lives at Hiram Davis.

Alabanza, Susan (DBHDS) 6:08
OK.
Great. Thank you.

Taylor, Angela 6:10
I am sorry, this is Cameron's mom.
I'm Angie Taylor and I was having issues trying to get this mic unmuted, but I'm Angie Taylor. My son is Cameron Britain that lives on the second floor.

Alabanza, Susan (DBHDS) 6:28
Thank you.
Thank you all for joining us.

OK. And we have one more Co lead.
Amy loving, she is from Chesterfield County Community Services board.
So hopefully she'll be able to join us soon.
Hey, as far as ground rules for the meetings.
We ask that everyone be respectful and encourage you to listen actively.
To respect any differing viewpoints and engage in constructive dialogue in order to be efficient with our time and respectful of the many topics and viewpoints we need to cover as a subcommittee, please keep remarks on topic and do not disrupt other speakers. If you have additional comments or.
Data to share with the subcommittee.
You can e-mail hdmc planning team at dbhds.virginia.gov.
As far as public comment, the subcommittee will not be addressing each individual comment today.
However, your comments will be reflected in the meeting minutes.
Any questions?
Uh huh.
We wanted to take this next opportunity for public comment.

Atul Gupta 7:48
I like to take the opportunity if it's OK.

Alabanza, Susan (DBHDS) 7:51
Sure.

Atul Gupta 7:53
My name is Atul Gautam. As I said, my daughter Alicia lives at Haram Davis Medical Center.
We had a parents group meeting last week and they unanimously voted for some wrapped around services, which are essential for any place she goes and and also there was a bill in the Senate in 2014, passed and signed by the governor which.
Requires Commonwealth to provide parallel care for anywhere Alicia goes.
So you cannot be a step down care. It has to be.
The same level of services she's getting here, that's the law.
That, that, that the law has not been appealed. I checked with the lawyers and the General Assembly folks.

It was in 2014.
Somehow, that's an unquoted law.
It's not been quoted because of a smaller set population, but if somebody's interested, I'll be happy to send you.
The details about that. So as I said, my bottom line is no skin light skin license.
You don't want to be deceived into a skill like placement where they're eligible for skill licensed facility.
Thank you.

Alabanza, Susan (DBHDS) 9:11
Thank you.
Mike, is there anyone else you'd like to make a comment?
OK.
Right. OK. I think next we'll move on to reviewing the code.
We can make an. I'm sorry, Lauren, you're on mute.

Cunningham, Lauren (DBHDS) 9:51
Sorry, I realized I was muted.
Apologies, I'm gonna drop the link to the kids section in the chat for anyone that.
Hasn't been able to look at it yet, but then I'm also gonna share here and we'll review.
So I think the important parts, especially for this Subcommittee, are looking at.
What the plan is being asked to address and then the components of the plan.
As you can see here especially I think the key key areas we want to focus on for the subcommittee, the types, amounts and locations of new and expanded Community services that would be needed to successfully implement the closure or conversion of the state hospital to any use other.
Than the provision of mental health services.
Including a six year projection of the need for inpatient psychiatric beds and related community health service mental health services.
To the development of a detailed implementation plan designed to build community mental health infrastructure for current and future capacity needs 3.
The creation of new and enhanced community services prior to the closure of the state hospital or its conversion to any use other than the provision of mental health services.

The transition of individuals receiving services in the state hospital.
Community services in the locality of their residents prior to admission or the locality of their choice after discharge.
And then the final sections, the resolution of issues relating to the restructuring implementation process, including employment issues involving state hospital, employee transition planning and appropriate transitional benefits and a six year projection comparing the cost of the current structure and the proposed structure.
I think especially as the as the Community Services Subcommittee.
Important for us to focus on.
Sections one through 3 as well as Section 4, which really the supporting patients subcommittee will be focusing on, but I think there's a lot of overlap between the two.
Looking into some of the plan components, the code requires 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 mod.
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.
In a provision for suspending implementation of the plan if the total General Fund's appropriated to the Department for State Hospital and Community Services decrease in any year of plan implementation by more than 10% from the year in which the plan was approved by the general as.
You can see going into some of the the following sections. It gets into some of the logistics in terms of the amount of time that you need to submit to the Joint Commission, the General Assembly, but I won't. I won't read all of that in depth. You can.
View it all at the link. I think an important thing to keep in mind with with this group is this is just kind of a a jumping off point.
Obviously, as the subcommittee we get to decide what goes into that.
The plan that we submit to the Commissioner, so if we want to, you know, we want

this to be productive and we want this to be useful, we can include additional elements.
We can.
You know, if there's something that we come up with during our conversations and our research that we want to make sure is reflected, I think it's important to have it included there.
This just gives us a place to start from in terms of our work.
Susan, I'll back over to you.

MS **Moon, Susan (DBHDS)** 14:18
Susan, you're on mute. Susan, Alabama.

CL **Cunningham, Lauren (DBHDS)** 14:20
Sorry, Susan.

AS **Alabanza, Susan (DBHDS)** 14:27
Hey, I think Eric Williams was going to cover the next section.

WE **Williams, Eric (DBHDS)** 14:36
Alright, so now we're gonna talk about the concerns that you may have and also talk about what kinds of questions we're trying to answer. And you know, recognizing that the focus is on.
Basically, a plan for education.
You know what type of education is needed?
Who needs that education as well as community services?
What gaps are there?
What types of skills or equipment or supports are needed in the community?
To provide the best opportunity for community living with the needed supports for individuals moving out of Hiram Davis and then also any thoughts we have around.
Discharge thoughts on maybe matching individuals with providers that have sufficient capacity.
What development do we need to put into providers to help close those gaps and also making sure that services are available by way of size or staff skill?
Umm, so I'll just kinda open it up.
We're just gonna be some blue sky thinking. I think I've heard a call and just talk

about what concerns and questions you might have, and we need to consider through this process.

Atul Gupta 15:43
So bad that can I ask a question as a publicer?

Williams, Eric (DBHDS) 15:45
I'm done.
Yes, certainly.

Atul Gupta 15:51
So Mr. Williams, thank you.
My point is that you all wording is Community, Community, community.
But I I'm not choosing community for my little girl and she is bounded by law to stay in a state facility if she desires so. So what is the plan in this structure you have presented for Alicia?

Williams, Eric (DBHDS) 16:01
I can't.
Oh.

Atul Gupta 16:12
Looks like she's been excluded from this whole discussion.

Williams, Eric (DBHDS) 16:14
Come on.

Atul Gupta 16:16
It's biased towards one group, but leaving her out in the course.
So is that fair?
You know presentation of the needs of individuals leaving it higher.

Williams, Eric (DBHDS) 16:23
Damn.
Yeah, I I appreciate your comment on what I can say is I'm looking specifically at the

language that's in the systems restructuring with the charge of the group is and I know that the charge of the group is really to focus on building the Community services out to.
Ensure that the necessary supports are in place for your daughter and for others who live in higher Davis to make sure that that there is that continuous seamless.
Standard of care that all the supports are in place.

Atul Gupta 16:58
How do we?

Williams, Eric (DBHDS) 16:59
So it's really it's.
When?

Atul Gupta 17:01
How do we incorporate when we don't discuss as a group because?
That bullet point doesn't exist in this, so the plan goes ahead.
The bullet point for people who are choosing to stay in a state facility is not there in this current agenda item. You see what I'm saying?
So the groundwork is not there.
Am I too pessimistic or, you know, naive in thinking that?

Williams, Eric (DBHDS) 17:29
What I think what we're we're trying to do is is explore how we can meet.
Complex needs.
Ensuring that people are healthy and safe and have opportunities, you know, to have a good life.
By talking about the capacity, the system, what types of services are needed in the system, what types of equipment are needed in the system and support.
So it's really we're having that conversation today about what what would be needed for individuals moving out to be successful.

Atul Gupta 18:01
We know for sure that there are no skilled beds in the community right now for these individuals to move, right.

Williams, Eric (DBHDS) 18:04
Oh my God.

Atul Gupta 18:07
Is that my understanding?
Fair statement.

Williams, Eric (DBHDS) 18:11
We do have.
We do have people with complex needs being supported in the Community currently through access to services like skilled nursing, private beauty, nursing, you know, assistive technology, environmental mileage, different types of supports that are available through the Community waiver currently for people with DDI mean, I think we'd have.
To have more, more discussion about what specific things are needed and so that we can capture those and start to think about how would we approach.
Umm, addressing those needs.

Atul Gupta 18:43
Yeah.
Everybody drives a car.
Some people drive 6 cylinders. Some people drive 4 cylinder and some drive a motorcycle.
That doesn't mean I can shove everybody to drive motorcycle, right?
It's it's the choice of the individual and the.

Williams, Eric (DBHDS) 18:56
Right.

Atul Gupta 19:00
Requires dbags to follow the choice, so my choice is a DBSDS run facility and I I'm just you know, I'm. I'm biased about myself and my girl is where do I stand in this?
Discussion which is going is happening now.
You know, is it exclusive or is inclusive discussion?

Williams, Eric (DBHDS) 19:20
Yeah.
So I I I hear.
Go ahead.
Just like go.
Yeah, I hear your concern.
I mean, I think today's call is really to focus on the charge or or what's at hand, which is to look at the Community and figure out where the where the weaknesses are, where the gaps are, what's needed and to have those conversations today.
You know, I I can't put on the table today that the DBC has operated scope bed. Now I think today we're really here to talk about, you know, what are the what's needed in the community to help people be successful.

Alabanza, Susan (DBHDS) 19:57
It's already out.
I do know that the Commissioner has talked about ensuring that certain people with intellectual or developmental disabilities do have the opportunity to stay in a state facility.
Is that that's correct, right, Lauren?
So I it. Would it be something that this subcommittee would then cover those kinds of needs as well?

Williams, Eric (DBHDS) 20:15
OK.
No.

Alabanza, Susan (DBHDS) 20:23
Or is that something for another subcommittee?

Cunningham, Lauren (DBHDS) 20:28
That might be something. Oh, I'm sorry.

Taylor, Angela 20:28
Hey I say something, OK?

Williams, Eric (DBHDS) 20:28
I.
Mm hmm.

Taylor, Angela 20:32
I'm sorry. Go ahead. I'm sorry.

Cunningham, Lauren (DBHDS) 20:33
No, no, no. Please go ahead.

Taylor, Angela 20:38
If if we are talking about the community.
And and what is going to be needed then?
I'm I'm thinking Doctor Guta asking about.

Williams, Eric (DBHDS) 20:49
No.

Taylor, Angela 20:50
Skills bed is what is needed is not in the community, so it seems to me there's something that if we just, you know, pull in things from the sky.

Williams, Eric (DBHDS) 20:57
Cortana.

Taylor, Angela 21:03
Or or just trying to throw things out. Then one thing that's needed in our community is all the skill bags.
Am I correct?
Am I off, Doctor Gupta?

Atul Gupta 21:17
And you're you're right on target.
And they're avoiding the mean. That's my problem.

And you can tell I'm pointing, Commissioner, as he talks something with me and then he goes to legislators and I hear completely different story.
So we number one, we got to build that trust with the stakeholders. You can tell him that it's very important to build a trust. If you double talk, you lose the trust and mistrust, right?
We need the skilled beds.
What is the plan?
I can hear all.
These community jargon I have been in this for 24 years.
You see what I'm saying?
This is not.
And you'll be the bureaucrats come and go.
I have been handling this for 24 years and my daughter has two. One is DOJ but she has an individual agreement with DBSDS and counsel to Virginia and the Western District Court and the court basically ordered and the the DBS DS agreed to.
Keep her under their care, you understand?
I'm saying so. There's no getting around that and we don't have conversations about.
Creating those skilled beds and.

WE **Williams, Eric (DBHDS)** 22:18
Under.

AG **Atul Gupta** 22:20
It takes time to create licensure for those beds.
They don't happen overnight and that's why I'm worried and have sleepless nights.
That what the plan?
What plan, Commissioner, has, I have talked to several legislators and nobody has had a single plan.

WE **Williams, Eric (DBHDS)** 22:34
OK.

AG **Atul Gupta** 22:37
They hear this.

Fancy charts, but they have not heard how to operationalize to create, as Mr. Ellis said, skilled beds.

Williams, Eric (DBHDS) 22:46
And so I saw Susan stand up.

McGuire, Meghan (DBHDS) 22:47
Hey, everybody, it's Megan McGuire.
Can you hear me OK?
Yeah. OK.
Great. Wanted to jump in because these are really important comments that Doctor Gupta is talking about. And I do think that we are dealing with some overlap among committees and certainly some dual processes that are going on. This group must focus on the needs that are in the.

Williams, Eric (DBHDS) 23:03
How much is?

McGuire, Meghan (DBHDS) 23:12
Community. Those are the charges for it.

Williams, Eric (DBHDS) 23:13
I can't.

McGuire, Meghan (DBHDS) 23:14
We've got the parents subcommittee talking about the specific needs of the individuals that are currently in Hiram Davis, so I understand the want, the desire to look at skilled beds in the community. But there's also the thought of what does the state provide, and that is likely to.

Williams, Eric (DBHDS) 23:19
No problem.
One of them was.
Awesome.

McGuire, Meghan (DBHDS) 23:36
Be more focused in the parents sub community. Just because we have to focus these subcommittees or we won't be able to develop good plan.
So maybe that's something that Doctor Gupta, in addition to being on this committee, which I think it's really important for you to also sit in on the other subcommittee to make sure that those plans are going forward.
But please understand that the purpose of the planning team is to develop the plans.

Atul Gupta 23:59
OK.

McGuire, Meghan (DBHDS) 24:04
So we cannot by law, we cannot develop plans without.
The subcommittees and this planning team being a part of it, and we need to have the ideas and the thoughts of people to make sure that we've got comprehensive plan.
Going forward, so that may help a little bit, but no, we completely understand what you're mean.
I'm very familiar with the law that you're talking about.

Williams, Eric (DBHDS) 24:27
Oh.
Off to the side.

McGuire, Meghan (DBHDS) 24:30
And we'll move forward that way.

Atul Gupta 24:33
Mitch McConnell, with all due respect, can I say something? I know your data may be skewed towards community and that's perfectly fine, but my skewness is towards when you talk about infrastructure, it has to be a as you use the word comprehensive, it has to be a comp.
Discussion not skewed in One Direction or the other, and that's where I see right now is skewed about all community but leaves the other important component out.

Williams, Eric (DBHDS) 24:50
I don't.
I want.

McGuire, Meghan (DBHDS) 24:55
Sure.

Atul Gupta 25:00
And any bias discussion is not good.
It has to look at every part of the infrastructure. This is an infrastructure subcommittee, so if you're just focusing purely on community, then it's skewed biased and it leaves a significant population out. And that's my concern and you, you can wrap it around in any political jargons if.

McGuire, Meghan (DBHDS) 25:18
Well do.

Williams, Eric (DBHDS) 25:20
What?

Atul Gupta 25:22
You want to but, but this is not.
Meets the needs of at least.
My Gov.
In terms of infrastructure?

McGuire, Meghan (DBHDS) 25:31
Each of the subcommittees needs to put together elements of an entire plan.
So this subcommittee will not be putting together an entire plan.
It will be putting together components of a plan so they all need to come together, so we'll make sure that as we're going forward that we focus on the needs that are assigned to each subcommittee and we address the areas where there's overlap so that we can make.

Sure that people.
Get the services that they need when they leave Hiram Davis.

Williams, Eric (DBHDS) 26:02
Oh, OK.

McGuire, Meghan (DBHDS) 26:03
So with that, I do think we need to move on.
And continue talking.

Atul Gupta 26:10
Let me more thing and I'll I'll get out of this meeting. To me it says community services come subcommittee. How about and?

Williams, Eric (DBHDS) 26:14
No, no.

Atul Gupta 26:20
Institutional subcommittee people who like to stay in an institution you don't have a committee with that heading in this current planning is that this an important component or important piece of the puzzle being intentionally or unintentionally left out from the planning process.

Williams, Eric (DBHDS) 26:35
No.

McGuire, Meghan (DBHDS) 26:37
I will be addressed in the in the parents, the patients and Parents Subcommittee is what I'm saying. All of these aspects will be addressed.

Williams, Eric (DBHDS) 26:44
I wanna do that.

Atul Gupta 26:46
Why would you have to not have this as part of the parents?

Williams, Eric (DBHDS) 26:50
No.

Atul Gupta 26:51
Why there's a separate Community Services subcommittee?

Williams, Eric (DBHDS) 26:52
I.

Atul Gupta 26:54
This could easily very well be discussed in the parents subgroup too.
The parents who want to be part of the community, that's my issue.

Williams, Eric (DBHDS) 26:59
And.

Atul Gupta 27:01
That's my concern that your discussion, intentionally or unintentionally, skewed towards One Direction and leave the other important population up.

Williams, Eric (DBHDS) 27:10
I'm not.

McGuire, Meghan (DBHDS) 27:17
Get your thoughts. Let's move on.

Williams, Eric (DBHDS) 27:18
OK.
K.
So you know, it might. Oh, I see Angela's hand up.

Taylor, Angela 27:29
Yes. So besides besides.
Maybe I'm looking at this thing wrong because.

As being a social worker myself, when I look at community, I'm thinking about what is not there for the people that we are discussing and what else is is happening.
So I understand Doctor Cooper with the with the skilled bands.
I understand that.
What else?
My concern is that people going to lose their jobs.
Said this facility not only help our individuals that lives there, but I think we have people that come in from the Community that use the services at Ham Davis.
So I'm looking at that too.
So what concerns I have?
Staff leaving because they know that maybe this building is closing down and they're going to think about their own families, even though our loved ones are still there.
And I do not.
Go against that because we do have to think about ourselves and and and families.

Williams, Eric (DBHDS) 28:36
Thank.

Taylor, Angela 28:37
So I am concerned about staff who will leave because there's no, there's not an employment anymore.

Williams, Eric (DBHDS) 28:44
Hello.

Taylor, Angela 28:45
Of of the staff that's at Harm Davis. That is also a concern for me and the Community people coming into harem using whatever services we have. And we we did a list of services that was.

Williams, Eric (DBHDS) 28:51
Right.

Taylor, Angela 29:02
The harem Dave was offered her. It is going to be missed.

Williams, Eric (DBHDS) 29:04
Too much?

Taylor, Angela 29:09
And as we talk about victims, if we said victims and I don't like to use that word, quote UN quote, but it's going to be the people who needed the most in the community, that's not going to have things.
So that's my that's my concern.

Williams, Eric (DBHDS) 29:26
Thanks.
Thank you.
How about we start with the list of services or the types of supports that that your concern won't be available in the community, or or what do what do you perceive that list to be? That's not there that we need to be thinking about.

Taylor, Angela 29:46
So so if if I go personal for my son.
Dental services that he has to use anesthesia.

Williams, Eric (DBHDS) 29:52
What's?
OK.

Taylor, Angela 29:59
My son just can't go to the dentist.
And you think that he's going to open his mouth?
And you going to look in or do a feeling so. So having the dental services and.
With the anesthesia nurses being available.
Umm.

Williams, Eric (DBHDS) 30:17
Oh.

Taylor, Angela 30:19
Doing that, doing that operate just for cleaning, you know, just for basic cleaning.
We're not even talking about filling in the cavities yet, you know.
That's just the the basic of of that.
PT And OT is within the building.
That probably when someone go out then there's a number of hours that probably will be allocated, or if any you know.
Of that service.
Misses Gupta. You want to chime in on some pharmacy?

Atul Gupta 30:59
Let me let me.

Taylor, Angela 30:59
Pharmacy is right there.
Pharmacy is right in the building, you know.

Shashi Lata 31:05
Doctors always on.

Taylor, Angela 31:06
Umm.

Atul Gupta 31:08
Yeah. So let me say last Miss Danza, you have that list of services we're here in Council requested, would you like?
Would you be kind enough to please read those, so that'll help the group understand what the needs the parents are looking for, which are missing.

Williams, Eric (DBHDS) 31:17
I.
No.
I'm.

Taylor, Angela 31:27
Yes, yes, that we discussed in the parent.
Conference.

Alabanza, Susan (DBHDS) 31:34
Sure, just give me a minute to pull it up.

Atul Gupta 31:38
Discussed and unanimously voted for it to be part of a document.

Williams, Eric (DBHDS) 31:43
Oh.
OK.

Alabanza, Susan (DBHDS) 31:54
OK, the.

Williams, Eric (DBHDS) 31:54
So so far, go ahead.

Alabanza, Susan (DBHDS) 31:57
I'm sorry.

Williams, Eric (DBHDS) 32:00
Yeah, go ahead. I'm good.

Alabanza, Susan (DBHDS) 32:01
OK, the information that the Family Council had agreed on was 24 hour physician services laboratory, radiology, dietician, pharmacy therapies, including OTPT speech and recreation. The chaplain, psychiatrist, psychologist, dental and sedation dentistry. Cnas, and not just dsas, cosmetologist, a stand alone generator with a 10 second delay intended for skilled services such as requiring oxygen.
Oxygen.

Williams, Eric (DBHDS) 32:37
Uh huh.

Alabanza, Susan (DBHDS) 32:38
Meeting ADA accessibility requirements, staffing ratios according to skilled levels.
Clinic services such as the optician, podiatrist, GI specialists, gynecologist.
The ability to have telehealth with specialists that can be coordinated and attended by the PCP, and staff familiar with the resident.

Williams, Eric (DBHDS) 32:56
No.

Alabanza, Susan (DBHDS) 33:03
One of the family members also added some afterwards.
MDSRNS infection control, nurse, wound care nurse respiratory therapist RN. Every shift supervisor, RN, unit managers, Rn's ratio 1:00 to 8:00.
Lpn skilled ratio, risk management, quality assurance director of nursing compliance Officer IT specialist.
HIM, department, clinic, RNS social worker discharged.
Admissions coordinators.
Reimbursement dentist and dental hygienist.
Recovery monitoring, dental sedation.
And I think the rest of them, we've already talked about.

Williams, Eric (DBHDS) 33:54
So I mean.

McGuire, Meghan (DBHDS) 33:55
Excellent list.
Thank you.

Alabanza, Susan (DBHDS) 33:57
You're welcome.

Taylor, Angela 33:57
You said X-ray.

Williams, Eric (DBHDS) 33:58
Yeah. Thank you.

Taylor, Angela 34:01
OK.

Williams, Eric (DBHDS) 34:03
Yeah. So for, I mean that is that's very comprehensive list.
I think that what it makes me think about is behind some of that is is the criticality of of quick access to services that you know, all of these various services need to be accessed in a timely way based on the person's needs.
Yeah, I don't know if that's that's accurate, but I'm wondering if that's part of of the concern.
Umm.

Atul Gupta 34:36
And abiding by that, SBI told you the Senate bill in 2014 of comparable care.

Williams, Eric (DBHDS) 34:44
Right.
OK.
Now some of the.

Cunningham, Lauren (DBHDS) 34:52
Seasonal bands. Do you want to go ahead real quick?

Alabanza, Susan (DBHDS) 34:56
Right. Kinda.
Kind of along with that mixed in here, I do think some people have made some valid points.
So there, there, there's, you know, Hiram Davis is utilized in several ways.

Williams, Eric (DBHDS) 35:07
OK.

Alabanza, Susan (DBHDS) 35:07
So in comparison, you know the training centers have been typically a residential program that has like someday support services. Hiram Davis is used.

Williams, Eric (DBHDS) 35:11
Cortana.

Alabanza, Susan (DBHDS) 35:23
For residential services, but also for people who are coming for short term stays. Medical workups.
We do have four General Medical or kind of acute care beds. So those are operated as a hospital would be operated. And so all of those extra.
You know, radiology lab it being in house. I do know some of its training centers have those as well. But those fall under our hospital services.
And those are things that people from the community come when they have been struggling in the community.
So when they have been going back and forth to the emergency department for the same issue over and over.
Perhaps they've been put on comfort care and.
They either come here for comfort care, or we've had a lot of people come and they come off of comfort care and then are being are able to be discharged to the community.
So there there's when we look at all the services, it becomes a little bit complex. Because we're talking about what do we need in the Community to support people who live here.
But I also think we need to look at what do we need to support people who are coming here temporarily because they're not getting what they, what they need in the community.
They already live there, so just kind of throwing that out there.

Williams, Eric (DBHDS) 36:49
Yeah, it's a good point.

Alabanza, Susan (DBHDS) 36:49
And I'm in the process of go ahead, sure.

Taylor, Angela 36:50
May I share?
May I share so that maybe some of the staff from DBHDS can understand our passion?
My son came to Haram Davis to die.
He was placed.
With AD and R with his DD diagnosis, because the hospital stated there is nothing else that we supposed to do.
With the help of his community.
Case manager.

Williams, Eric (DBHDS) 37:30
I don't.

Taylor, Angela 37:31
And her room being open.
Cameron came in a place.
This is right before COVID came had the opportunity to come to this place that turn his life around.
Just think of that.
Cameron came in like 2019, got caught in COVID, almost killed me that I could not see my son because the building shut down.

Williams, Eric (DBHDS) 37:47
None.

Taylor, Angela 37:54
Well, everybody else probably was home with their children. I had to visit my son

through a glass mirror.
They didn't know if he was going to make it.
So if harm Davis was not there.
The camera would be dead.
That, honestly, he would be dead. But Cameron is living.
They helped turn my son's life around, so I want people to understand the importance and not just push people aside in the Community and like I say, I'm not just thinking about my son and thinking about the individuals there.
I am thinking about the staff.
The staff was there who had to learn my son, the doctor.
Who had to learn my son? But they did it.
They did.
It turned his life around.
And he's still living.
So I just.
I just want us to understand that, you know.
That if this building closed, then they have staff going to be not having jobs.
Where our children going to go?
So I just want people to understand that, OK and I did not mean to break down, but I just want us to know when we think about community.
What is going on?
'Cause the community at home, David's helped save my son's life.
OK.

Williams, Eric (DBHDS) 39:27
Thank you.
Brianna, I see your hand up.

Moore, Brianna (DBHDS) 39:33
Good morning, everyone.
I've missed introductions.
I had a hearing this morning, so I apologize for tardiness, but I'm inquiring about what planning options are available for individuals who have either committed a sex offense or have been identified as a sexually violent predator.

Williams, Eric (DBHDS) 39:46
No, no, no, no, no.
No.

Moore, Brianna (DBHDS) 39:51
How are we going to be able to account for those things?
Once, because Vcbr has been.
A.
Less to be able to have residents go over to Hiram Davis for medical care and it has been an essential aspect of helping people kind of just for the end of life care transitioning.

Williams, Eric (DBHDS) 40:09
OK.

Moore, Brianna (DBHDS) 40:13
So anyway, just wanted to make sure that that we're also considering other populations such as the sex offenders and sups.

Williams, Eric (DBHDS) 40:21
Thank you.

Atul Gupta 40:22
Mr. Williams, I have.
You know, we we talk about community and I've talked to several legislators, but nobody's willing to put a bill right now.

Williams, Eric (DBHDS) 40:28
After that.

Atul Gupta 40:32
Alicia is protected from a discharge from a state-run facility, whereas the same regulation doesn't apply to a private provider.

Williams, Eric (DBHDS) 40:33
I'm done.

Atul Gupta 40:42
You know the cherry pick who they want, and if they don't like it, they take them to an emergency room and they discharge them so.
Where, when and when we will have from the Commonwealth, maybe an executive order by the governor.
You cannot cherry pick and leave them in the emergency room when you don't want them.
They are human beings.
So those were pushing for community.
They should push for safety and consistency of care of these individuals too.
You know you cannot leave them for people who are just counting money and when the money dries up.
Leave them out for somebody else to take over.
So for me, I've kept my daughter in a state system.
Hiram may not be the perfect place, but we try to make it to the optimum level because the discharge she will have a roof over her head, even if when I'm gone.

Williams, Eric (DBHDS) 41:36
Excellent point.
Thank you.
Other other concerns?
Questions.
Is it?

Atul Gupta 41:47
Yeah, my I have one more I'm seeking too much, but if you're going for the direction of creating skilled beds either in community or at state facility, you know it takes about year, year and a half to get that licensure paperwork done.
So we got to be jumping on that gun now.

Williams, Eric (DBHDS) 42:01
OK.

Atul Gupta 42:04
Then, a year later, and try to figure out what needs to be done if the closure is 2026 and we are starting 2025 now, you're what I'm saying and there'll be bills in the House and the Senate this year.

Williams, Eric (DBHDS) 42:14
Yeah.
I don't.

Atul Gupta 42:18
Against the wishes of DBSDS.
But the point is the timeline is very short and in December we may have a new governor.

Williams, Eric (DBHDS) 42:23
No.

Atul Gupta 42:25
You know, the whole scheme may change, but the point is with the timeline we're running against, if you're trying.

Williams, Eric (DBHDS) 42:28
I.

Atul Gupta 42:32
To create skilled licensed, have you underlined the work skill license bed that doesn't have an overnight?

Williams, Eric (DBHDS) 42:41
Right.
She's that.

Alabanza, Susan (DBHDS) 42:48
I had a couple things.
One is also to look at we we have taken several people through APS from the community. So in those kinds of cases you know are there providers or people available to take somebody on very short notice if they are in a situation where they need to be Remo.
From their living situation.
And the other what was the other part of it?

Williams, Eric (DBHDS) 43:17
After.

Alabanza, Susan (DBHDS) 43:19
I think another part of it and and this might kind of overlap with the cost, the cost subcommittee.
But as far as community services?
Yes, but we do. When somebody comes to Hiram Davis, the special hospitalization costs are reduced for other facilities.
So what will those costs be?
And you know, with people from the facilities going to community hospitals instead of coming to hire them.

Williams, Eric (DBHDS) 43:56
Yep.
Good point.
So I'm I'm hearing some some things.
I mean, I hope we can get into the specific details about individualized supports and what those are, but some of the themes I'm hearing right now.
Relate to the.
The uncertainty of care.
Making sure that people are able to access the services and they aren't taken away.
Suddenly, I'm hearing the importance of timelines and and doing things.
Quickly to make sure that those supports are in place, having timely access to services, things that are needed are available when they're needed.

Providing comfortable care.
I'm also hearing the concern about sexually violent predators, and I would even kind of group with that, you know, the most complex support needs that we can think about and making sure that that those those are being supported and then of course the cost impact so.
I'm I'm hearing kind of those themes is, does that sound like kind of at the heart of some of the concerns that we're talking about today?

Atul Gupta 45:09
Mr. Williams, my team is skill license 2 words you know.

Williams, Eric (DBHDS) 45:14
OK.
OK.

Atul Gupta 45:16
Whether it's delegate sickles down, I know your DBS DS people show up right after I do the skill, license, work, license, skill, license.
2 words not skilled.

Williams, Eric (DBHDS) 45:29
OK.
OK.
Alright, so I think I definitely think we've touched on so far some of the, the probably the biggest fears or concerns related to community services you know and I and I, I sounds like some of you may have had difficult experiences in the community, but I think we.
Have to learn from you about how to make the community service system better, and I think we're here today to kind of do that.
So some of what you're sharing with me is, is helping me kind of understand.
What those concerns are kind of kind of what the root of those concerns are.

Atul Gupta 46:07
So, William, let me share another experience with you, Sir. In 2017, Horizon agreed to take my daughter with the DBS DS, paying them $2000 a day extra, right?

Williams, Eric (DBHDS) 46:07
And so that's very helpful.
Don't like what?
That's fine.

Atul Gupta 46:20
And the Friday before Monday, they were about to take her. They backed up.
They did their cost and revenue.

Williams, Eric (DBHDS) 46:27
Can I get?

Atul Gupta 46:29
Estimates and it was not matching up and they backed off and that could very well have happened 3 months into their care. And she'd be sitting in an emergency room for next provider to come in.
Do you understand what I'm saying?
So that's where I come from.
It has to be a stability of care and the state is able to provide, irrespective of revenue streams which come in. I know we all love the word community, but the problem is look from the lens of a parent.
Who's worried about their kids or the loved ones to be taken care of when they're gone and not family bureaucrats?

Williams, Eric (DBHDS) 46:59
OK.

Atul Gupta 47:03
Perspective was just pushing an agenda.

Williams, Eric (DBHDS) 47:06
The other.

Atul Gupta 47:06
Umm.

Williams, Eric (DBHDS) 47:06
The other thing too, this language when I'm looking at it, it talks about models of care.
So perhaps there's a model of care that either needs to be developed or sought out that has some of the components or features that we're talking about that aren't currently present in the service system in Virginia.
So I I kind of want to be open minded about maybe there's something out there or something that needs to be developed in.
To meet these needs.
And maybe it doesn't exist yet.
So I think that that could.

Atul Gupta 47:39
Miss Williams.
As I talked to the money committees, to me they are 75 beds at southeastern.

Williams, Eric (DBHDS) 47:44
Thank you.

Atul Gupta 47:46
They are all I, C, FM R.
And there's plenty of ICF Mr. bed beds in the community.
So my question is why state running ICU beds that is state-run facility should do convert some majority of those beds to skill beds and how much money is needed to do that and create the wrapped around services which go along with that.

Williams, Eric (DBHDS) 48:05
I'm not.

Atul Gupta 48:07
You know all those services where the parent groups.

Point it out.
So that's the discussion.
I think hopefully will happen in this session and whenever you come in front of the Behavior Health Commission is.
What exists in the community? You can offload it there, which doesn't exist in the community. You keep it on the state's roster.

Williams, Eric (DBHDS) 48:31
Right the comments.

Alabanza, Susan (DBHDS) 48:36
I think you may have said this too. When Doctor Moore pointed it out, but I just wanted to be sure.
For Hospice and end of life care for people who are on the sex offender registry. That certainly has been.
Something for the people who have come to us from vcbr but also other state facilities who may not be at vcbr but are still a on the sex offender registry, even if they choose end of life care somewhere else, it can be very, very difficult.

Williams, Eric (DBHDS) 48:58
I also want to.

Alabanza, Susan (DBHDS) 49:07
Find some place a lot of nursing homes will not accept somebody who is on the sex offender registry, so that it really limits their their abilities to choose to die somewhere else.

Atul Gupta 49:13
Yeah, and.
So Williams, I have one last comment and I'll shut up after the headset.

Williams, Eric (DBHDS) 49:26
OK.
Shut down.

Atul Gupta 49:31
The population is aging in the disabled word, and you'll see more and more need for nursing homes and nursing facilities.

Williams, Eric (DBHDS) 49:31
****.
I love it.

Atul Gupta 49:39
I will leave nursing care 10 years from now. You know what I'm saying?
My problem is all these nursing homes, the business model is changing.

Williams, Eric (DBHDS) 49:44
Cortana.

Atul Gupta 49:46
They are acquired by more and more hedge funds.
I love them because they make more money for me, but they don't provide quality of care for those individuals that take in, you know, I know.
Who have loved ones in these nursing homes.
They have been acquired by more and more hedge funds, not corporation hedge funds, so.
As I told the governor, it's a stage moral responsibility to keep at least these people who cannot push a button for the nurse to show up. Being the states care because we know state will take good care of them.
The end.

Williams, Eric (DBHDS) 50:18
Yeah.

Atul Gupta 50:18
They will not be dependent on trying to make it back on their on their back, so this is something which state has to own up to.
And not try to offload it to a private provider. A private provider will not do it

because it doesn't make money if it doesn't make money, no hedge fund will take that nursing home.

Williams, Eric (DBHDS) 50:28
What?
None.

Alabanza, Susan (DBHDS) 50:42
I also know one of the other family members had brought up an issue in one part of the state where there is a real shortage of Pcps. I think we're seeing that more across the state, but in the I believe the Tidewater area, it can take up to.

Williams, Eric (DBHDS) 50:43
Alright, thanks.

Alabanza, Susan (DBHDS) 50:59
A year to get established with a new PCP.
So depending on where somebody is from.
That could be something that is difficult as people go to the community, finding the providers they need.

Williams, Eric (DBHDS) 51:15
Great. Good point.
All right.
Any other, any other concerns or questions at this at this stage, I think we've got some really good information about expectations for what would be needed on the Community side to provide some reassurance and to help meet people's needs.
I know we haven't really dug down into specific, you know, the listed service types, but thinking about how individualized it has to be and we probably need to think about each person.
And what that person's needs are.
So I'm sure now as we move into data, we can maybe talk about what kinds of information do we have that can help fill out that picture.
Can I see Susan's hand up?

Moon, Susan (DBHDS) 51:57
Yeah. Hi, Eric.
Before we move on to the data section, I just wanted to ask this group. I heard a few thoughts about the population from Vcbr. Are sexual offenders population and a slight?

Williams, Eric (DBHDS) 52:00
No.
Game.
I.

Moon, Susan (DBHDS) 52:14
Reference to substance use disorders and I wondered if this group had any additional thoughts we should be including at this juncture about the mental health population in general.

Williams, Eric (DBHDS) 52:20
No, no, no.

Moon, Susan (DBHDS) 52:26
So I just wanted to put that out there.
Get any thoughts from this group before we kind of go to what do we want to gather in preparation for our next meeting?

Williams, Eric (DBHDS) 52:30
No, he's got.
Obama.
Alright, thank you, Susan.

Alabanza, Susan (DBHDS) 52:45
I think for some of the the residents here who we have who live here.
There would be things related to just making sure they can find a long term care facility in their area.
And sometimes it can be difficult for people who require dementia care.

So those kinds of things.
As far as people in the facilities, I think it was mainly what I was mentioning is them having to go somewhere. For example, somebody can be in a hospital and need to have two weeks of IV antibiotics. You know, for whatever their condition is.

Williams, Eric (DBHDS) 53:13
Yeah.

Alabanza, Susan (DBHDS) 53:30
There are a lot of facilities who cannot do two weeks of IV antibiotics and so they will come here in order to get back.
So I would say those kinds of things to be looked at for.
People from the mental health side, those are quite often what they are being admitted to, Hiram Davis for those kinds of medical needs.
Sometimes it's it's even more complex with wounds and drains and things like that.
So.
Making sure that that they have those.
Needs those needs can be met in the Community too. If they're not able to come back to their home facility.

Williams, Eric (DBHDS) 54:08
That's a good point.
So the the complexity of support when someone has complex needs for even typical things can be more challenging.
I guess I'm. I'm wondering too what what skills or abilities or knowledge do you are you concerned aren't available in the community around that issue or anything related to people with complex needs?

Alabanza, Susan (DBHDS) 54:37
No, I think that people have the medical.
The medical knowledge in the community to do those things, I think convincing them to do it sometimes for that population is where it gets stuck.

Williams, Eric (DBHDS) 54:51
Gotcha. OK.

Alabanza, Susan (DBHDS) 54:51
To be quite honest, sometimes they don't. You know, in general, hospitals are pushing for shorter and shorter stays.
So I know some some of the facilities are able to work through some of that, but some of them have have had some difficulties with that.
So making sure that either the facilities have the medical background that they need in order to be able to do that kind of follow up care within their facility.

Williams, Eric (DBHDS) 55:20
Mm hmm.

Alabanza, Susan (DBHDS) 55:20
Or to make sure that.
There are places that will accept them even if they say, for example, our forensic status.
Or maybe have some behavioral needs?
Those kinds of things.

Williams, Eric (DBHDS) 55:36
Alright, thank you.

Moore, Brianna (DBHDS) 55:41
And it hasn't already been done. It sounds like it would be important just to run through a list of specialized populations.

Williams, Eric (DBHDS) 55:50
No.

Moore, Brianna (DBHDS) 55:51
Credence to whatever you know, those populations have issues with.

Williams, Eric (DBHDS) 55:52
Don't.
Yeah.

OK.
So, like common or known factors that we need to pay attention to, yeah.
Thank you.
Alright. Any other questions, concerns or thoughts for this meeting?
And I know we'll have additional conversations as we move along, but I do appreciate everyone's comments so far. Thank you.

Moon, Susan (DBHDS) 56:35
OK.
I'll take the ball there, Eric, and we'll we'll try to look in the next 20 minutes here. One of the things that we talked about in terms of what to accomplish in this first gathering and we wanted to have lots of action steps.
So you want to be able to come back to the next meeting with information with information data so that we can really build out some of those.
Categories that Eric identified sort of the high level buckets.
With some really specific information and so.
I started a list.
I can't say it's the clearest list because I've been pulling pieces as each of you spoke.
And the the first thing probably at the top of my list for our next meeting will be to create a list of definitions.
Because we are speaking and we will continue to speak cross purposes here.
Long term care settings.
Nursing facility settings.
Intermediate care facility settings, community based care settings, sort of the what I'll just for today refer to is the DD waiver grouping of various settings and they all have terminology around as.
Doctor Cooper just said the.
Need to serve people with complex needs, skilled professionals to provide that care.
What does that mean?
In those different settings.
So we'll we'll endeavor to level set.
So I have that as a data and information point.
I also have as the data information point gathering some concrete numbers and data around what is available for those that have complex medical needs in terms of residential settings of of all of those varieties.

So there are intermediate care facilities, for example, that do not serve complex medical needs.
And so where are those that serve complex medical needs and then where are those that serve behavioral health?
So I think we need to dig a little bit deeper into some of that data so that we can have even more of a planning conversation here and try and pull these things apart for Susan's list that the families have already created for each of those ele.
Like radiology, PT etcetera.
Where are those resources?
Outside of Hiram today, where do those resources exist and where are the gaps in those resources?
Again, this is really a a lot of data.
We'll try to pull together.
There's been references to the state system in general.
We know a lot about the state hospitals.
And and treatment and the training center.
But what's available in the state system? I think that at a very high level, we can identify some of those things so that we keep it out here.
And and stay aware of of what those things are and cross reference to our community settings to ensure they're there in the Community.
We.
Need to identify if there are any current actions, current initiatives around preventing and reducing the risks of individuals, as has been stated here are.
Sort of dumped, and that that wasn't the terminology, but I'm a nurse. I'm familiar with the act of dumping patients, and so there I think we need to identify what the initiatives are that are in place now, if there are to reduce that risk that an individual could.
Be quickly discharged from their their their residential or treatment setting and.
Then I, as a nurse, often have said they were dumped.
That will that terminology will not be in our list of definitions.
That's cited for character today.
What are the steps to develop skilled and licensed beds?
What has to be done?
What would the timeline be?
I think that's a very concrete thing that we should know as a fact, as a data point.

What are the steps to add nursing facility beds, say at southeastern Virginia Training Center or any other?
ICF that might add skilled beds.
What are the steps to add skilled beds?
To an ICF model, what would a provider need to do if they wanted to expand their intermediate care facility facility model to have IC F beds?
Where are the primary care providers or where?
Where are those gaps in primary care providers?
Where are the long term care facilities that serve mental health patients?
Or or where are the gaps?
Where where is there not a either an ICF or a nursing facility that will serve somebody.
That has complex mental health needs.
Where are the long term care facilities that do have nursing and medical?
They can serve specific short term needs, which Susan identified.
Just a little while ago.
Somebody who needs to have IV antibiotics for two weeks, they don't need an acute care hospital bed, but they can't go back to maybe their their ICF or their place of residence.
And so those were some of the things on my list.
For data points and I wanted to open it up to add to the list.

MB **Moore, Brianna (DBHDS)** 1:02:30
Text to defenders.

AG **Atul Gupta** 1:02:30
I like to see the.
Go ahead.

MB **Moore, Brianna (DBHDS)** 1:02:34
Thank you.
Could you specifically put down, you know, as it relates to sex offenders, especially because of housing issues?

MS **Moon, Susan (DBHDS)** 1:02:52

Housing options maybe for each subgroup might Brianna.
Might be we were just talking about looking at each of the various subgroups in terms of sort of diagnostic categories.
I hate to boil people down to groups of diagnosis, but what would the residential options be in each of those groupings, right?

Moore, Brianna (DBHDS) 1:03:12
Alright.

Moon, Susan (DBHDS) 1:03:13
OK.

Alabanza, Susan (DBHDS) 1:03:17
I think also what would the Hospice options be for people on the sex offender registry?

Moon, Susan (DBHDS) 1:03:21
OK.
OK.

Atul Gupta 1:03:31
And the average wait time for appointments at any of these facilities outside the system. If I wanna see a physical therapist right now, takes about three to four weeks to see, you know, and small things like fixing wheelchair, it's nightmare to live in Lynchburg because the the Clos.
Provider is in Northern Virginia and the other thing I like to see is the discharges from the Community setting. How often do they occur, you know and.
I know there are thousands of residents it it's an extensive data but.
On average, if you go person by person, how many discharges have they experienced over their stay till since their waiver was approved by DBHDS or DMS?

Moon, Susan (DBHDS) 1:04:16
So are you.
Are you also kind of drilling down to how frequently somebody has moved providers, so one individual person, how many residential settings have they lived in, OK.

Atul Gupta 1:04:26

Yeah.

So that comes up with an average data because.

Provided to provider you know, and being you can rank them in intensity level of care.

So the lowest need and to the highest need.

And my hypothesis, and, you know hypothesis are just to be statistically significant or not higher the need. The more discharge you'll see and then may come out to be insignificant.

You know, I appreciate calmness of Miss Susan and Mr. Williams.

I'm an emotional guy, but two of you keep very calm demeanor, so thank you.

Moon, Susan (DBHDS) 1:05:14

Well, I I think it's important.

We're not surprised, Mr. Gupta, about your concerns or your list. We're not surprised we.

Eric and I spend most of our days.

Trying to help people navigate the barriers and in some cases the barriers are big and in some cases the barriers are little.

Some cases we have a solution, some cases we don't.

I mean it's.

And so we're super excited to try to drill this big topic down into the buckets and pull some data, see what data we have and information we have and where those barriers are. For me, it will inform this work which will end with a report in August, but.

For everybody on the call, especially family, this conversation for me, and I think I speak for Eric also is going to inform our work for years going forward.

So whereas we might you you, everybody may not get resolution to all of their issues and challenges and we we're not endeavoring to like solve it.

All it it will inform.

A lot of work going forward, so we're super appreciative of people's candor.

And if and your emotions also.

So don't don't hesitate.

Atul Gupta 1:06:43
You know, state is building mental health facilities and that's perfectly fine.
But you know, these are two reverse mental health and Mr. you call it or IDD. But the point where the immediacy nursing needs or the hospital needs. And that's what Hiram is able to provide an intersection point of intersection for people living in MH as well as in.
Idd correct me, Miss Susan. If I'm wrong, you are.
Experiencing you're there day in, day out.

Alabanza, Susan (DBHDS) 1:07:12
You're correct, right for all those populations and kind of along those lines, I was gonna suggest to you that maybe we look at any data we could get on.
People.
Where people are in the ageing process for all those populations, you know, that's what we see in general for all the populations here.
That, as people are ageing, they need our services, the types of services that we provide at least more often.
So you know, what are we gonna see in the next year?
Or two years.
Five years as far as the number of people in all these populations needing Hospice care comfort care.
Skilled care that didn't need it before.

Atul Gupta 1:07:58
And Miss Susan, how much resources do we need?
I know I've heard the numbers from the department, but they're telling the money committees, but the type of infrastructure or parallel infrastructure, either in community or in understate setting, it'll require you, cannot take everything from Hiram and transplant it there. So it will require some new fresh dollars.
And.
A.
Data in terms of money, I know money is is a is.
Does that qualify to be a data?

I don't know.
But to me, how much resources will be needed?

Moon, Susan (DBHDS) 1:08:30
Yeah.

Atul Gupta 1:08:32
For transplant of those services, either in house or outsource cause outsource like pharmacy, it's easy to outsource. But every pharmacy shuts down at 9:00 PM nowadays at Hiram.
Sometimes my daughter needs something at 11:00 PM and they have it, you know, and they can provide her right there instead of waiting till next morning.
9:00 for pharmacy to open, you know, so some of these things come very handy.
And.
And I've always fought that.
Why don't we provide same thing for people living in community and be able to use?
Hirams services for those people who live in Group home, be able to come here and if they need medicine in middle of the night, you know, work out a MOU or Memorandum of understanding with Hiram to be able to avail those services because end of the day these.
Are all dollars coming from the same agency?
Here's what I'm saying.

Alabanza, Susan (DBHDS) 1:09:24
I do.

Atul Gupta 1:09:24
And in 2006, under McDonald, they had these regional support center. You know, they give gave $500,000 to create that training center. Then they evacuated.
So maybe Hiram could be the new regional support center or wherever it goes.

Moore, Brianna (DBHDS) 1:09:45
I recall the sheer panic and like, just like the anger and irritation around Sbtc closing and.
It's been about, I don't know, maybe 10 years since Sbtc closed.

And so I feel like there should be some data on like how that process went. So maybe we could find like some information about what that process looked like and how it has, you know, how well it has aged over the years.
So maybe we can avoid some of those same pitfalls.

Atul Gupta 1:10:19
Piggybacking on that, how many deaths have occurred?
I know my Alicia had two other roommates.
Both are gone and her neighbor, one one person is dead.
So in this transition process is every time we close a facility down, there's a loss of human life.

Moon, Susan (DBHDS) 1:10:47
Good points everyone.
So we do have quite a bit of data and we will sift through it for the data that's appropriate.
Eric leads a project a couple times a year to develop a state of the state summary.
And so we will dig back through previous data holes that maybe we don't access anymore and see what we can come up with.
Answer all these questions and I know Susan has a lot of data already.
Around hiring Davis Medical Center's admissions and discharges, which we will include in this.
Information.
To think big when it comes to data, the agency does have a little bit more to our fingertips in terms of the ability to pull data from different sources and to merge data from variety of sources to try to give us a better view or a better picture.
What that data might tell us, so feel free to think big.
We'll try to deliver.

Atul Gupta 1:12:12
And it may be a skeptical in me, Miss Susan, but the data could be skewed when you familiar with normal distribution, right?

Moon, Susan (DBHDS) 1:12:19
Yes.

Atul Gupta 1:12:21
So I want data to be unbiased like you know, I ask everyone my doctor students to be.

Moon, Susan (DBHDS) 1:12:21
Yeah.

Atul Gupta 1:12:26
How do you make sure responses are unbiased?
So there's a small population of people in institution, but they are important and their needs are important and that should be part of that information.

Moon, Susan (DBHDS) 1:12:30
Yeah.
Yeah, absolutely.
Spend a lot of time in the world.
Of valid and reliable data.
And so we will put a spotlight on on this as best we can.
It it may not be as unscued in four weeks or whenever we meet again, but we will continue to refine it so that it is very clear.
And tells an accurate story for sure.

Moore, Brianna (DBHDS) 1:13:09
Is there any space for like more qualitative data?
Some feedback from.
I don't know.
Csbs or some other stakeholders who actually and I'm just using STC 'cause I was.
Just talking about but have actually been through these types of transitions in the past and so that maybe they can talk about their personal experiences of it or things that they think may have made it easier for the transition to occur.

Moon, Susan (DBHDS) 1:13:44
It's good that you brought that up.
Actually, we actually do have a team member with us.

I think she's still. She's on now. Amy loving.
Amy is one of the support coordinator supervisors at Chesterfield Community Services Board and Brianna, one of our reasons for inviting her to this group.
Is because she has that knowledge and expertise, and the team of people that work for her.
Many were part of the closure of variety of the training centers.
And she's charged also with this is a good segue into my next question for people today.
She's charged also with looking at.
Any resources and maybe subject matter experts outside of this group?
That might come talk to us about some of that lived experience.
And some of the, you know, the sort of facts around community or institutional settings.
And what the barriers are in either of those settings that they've experienced?
The one question would be what other types of subject matter experts would be valuable to maybe hear from.
That this committee would like to hear from.
Cause on other subcommittees of a similar nature that I've participated in, we have sometimes identified. For example, maybe someone from the CSP that specifically supports people with mental health.
We come up with a series of questions for a subject matter expert.
In community mental health services or housing and ask them to come answer a specific set of questions for us in person.
So we can have a dialogue like that's an option for this group that in terms of data and information gathering, we wanted to bring up here today.

Atul Gupta 1:15:54
There's a Hospital Association in Richmond.
They are the OR, you know, private providers of extensive needs. And Michael Elliott is the chair of their board. I saw him at a fundraiser recently, and so he can, he has worked as a Chief operating officer of an individual hospital.
Now he chairs this board and he knows the what different hospitals can provide. You know where they can supplement or complement the care in the community setting or not.
Michael Elliott E with AE.

Moon, Susan (DBHDS) 1:16:31
That's great.
That's exactly that's that's those are the kinds of subject matter experts that for resources we want to be able to access, we really would like to produce a report.
In the end, from this subcommittee that has good references and citations and barely good information that can be carried forward.
So that's perfect. Other ideas anyone?

Alabanza, Susan (DBHDS) 1:17:00
I think it could be helpful.

Moore, Brianna (DBHDS) 1:17:00
Whoever's gonna absorb.

Alabanza, Susan (DBHDS) 1:17:01
Go ahead.

Moore, Brianna (DBHDS) 1:17:03
I was gonna say whoever is gonna absorb, you know.
Our our cherished patients like me, I wanna know theoretically if they're gonna go to. Southside Regional Medical Center. Like, can we talk to SRM CS admissions people to their social workers?
So just and I I don't know who else, you know, possibly be involved in that process, but anybody that is going to absorb.
Our patients.
We should have some kind of dialogue or interaction with them.

Alabanza, Susan (DBHDS) 1:17:43
Think that's a great idea?

Atul Gupta 1:17:46
And you mentioned CSBCSB carries a caseload.
My daughter has a caseload, but I've never ever seen them.
So maybe what could be done to have them more involved in the care of individuals?

At least I can see from AI hate to call the word institution, but in a hospital type setting versus I don't know if they live in their they have never attended a quarterly meetings.
And you know.
So how do you how do we get them more involved in the care of these individuals?
As an oversight or as a team player.

Moon, Susan (DBHDS) 1:18:26
OK.

Alabanza, Susan (DBHDS) 1:18:31
Think in some states they have established like Centers for excellence.
Or certain sub populations?
What's involved with that, and are there any kind of?
Is there anyone who's willing to?
Kind of take that on for some of these sub populations.

Williams, Eric (DBHDS) 1:18:54
We do have a Center for excellence for DD, which is the partnership with disabilities at DCU.

Alabanza, Susan (DBHDS) 1:18:57
OK.

Williams, Eric (DBHDS) 1:19:01
So we certainly can include them as well.

Alabanza, Susan (DBHDS) 1:19:01
OK.

Moon, Susan (DBHDS) 1:19:18
OK, Lauren, I think I might be able to pass this back to you.

Cunningham, Lauren (DBHDS) 1:19:26
Absolutely. And I was just about to say with 10 minutes left, we should probably look

at the final part of our agenda, which is looking ahead.
Is everyone able to see the screen again?

Alabanza, Susan (DBHDS) 1:19:43
Uh huh. Yes.

Cunningham, Lauren (DBHDS) 1:19:43
OK.
So this group and we do leave it, you know, to the discretion of the Subcommittee in terms of your next meeting. But you know, I think we had a really good conversation today about what what we need to have before that next meeting or what we would like.
To have before that next meeting to start having some additional conversations.
Keeping that in mind, what is this group thinking in terms of a timeline for for our next meeting?

Moore, Brianna (DBHDS) 1:20:15
After well, sometime in February, just thinking holidays and.
Just the sheer amount of information that we just asked for sounds like a lot.

Moon, Susan (DBHDS) 1:20:31
Why did we already have Brianna?
Don't panic.
We may have to add a few points.
But yeah, at least he get started.

Cunningham, Lauren (DBHDS) 1:20:44
Do we wanna possibly look at maybe that last week of January 1st week of February?

Alabanza, Susan (DBHDS) 1:20:52
I think that would be good.

Cunningham, Lauren (DBHDS) 1:20:54
OK.
Anything we should we should keep in mind in terms of the anything else we want to

kind of discuss for that next meeting in terms of the agenda or do we just kind of wanna keep keep a similar agenda but maybe start looking at some of those data. Points that we're getting some of those people that we're looking to bring into this group.

Atul Gupta 1:21:23
For the next meeting, I'd like to see a protection or discussion of protection against arbitrary arbitrary discharge from Community settings.
What could be done?
You know the state legislation has put for you cannot discharge from an institution, but similar panel thing doesn't happen or is not in existence for community residents.
So what could be done to prevent arbitrary arbitrary discharge from community settings?
When you take me as a as a provider, you keep me till I die.
Or if I want to because I want to leave.

Cunningham, Lauren (DBHDS) 1:22:07
Anything else we'd like to keep in mind for the next meeting.

Alabanza, Susan (DBHDS) 1:22:14
Perhaps we could compile a lot of this data, but well, of course we'll compile as much as we can before the next meeting.
But maybe you know a week or so before the meeting we can send it out to everyone.
So people have a chance to kind of review it and then when we can discuss it more in the meeting.
But if people have a chance to review it, it may bring up more questions.
Now ahead of time.

Cunningham, Lauren (DBHDS) 1:22:38
That'd be great.
I'm happy to help distribute to everyone on the subcommittee.
Not hearing anything else. I'll give everyone a few minutes back.
Thank you all very much for you know this is just kind of the beginning of this

process and I really appreciate everyone taking the time and and sharing their thoughts. And I think we're we're, you know, at the start of producing a really useful part of this plan.
And a useful component to this plan, season and Eric, you know you've made great points that this is work that you know even outside of this specific.
You know requirement that we're completing.
I think this is work that will inform the work that we're all doing for, you know, in many different ways and and well outside of this process.
So appreciate you all speaking and and sharing your thoughts and if you need anything between now and that next meeting, if you have questions, concerns, Hdmc, planning team at dbhds.virginia.gov is the e-mail. I'll drop that into the chat as well.
Please feel free to reach out at any time and.
And we're always happy to kind of discuss ahead of the next meeting.

Williams, Eric (DBHDS) 1:24:02
Thank you.

Alabanza, Susan (DBHDS) 1:24:04
Thank you.

Cunningham, Lauren (DBHDS) stopped transcription