

HDMC Planning Team_ Supporting Patients Subcommittee Meeting-20250311_140041-Meeting Recording (Transcript generated by Microsoft Teams)

March 11, 2025, 6:00PM

1h 28m 7s

● **Cunningham, Lauren (DBHDS)** started transcription

 **Russell, Nichole (DBHDS)** 0:22

Lauren, did you wanna go ahead and get started?

It's 201.

Are you gonna give another few minutes?

 **Cunningham, Lauren (DBHDS)** 0:27

I think I think we can go ahead and get started. Whenever you're ready, Nicole.

 **Russell, Nichole (DBHDS)** 0:31

OK.

All right.

Well, we just wanted to welcome everyone to the meeting this afternoon.

We will get started with the introductions. Lauren will go through and I guess do roll call for us.

 **Cunningham, Lauren (DBHDS)** 0:45

Sure. For Nicole Russell, if you want to just introduce yourself.

 **Russell, Nichole (DBHDS)** 0:50

Sorry. Hi, I'm Nicole Russell.

I'm the physical therapy director here at Harm Davidson.

I'm also one of the Co leads for the committee.

 **Cunningham, Lauren (DBHDS)** 0:58

Sure. Megan McGuire.



McGuire, Meghan (DBHDS) 1:00

Hey everybody.

Good afternoon, Megan McGuire, deputy Commissioner for policy and public affairs at DBHDS.



Cunningham, Lauren (DBHDS) 1:07

Kimberly king.



King, Kimberly (DBHDS) 1:11

Hi everyone.

I'm Kimberly king.

I'm a Community integration manager with Dbhds and I support Hiram Davis.



Cunningham, Lauren (DBHDS) 1:19

Aaron Harding.



Erin Harding 1:22

Hi everyone.

I'm Erin Harding.

I'm an advocate with the Disability Law Center of Virginia.



Cunningham, Lauren (DBHDS) 1:28

Becky lassard.



Lessard, Becky (DBHDS) 1:31

Laboratory manager at Hiram Davis, just here listening in.



Cunningham, Lauren (DBHDS) 1:37

Season Alabama.

Katie Boyle.



Katie Boyle 1:51

Hi, I'm Katie Boyle.

I'm with the Virginia Association of counties.



Cunningham, Lauren (DBHDS) 1:57

Zainab Kamara.



ZK **Zainab Kamara** 2:02

Hi. I'm Zainab Kamara.

I'm the director of Nursing for Scarlet Haven residential services.



Cunningham, Lauren (DBHDS) 2:10

Elm lasky.



EL **Elem Laskey** 2:16

Yes, it's LM.



Cunningham, Lauren (DBHDS) 2:18

Apology. Lem, lasky. Brandon. Charles.



EL **Elem Laskey** 2:21

Yeah, go ahead.



CB **Charles, Brandon (DBHDS)** 2:26

Hi, I'm Brandon, Charles.

I'm the senior human rights manager for facility operations and that's what the Dbhds Office of Human Rights.



Cunningham, Lauren (DBHDS) 2:35

Heather Fisher.



Fisher, Heather (DBHDS) 2:39

Hi, good afternoon.

I'm Heather Fisher with southeastern Virginia training center.



Cunningham, Lauren (DBHDS) 2:45

Vicky Brewer.

Dominique sturgeon.

Hi, Dominique.

Martha Bryant.



Martha Bryant 3:09

Hi, I'm Martha Bryant.

I'm a mom of a son in skilled nursing at Harm Davis from Amherst County.



Cunningham, Lauren (DBHDS) 3:25

Senator Ayers office.



Jameson Babb - Senator Lashrecse Aird's Office 3:29

Yes, this is Jameson.



Cunningham, Lauren (DBHDS) 3:32

Hi, Jamieson.



Jameson Babb - Senator Lashrecse Aird's Office 3:33

Hello.



Cunningham, Lauren (DBHDS) 3:36

Senator Hashmi's office.



Gerardo Aguilar Castillo, Sen. Hashmi 3:41

Hi, good afternoon everyone. I'm head out of them with Senator Hashmi's office.



Cunningham, Lauren (DBHDS) 3:48

Robin Johnson.

Eulesseca.



Eula Secka 4:00

Good afternoon, everyone.

My name is Eules.

I'm with scholar at Haven Residential services.



Cunningham, Lauren (DBHDS) 4:07

Lesakingbolens.



Lesaking Bullins 4:11

Good afternoon everyone. I'm Lisa King, born.



Cunningham, Lauren (DBHDS) 4:16

And Jane Powell.

Jane, I think you're muted.



Jane Powell 4:27

I am OK.

Yes, I'm right here.

I'm president of CBTC families and friends. We have a number of people who went to Hiram, so I'm calling on involved in the for the interest of those people.



Cunningham, Lauren (DBHDS) 4:44

Thank you.

All right, Nicole, I'll turn things over to you.



Russell, Nichole (DBHDS) 4:50

All right.

Thank you.

First of all, I just want to go over.

The rules for our meeting just want to make sure that we ask everyone to be respectful, encourage you to listen actively and respecting any differing viewpoints and engaging, constructive dialogue also would like for everyone to be in order for us to be efficient with our time and be.

Respectful of the many topics and viewpoints that we have to discuss, please make sure we keep our remarks on topic and try not to be.

Be disrupted to other speakers. If you do have any additional comments or data you want to share with the committee, please use the e-mail of Hdmc planning team at Dbhds dot Virginia Gov and I am going to.

Open up the floor for public comment at this time.



Cunningham, Lauren (DBHDS) 5:49

Miss Bryant, do you want to go ahead?



Martha Bryant 5:55

Umm.

I looked at the census from March 3rd when I visited, there were 37 residents. There were 20 and skilled 16 nursing facility and one General Medical.

I visited it again Sunday and because it was a weekend, it wasn't posted.

I have been able to join an advisory committee.

For D mass and attended the orientation in the presentations yesterday.

Today there were five families with developmental disabilities on that 15 member.

New new group.

It's a two year term. I will say that there's nothing similar to that in DB heads right now.

And I would like to see that added so that our voices are heard.

Also attended a legislative luncheon sponsored by Cardinal News, which is an online newspaper for Southwest Virginia, and I was able to see two senators and two delegates in retired Senator Edward said that event.

And every legislator was supportive of of DB heads work. When I said there would be 10 beds in Chesapeake, not a one thought that was sufficient.

And.

One of the people I got to meet was the speaker, John Scott, but I also met Senator Stanley and Israel O'quinn from far SW down near Bristol and he was basically saying. He was concerned about driving all the way across the state to 10 beds and I think that's inadequate capacity. So I have been been active and advocating and I welcome.

New people and the legislative offices joining in today. Thank you.



Cunningham, Lauren (DBHDS) 8:10

To be of any additional public comment.



Russell, Nichole (DBHDS) 8:10

Kimberly.



Jane Powell 8:17

I would like to say something.



Cunningham, Lauren (DBHDS) 8:19

Yes, please.



Jane Powell 8:20

Jane Howell.

I have heard that the latest.

Plan is to convert 10 beds or two houses at southeastern Virginia Training Center to skilled nursing and that is to accommodate everybody with ID.

Who needs skilled nursing?

And I just there are several things.

To keep in mind here.

Hiram Davis doesn't just serve people from training centers.

It doesn't just serve people with ID.

There are a number of people from cvtc when it closed who went to Hiram Davis.

And the the state called Hiram Davis, a training center in order to facilitate that move.

But these people are are entitled under the law to a comparable quality.

Of medical health, developmental and behavioral care that is from.

The 2014 General Assembly.

And I can actually cite you chapter and verse if you need it.

But.

They they are also entitled under the state law and federal law to a training center placement, so.

I just don't think that plan for 10 beds at Southeastern.

It's sufficient for the people with ID who have a right to be in a training center and who chose training center placement and knew they had that right under the law.

And it certainly doesn't envision anything for the future.

And it doesn't serve the other people without ID.

So I'm wondering why CBTC isn't being reopened.

It has a nursing facility there already.

It's a great facility.

It meets all the codes.

It's Martha.

You may know how many beds it is. I don't off the top of my head, but it's there.

The building is there. All you'd need to do is clean it and staff it and recertify it.

Furthermore, if you wanted some separation, or if that would be advisable.

There is another area at Cvtc that was renovated at a cost of \$30 million about 15 years ago.

And it's six separate houses, lockable doors.

You could put vcbr people there if anything if that was considered to be a safety issue.

All of those six buildings in that area already have oxygen behind the walls.

It's it's an ideal place to go and it wouldn't cost millions of dollars to build.

It's just there already.

So I'm wondering why that isn't being considered? Or is it being considered?

Senator Newman got an exemption for cvtc the grounds of Cvtc.

HA **Harvell, Angela (DBHDS)** 11:28

See.

JP **Jane Powell** 11:29

Exempt for from a certificate of public need just simply for the purpose of building a nursing home on those those grounds. And that was in 2023.

So it's less bureaucratic pencil pushing because it's already it can be just done.

You don't need to go get a certificate or anything.

OK.

MM **McGuire, Meghan (DBHDS)** 11:56

Hey, Jane, it's Megan McGuire.

It's been awhile.

I hope you're doing well.

JP **Jane Powell** 12:00

It's been quite a while.

MM **McGuire, Meghan (DBHDS)** 12:03

I know it's nice to see you.

It's would love to get down to SEVTC and say hi to folks down there.

It's actually been a couple of months since I've been there.

I don't think I can address every single piece of your questions, but I'd love to just kind of start that conversation because our last meeting we did intern the thought about scvtc and whether that should be looked at again.

And our team and the facility services is taking a look at it.

One of the problems that we would we have to work through in just finding out if that could even be a viable plan is that it's no longer in DBHDS hands.

It's in DG s s hands as they're trying to market and sell the property.

So we're going to, we've reached out to them and we're just kind of putting together a plan and whether or not that could be possible and anything that might be unforeseen there.

So we are looking at that the 10 beds at SEVTCI.

Think we can consider to be?

It can be a start.

This group may recommend looking at more.

Or more in other parts of the state, which I think we've already talked about. It is a long drive for folks in other parts of the state all the way out to southwest.

All the way out to southeast.

So I think it's important that we.

Take a real comprehensive look at the state and put real numbers behind that.

With where individuals at Hiram Davis might want to go and we are starting to have those conversations so that we can better hone in what our plans should look like.


So that's a start for our process, I think.

I think it's a.

It's a it's good way to go.

We've got a long way to go until our report is is due.

Our plan is to in November 1st now.

 **Jane Powell** 14:02
November 1st, OK.

 **McGuire, Meghan (DBHDS)** 14:03
It is so.

The plan is due November 1st because there was additional budget language put in from the money committees.

To to ask that the plan be given to them first.

So it'll go to the money committees first, and then we'll send it to jchc per the other other 37.2316 part of the code.

 **Jane Powell** 14:26

OK.

That's great.

 **Cunningham, Lauren (DBHDS)** 14:27

Megan.

 **McGuire, Meghan (DBHDS)** 14:28

I think it's good it works.

 **Jane Powell** 14:30

My primary concern through all of this is that nobody be harmed when people were moved from central.

 **McGuire, Meghan (DBHDS)** 14:36

Absolutely.

 **Jane Powell** 14:38

To for to Hiram People died.

And it was central had a far superior facility.

There it was, a 5 star nursing facility.

They moved to a two star. There have been ongoing issues with infection control and all that and people died.

So no harm, please. I think that having maybe one house at Southeastern might be advisable for the people who currently live at that southeastern, because again, that's a long way to go.

And we do have one empty house at southeastern.

MM McGuire, Meghan (DBHDS) 15:16
Right.

JP Jane Powell 15:16
So you could do that with very minimal disruption.
That one house is currently used for.
Temporary housing for people whose houses are being painted or something like that.

MM McGuire, Meghan (DBHDS) 15:30
A swing space.

JP Jane Powell 15:33
So it's just an extra space that is occasionally in use, but other accommodations could be made, I guess.
The census I heard is latest census that southeastern is 66. As you know, capacity is 75.
So there's there certainly is an opportunity to convert 1 house with no disruptions.

MM McGuire, Meghan (DBHDS) 15:56
Great.

JP Jane Powell 15:57
But again, that doesn't accommodate anybody, and it does not anticipate any future need, and people who.
Are living at southeastern now are going to age? They're aging.

MM McGuire, Meghan (DBHDS) 16:12
Right.

JP Jane Powell 16:13
And there will be future need for people who, from the vcbr people who are at Higherman Davis.
Now, who are at all of the state hospitals now?

You know that there will be need and people in the Community will need to go somewhere.

That specializes in their kind of care. The care that they need.

So I think it would be, I mean it could even be cvtc.

Could even be a place for traumatic brain injury. People, that kind of thing where they don't have anywhere much to go now except to be fit into other facilities that are not designed.

For their needs.

So it's also.

At southeastern, a question was raised at a family meeting on Sunday.

What's going to happen to the people at Southeastern if you who need to go temporarily to a nursing facility if the nursing beds at Southeastern are taken up by Hiram Davis people, then what's going to happen to them?

And then the answer was, well, they'll go to a nursing.

Home out in the community, that's not a acceptable answer because they are entitled under law to a comparable quality of medical, health, developmental and behavioral care.

So they need to go to a training center facility now, building a whole new training center nursing facility would work for me, but it's you've already got one.

And it's central.

MM **McGuire, Meghan (DBHDS)** 17:47

Right.

Right.

JP **Jane Powell** 17:48

So now getting it back from.

General Services, it seems to me, wouldn't be a difficult thing.

It's, you know, the state.

It's just the state. It's a matter of filling out a form.


So I don't.


And I do think that the governor is all about saving money and he's not going to be thrilled about spending millions of dollars.

To build something you've already got.

So I don't know if he'll pay any attention to me.
I intend to write to him about this.

 **McGuire, Meghan (DBHDS)** 18:18
Of course.

 **Jane Powell** 18:19
And to the Commissioner, and he pay attention to me either, but I think this committee at least understands what's at stake and.
And how many people need to be accommodated somewhere?
And southeastern is not the universal answer for everybody, that's for sure.


 **McGuire, Meghan (DBHDS)** 18:36
No, it certainly isn't.
And I'll say this and I won't take up.
You know, I know there's a lot of things to talk about, but we've got three different subcommittees that are working on this because it's a it's a huge issue.
You know you can't.
At this point, you can't go to scbtc unless you have a a diagnosis for ID.
So that we're limited there with SEBTC.
But there is an entire group that's looking at what options.
Are available in the community and what we mean by that are what are the things that Hiram Davis currently provides that are extraordinarily extraordinary, that need homes somewhere else.
So we have to take all of the subcommittees and just kind of put it together as a comprehensive plan, and that might help a little bit, because this subcommittee might not answer all the questions.
That your friends and family group.
I'm not sure if you call it a parent's group or friends and family at Scbtc, but.
But same concept I guess, but all of those groups together are going to need to have a plan, and those plans are still going to need to be woven together.
So I think it's good.
Sorry, Lauren. Go ahead.

 **Cunningham, Lauren (DBHDS)** 19:49

Oh, Megan, I was just gonna jump in, and I know we're gonna circle back to this at the end of the meeting, but I just wanted to clarify, since you touched on it. So the the full plan is do you on November 1st we're asking for this subcommittee to submit something to the Commissioner by August 1st that gives us that nice buffer. We know you know, things change. Edits might need to be made. We'll wanna make sure we have that supporting data to back up the recommendations, so that gives us that nice buffer to make sure we have everything we need by that November 1st deadline.

 **McGuire, Meghan (DBHDS)** 20:14
Yep.


 **Jane Powell** 20:21
OK.

 **McGuire, Meghan (DBHDS)** 20:23
And Martha has her hand up.

 **Cunningham, Lauren (DBHDS)** 20:25
Oh.

 **Jane Powell** 20:25
August 1st.

 **Cunningham, Lauren (DBHDS)** 20:28
Miss Bryant.

 **Martha Bryant** 20:34
I'm certainly interested in reusing Central Virginia training center. I looked at the ad for it today. It's being marketed as industrial warehouse that certainly doesn't. That's not a great representation of what's available there. You have to go to the third picture and their slideshow to get to the five renovated fully.

Ada left lower campus.

That's we've spent actually \$57 million invested when you look at paying off the bonds, we have spent \$57 million and it's been empty close.

It'll be five years in April, so the fact that it has separate buildings you can do sub populations there because.

There are 20 to 24 beds per building in a centralized.

Left campus and that would still give additional acreage if you for the older part of the center that could be sold or renovated.

And I think some of the environmental hazards are one reason it's not selling.

I've submitted different documents.

To the committee to include in your statutory review, I submitted 1 today.

Coming off of the Medicaid 101, whether the statutory things about order mandatory services.

In traditional Medicaid, what are expansion? So as we're potentially facing a budget crunch of what happens?

In in CMS, the one thing I want to go back to.

Are these other populations to consider?

President Trump said that one in 36 have autism, and there hasn't been much discussion about the comorbidity of autism and intellectual disability.

So among these five families that I met.

Some have behavioral, some are chronic conditions, some are epilepsy.

So there's this. This future population is out there.

And one thing that I asked for was.

The Saint.

Mary's population 1 center and I do understand that St.

Mary's is trying to fundraise to have an additional adult home.

So that's, you know, you've got to look at where is your population growth?

Where is your aging?

Who's aging out and probably CS BS.

Have that data of who they serve by age group.

And level of care.

So.

I think there are additional data points to look at and also your statutory.

Like choice, what are your choice forms?

So for that, for those of us who choose facility.

You know, we want adequate capacity without driving across the state.

I will say that I've tended to ask more questions about intellectual disability.

Because that tends to be in in my family's circumstances. But I'm also concerned about.

In my four year responses I got side by side comparison of Hiram and Southeastern and a number of things said that.

The comparative service that's on site at Hiram is community based.

At southeastern.

So just looking at that for your reply, it's not comparable care and so in other words at higher, we're not having to leave and go to a community to provide or to get that one of the things I've also heard about with southeastern, with my friends is this.

Behavioral group that.

You know, I'm wondering about psychology services, about crisis and behavioral health.

I think there's been property destruction there.

And one thing I sent in is this recent referral of southeastern families to Chesapeake general instead of Sentara.

So I sent the proof document that Chesapeake general is under DOJ fraud investigation.

MM McGuire, Meghan (DBHDS) 25:20

Mm hmm.

MB Martha Bryant 25:27

And also for doing unnecessary surgeries which is related to eugenics. So we certainly don't want to send people into fraudulent healthcare settings or into to a facility that has fraud investigation for unnecessary surgery.

And I really, I think earlier I'd submitted the thing about Senteris managed care plan has a one year waiting list for primary care.

So Tidewater area has additional challenges.

Thanks for listening.

RN Russell, Nichole (DBHDS) 26:11

Thank you, Miss Bryant.



Rupe, Heather (DBHDS) 26:11

Hey, Katie.



Russell, Nichole (DBHDS) 26:12

Miss Boyle, I believe you have a question.



Katie Boyle 26:17

Oh, thanks.

And I just wanted to mention, I apologize.

I I think I missed some meetings during the General Assembly session, but I heard some conversation about sort of revisiting potentially central Virginia training center as a as a possible option. And you, you all may be way ahead of me and I've already thought of this, but I.

Just wanted to make sure that that the county that Amherst County is involved in those conversations.

You know, in terms of their planning for use of the site.

So I just wanted to put a plug in for that. Thanks.



McGuire, Meghan (DBHDS) 26:47

Thanks Katie.

Absolutely. You know, we need to see if it's even a viable option 1st and then find out why.



Jane Powell 26:53

I have.



McGuire, Meghan (DBHDS) 26:53

Pros and cons?



Jane Powell 26:55

Could I add one more thing?

I'm looking at this is chapter 766 from the Virginia Acts of Assembly of 2023.

Reconvene session and this is one of Senator Newman's undoubted influences right at the end.

He's no longer in the General Assembly, of course, but he.
Managed to get this through.
And it is when CBTC is declared surplus.
People who submit an RFO.
So that is a request for offer.
Have to show that they have the funds available to demolish or renovate the structures on the property and so there will not be, you know that I'm sure is contributing a huge hugely to people not, you know, being hesitant to move in there and put in an offer.
On the land, because that those buildings are old and they have asbestos, some of them and you know these things would have to be torn down. And there are a lot of. Environmental issues there, so they can't just sit in and put something alongside what's there. They have to renovate or destroy everything there.
We of course, would not have to.
We would only have to take care of the buildings that we might use.
So.
That's something to consider.
I think general service is probably will have no no problem handing it back over because.
There are too many restrictions on who they can sell it to.
One other thing I'd like Mr. I do.



Cunningham, Lauren (DBHDS) 28:41

Any additional public? Oh, sure.



Jane Powell 28:45

I'm sorry. My sister, Susan Follis, was moved from Cvtc at the end of 2019 to southeastern.
For three years.
She was in.
In she was in different houses, two different houses where people pulled her hair and hit her and attacked her, and she cried and had her hunks of hair pulled out.
She is finally in a house that is very good and she's relaxed and she is so much happier and I hesitate to think, and this is not anybody's fault. It's just it's something that goes with the size.

Of that facility.

I hesitate to think what could happen if she is moved from that particular group of. The House manager and all of her, the attempt that direct support staff and the people she lives with it all works.

Now when you start talking about moving people from one house to another to accommodate the the 10 beds there.

Of course, my sister happens to live in 205 S.

That's one of the buildings.

That is being envisioned as a nursing facility now.

When you start moving these people around, it's like a game of Jenga. You don't know what you're going to end up with.

It's a lot of things. A lot of these people are incompatible.

And you know, there are a number of behavioral cases there.

My sister is absolutely one of them. When her medication isn't straight up.

Adhered to.

So.

You, you know, people end up getting hurt if they're not taken into account. And the size of the facility itself, with its 75 beds is if that's considered as the only option for or the best option for the.

ID people at Hiram.

That's going to force people into proximity with other people that should not be combined with and I'm this is lived experience for me.

I'm not just thinking.

This is exactly what happens.

Nobody's fault, as I said. But you know you have a limited space to put people and a lot of people want in that space.

So.

It it's again. I'm making the case. You need to open cvtc and I don't think it will be as hard. It shouldn't be as hard to get it back from General Services as people are envisioning.

It's especially if the governor is on board with that.



Cunningham, Lauren (DBHDS) 31:25

If we don't have any additional public comment, Nicole, I'll turn it back over to you.

 **Russell, Nichole (DBHDS)** 31:29

OK, I was going to share our agenda for today.
Can everyone see the agenda for today?

 **King, Kimberly (DBHDS)** 31:37

Yes, yes.

 **Alabanza, Susan (DBHDS)** 31:37

Yes.

 **Eula Secka** 31:38

Yeah.

 **Russell, Nichole (DBHDS)** 31:38

OK. We of course had completed our public comment and thank you all so much for all the discussion, but I wanted to go back and also just revisit some of the concerns that came up from the last meeting. I want to look at the populations that we serve. Here at Harm Davis currently as well as the services that we provide here at Hiram Davis.

So I'm going to see if.

Let me see if I can share this window.

OK oops.

OK.

So can you all see this?

 **King, Kimberly (DBHDS)** 32:20

It was there, but it's not anymore.

 **Russell, Nichole (DBHDS)** 32:21

It was.

A second, there we go.

OK. Can everyone see the one? Yes, thank you. So for the intellectually disabled and development delayed currently at our facility, we are serving residents from

southeastern Virginia Training Center from the community as well as the Virginia Center for Behavioral Health also known as Vcbr as well as other.



King, Kimberly (DBHDS) 32:27

Yeah.

Yes, me.



Russell, Nichole (DBHDS) 32:45

State mental health facilities who have dual diagnosis.

We also serve the dementia and dementia population, as well as other neurological disorders. We currently have residents from Catawba, Central State, Piedmont, Geriatric Hospital, southwestern Virginia Mental Health Institute and all, as well as vcbr for mental health.

We serve populations from Catawba Central State Hospital, Eastern state, Western State, Piedmont geriatric facility.

Vcbr.

Southern Virginia Mental Health Institute, southwestern Virginia Mental Health Institute and Northern Regional Mental Health Institute, as well as community provider.

For the third, those folks who cannot receive services in the community.

We also serve those populations that may encounter service limitations based on their finances.

Medical, psychological, or criminal background, we there have been issues where there have been problems placing people in our Community nursing home due to their standards.

They are.

May be denied admission for individuals such as, say, from Vcbr.

They're also private. Vendors can also deny service.

And for our experience, we do know that some of our sister facilities can't receive the example of like physical therapy services. If those folks come to them wearing shackles.

So these are things that Haim Davis is able to provide our folks and our sister facilities that they may not be able to get out in the community.

And lastly, we also serve as a safety net for the Community services that are not available in the Community.

Individuals requiring hospitalization and unable to return to their group home setting and then they pretty much are homeless. And then they come to us. So I know last time we had talked about the various populations, but hopefully it is more inclusive so that we make sure we're capturing everyone that we're currently providing services for.

Any questions or concerns about this information?

The next thing I wanted to update is the services that we currently provide.

Oops, sorry.



Cunningham, Lauren (DBHDS) 35:00

M's Bryant, I think, has a question.



Russell, Nichole (DBHDS) 35:02

Yes.



Martha Bryant 35:04

I appreciate you looking at who you serve now.

I think what one thing that's missing is looking capturing this future growth need, particularly of aging out in. I mean, you're aging out of childhood services like at St. Mary's or school systems, so looking at.

Age and developmental disability level.

So population growth is one. I've noticed that Richmond 3 hospitals are expanding beds because they're looking at population growth.

Also, your aging in chronic conditions of the people who are served.

So we had established that mental health facilities have no nursing facility or skilled capability, so.

And I haven't tracked faizon center.

As for autism, with Co occurring? If that's if that's has an aging out issue or how many residential beds for those dual population. But I really think that's a missing piece here.

And.

DB heads is the only facility that I know of in a in a as I read media and I research.

That's downsizing census projection.

I really think it's a mistake to go even from the 20 beds that were March the 3rd. To

say that we need 10.

Thank you.

 **Russell, Nichole (DBHDS)** 36:51

Thank you.

Now I wanted to start someone else.

 **Cunningham, Lauren (DBHDS)** 36:57

Oh.

We've got one more hand raised. Go go ahead.

 **Eula Secka** 37:02

Yeah, I was just wondering what the what data Dbas is using to qualify the downsizing of the census.

What are they basing that on?

Is it based on the information that Miss Bryant is using, or is it other numbers?

Do we know?

 **McGuire, Meghan (DBHDS)** 37:24

I'm not sure if Angela's on anymore.

We have a we have an executive team meeting that I'm missing, so she's not here.

I'll jump on some of that. A lot of that has to do with the trends in population at at Hiram Davis or Scvtc and we're seeing that.

 **Eula Secka** 37:41

OK.

 **McGuire, Meghan (DBHDS)** 37:45

That that those trends are not increasing.

In fact, they're decreasing over time.

 **Eula Secka** 37:49

OK.

 **McGuire, Meghan (DBHDS)** 37:50

And so that's, that's the thought there.

 **Eula Secka** 37:53

Is it also because the options for group home facilities that might be able to house those residents?

 **McGuire, Meghan (DBHDS)** 37:53

And that.

 **Eula Secka** 38:00

They may not need.

 **McGuire, Meghan (DBHDS)** 38:00

More and more community options are providing what is what is needed for a lot of the people.

Not everybody and that we have in Virginia the choice.

But yes, I think that is that is the case and that as these community hospitals expand.

The question will be, should the state provide these services when the private hospitals are expanding and group homes and other community options are expanding?

So it's a policy question too.

That will involve not just the general or the Governor's office, but also the General Assembly.

 **Eula Secka** 38:32

OK.

OK.

Thank you.

 **Cunningham, Lauren (DBHDS)** 38:39

Susan albeeanta.

 **Alabanza, Susan (DBHDS)** 38:44

Thank you for those who couldn't hear me earlier.

I'm sorry. I'm the clinical director at Hiram Davis.

I just wanted to ask kind of as a follow up where you know the trend for decreasing comes for, for Hiram, I know our census has gone down in the last year, but that was because of projects that required us to not take as many admissions and then?

The Commissioner basically asking people not to admit.

To Hiram between facilities and the community, I know as we've interacted with the community, they have been surprised that we can still take admissions.

This time last year, we were in an upward trend where we were getting close to 60 people and we had to stop because of projects.

So just interested again in some of that data because what we have seen with our data is that there was a real increase in the people.

Who are coming from the community because they couldn't find what they needed in the community. Repeated hospitalizations going into nursing homes and not receiving the right care.

Excuse me, those types of things.

So is there a way we could find out?

Is it just because of where we are right now?

Because that's more of, I think, from a directive, I actually OK.

MM McGuire, Meghan (DBHDS) 40:09

Yeah, we'd be happy to look at that data with you and it goes back many years.

AS Alabanza, Susan (DBHDS) 40:16

Mm hmm.

MM McGuire, Meghan (DBHDS) 40:17

So but, but I think you're right.

You know, I think that, you know, even when you're looking back at longer term trends, you do have to account for more recent years when you look at it.

So we'll make sure that we do all that.

AS Alabanza, Susan (DBHDS) 40:29

OK.

Thank you.

 **McGuire, Meghan (DBHDS)** 40:32

And also with Hyrum, I mean there just was so much more than that with the building infrastructure.

 **Alabanza, Susan (DBHDS)** 40:39

Right, right.

But it wasn't because there was a lack of need of services. I guess is what I'm getting at 'cause there's the building, and then there's the actual services.

 **McGuire, Meghan (DBHDS)** 40:50

Yeah. And I do wanna, like be really clear. Like, I think we all, I don't think there's anyone you know who disagrees.

Also that the people who work at Hiram Davis are absolute superstars and at the top of their game, you know. So I do want to make sure that that that is being really clearly communicating because you guys are super heroes.

 **Alabanza, Susan (DBHDS)** 41:10

Well, thank you.

I just want to make sure we're talking about the the services that people out in the Community need that they, you know, haven't been getting in the last six months or so and may not get going forward.

So thank you.

 **McGuire, Meghan (DBHDS)** 41:23

Understood.

 **Cunningham, Lauren (DBHDS)** 41:26

Miss Bryant.

 **Martha Bryant** 41:29

I'm happy to say that Taylor can take a shower again because the Legionella test results came back great.

So all that mitigation has finally worked.

And today he has an infection.

He's starting an IV antibiotic.

So when I look at the cost savings of what a skilled nursing facility for DB heads can do on site, that saves money.

He's not having to go to an urgent care.

And uh be admitted to get IV therapy. So does southeastern.

Do IV therapy.

You know when you're looking at even this 10 bed model of what the services array are gonna be.

We've we're already seeing this mismatch of what we're getting now and what's proposed. And I was interested in the recent snowstorm where.

Of course, Virginia's had an unusual winter, but and tidewater in particular, had an unusual snowstorm.

But I understand that nurses are in a different building and use golf carts to.

Come to cottages so that golf cart nursing model is not the way Hiram Davis delivers nursing facility care.

You have nurses on your floor 24/7.

There's no golf carts and clearing snow involved to have you know, to get care and here again.

Umm.

I'm concerned about service comparability both for mental health vcbr and intellectual disability.

Because I don't see how you're planning.

And drive Gupta and I've talked about Cherry picking.

You know, we Taylor is at 55 plus refusal now.

We were willing to look right now there is no choice form.

I ask about that yesterday at D mask.

There should be a choice form.

That's attested to to CMS that you're giving a choice.

And that's been in contention.

So yeah, let's look at these numbers in these planning and the comparability. Thank you.

RN Russell, Nichole (DBHDS) 44:09

OK, I'm gonna share the services that that for those of you who may not know and for those of you who are on the last meeting, the list was not completely conclusive.

But what we have done is merge the list between what we already had listed as well as from the parents meeting.

So this is a hopefully a comprehensive list of all the services that harm Davis does provide currently for our residents.

All these services are on site. We of course have 24 hour physician services.

We have a medical director, Md's and we also have nurse practitioners.

We provide 24 hour nursing.

We have RN, LPN and CN as and of course the staffing ratios are according to the skill level that they need.

We meet 88 accessibility requirements.

We have central medical supply and therefore we can.

Procure it and have our medical supplies on site.

We also have chaplain services, cosmetology services. We have dental services which includes sedation and recovery, which is in house.

We also provide services for our sister facilities as well as the Community. We have a dietician on site, we have infection control department, we have laboratory services where we can do blood work and cultures here on site.

Your analysis. We also provide outpatient clinic services so that our residents do not have to go out.

We provide Podiatry, surgical, gynecological and optometry services where those contracts have been established where those physicians come on site so that our residents can receive those services and at the same time we also share those opportunities with our sister facility next door.

We also have oxygen therapy.

We have pharmacy on site.

We have psychology services.

We have a part time psychologist. We have behavioral health training. Our all of our staff are trained in therapeutic options as well as we have support staff.

We also have a part time psychiatrist.

We have radiology on site, so anytime a resident needs an X-ray, an EKG on ultrasound staff is in the building, can go upstairs and provide those services. We do not have to send our residents out to the hospital.

We also have a whole host of rehabilitative services.

We have occupational therapy, physical therapy, speech, language pathology and recreation therapy services on site.

We also have respiratory therapy services. We have a respiratory therapist, we provide oxygen therapy and suctioning.

We have social work staff on site.

We also have a standalone generator, of course, with our folks being on auction. We want to make sure if there is a power issue, we have a backup source.

We also can coordinate telehealth visits with the Community providers to be able to engage with our Hiram Davis providers and therefore, our residents don't have to leave the facility to receive those services.

We also will have vaccination clinics where our residents, patients and staff all receive updates on vaccinations here on site.

We also provide wheelchair valuation customization and fitting maintenance and repair services on site.

I we also transport our residents because we have transportation services from our sister facility, so we don't have to always use services from the Community. Of course, those times do are there when we do have to use those services. And lastly, we also have a wound care N.

On site, so this is the updated list of the services that harm Davis currently provides to our residents that live here.

At this facility as well as our sister facility.

Residents were those clinics special clinics that we provide for our residents?

So I know there was a question that we did not cover all the services last time, so hopefully this is more inclusive. And of course I may have missed, we may have missed some of the services. So please let me know if you all feel that we have.

Given a good view of the services that we do provide here at the facility.

Any questions about any of the services that we provide?

Well, if we don't have any questions regarding that, then we're going to go back to the agenda.

Let's see.

So the next agenda item was the General Assembly and budget updates. If Megan or Lauren can provide an update to the group in regards to the budget, where is the budget at this point in time?



McGuire, Meghan (DBHDS) 49:11

Sure. I'd be happy to.

Right now, the General Assembly has left for Synod I, and so that means that they

have passed a budget and then it's a the budget. There's three items in.

That affects are what we're doing here and right now I'll tell you about those three items. And right now the governor is reviewing them.

And So what will happen next is the governor has the opportunity to amend or veto or.

The items in the budget and then that gets sent back to the General Assembly for their consideration.

So the budget is not yet final, but at each step of the process it gets closer and closer to its final state.

So the three items to consider right now for us to keep in mind is there's one that specifically was for Hiram Davis, even though the facility is scheduled to potentially close, we still do have to make sure that the staff and the residents, the and patients who are.

There are safe.

And so there are funds in item 301.

And one C that provide authority to use for temporary heat and hot water solutions.

So that is one of the pieces for Hiram Davis. And then next is what we've already talked about are the 10 beds at southeastern Virginia Training Center and the purpose and that is that they would need to accommodate a skilled nursing level of care.

So I can assure you that you know, not having nurses available in those buildings will have a hard time meeting the certification standards that we require to get them skilled nursing level.

We also have to review the approval of funds, the design plans and all of the other documents that are related to the project.

So that has been expedited.

Like through DGS or.

Department of Health, which does the surveys, all of that is expedited so that we can make sure that if there is a major infrastructure issue at Hiram Davis that we are on the way to providing somewhere for at least a portion of this population to go.

In the.

In the immediate term.

Which is something that keeps me up at night.

The other piece is what we talked about a little bit earlier and that's that we are required to give a plan for the closure of Hiram Davis.

Including an analysis of skilled nursing beds.

To the money committees by November 1st. And that's a language only amendment.

So it's just those 3.

And again, these are not finalized, finalized pieces, but they are closer than they were three weeks ago.

JP Jane Powell 52:46

May I ask?

MM McGuire, Meghan (DBHDS) 52:48

Yes.

JP Jane Powell 52:48

Something.

MM McGuire, Meghan (DBHDS) 52:50

Course.

JP Jane Powell 52:51

OK, the the possible trouble you might have getting certified as skilled due to not having nurses in the buildings.

I'm not sure I understand that piece, or why there wouldn't be nurses in the buildings.

MM McGuire, Meghan (DBHDS) 53:05

We just earlier M's Bryant was talking about the snow storm and the golf carts.

JP Jane Powell 53:05

The.

MM McGuire, Meghan (DBHDS) 53:11

And so I just wanted to make a comparison to the levels of care that would need to go into those new buildings.

JP Jane Powell 53:20

OK.

You know, there is office space in those buildings for nurses if they need to. There's a, you know, there are bedrooms and then a hallway connecting the bedrooms to.

MM McGuire, Meghan (DBHDS) 53:30

Yes.

JP Jane Powell 53:31

A living room.

Our office is in that hallway connecting, so it's kind of a joining thing and you could certainly that's where I thought nurses would be.

MM McGuire, Meghan (DBHDS) 53:40

You're exactly right. Thank you.

Alright, I know we're we're eating up our time, so I'll hand it back over to Nicole.

RN Russell, Nichole (DBHDS) 53:55

OK. Looking at our agenda, we had also discussed in the last meeting a possible placement options for our for consideration for our residents and patients. And we have discussed the CBT buildings. If you'll notice that's number C but also the IT the idea had come up not.

Just having those buildings reopened at CBTC but having.

Many harm Davis in various localities throughout the state.

Junior, where our folks are not getting the services that they would need.

So that was a consideration going back up to intellectually disabled and development delayed population.

Of course it is on the table looking at for those who would be considering training center placement.

The 10 beds that, that, that they are looking at.

Developing from the two buildings at southeast and of course that would require some upgrades.

As well as additional professional staff comparable to what services currently have currently provides, none of our option would be Community Group Homes, community nursing facilities and sponsored residential homes for our mental health population.

Some of the options would be partnership with Community services.

Community Group Homes, community nursing facilities and once again sponsored residential provider homes.

Now, in light of CBTC already having buildings, maybe that could perhaps start as the model.

And if that model works well, maybe there could be some consideration for other areas throughout the state as well.

So those are currently the the possible placement options that are up for consideration. Of course, there could be many more, but those are the things that we had discussed in our last meetings.

So I just wanted to review that for those who are new to the meeting so that everyone kind of sort of has a general idea as to the direction we're trying.

Move there also at the last meeting a point came up. Currently for our folks with developmental, intellectual disability and developmental delays, there's a significant process that must be completed when a person is discharged from the facility, there's post move monitoring and we want to ensure that that same.

System will also be set up for our folks regardless of their diagnosis.

It shouldn't just be for the ID and DD population, but just make sure all of our folks with mental health issues and diagnosis are also captured using that same format to make sure that the services they are receiving, if indeed they are no longer here, making sure that.

We make sure that they remain safe as well.

So we're at a point now, are there any concerns or questions about those possible placement options?

I know it may not be all inclusive, but I wanted to just review what we have discussed in the past.

Alright, if there are no questions or concerns regarding those possible options, what are the concerns?

Do we have that we want to put on the table so that we can generate additional discussion and look at different options that we may not have considered, different concerns that may not have been placed on the table?

Want to open up the floor for anyone who has any concerns that you want to have addressed?

I see here.

I just wanted to confirm that these options that you have mentioned, these are the final ones you're still?

You know, entertain options.

 **Russell, Nichole (DBHDS)** 57:42

That is correct.

 **Eula Secka** 57:44

So it's still ongoing. OK, thank you.

 **Russell, Nichole (DBHDS)** 57:46

That is correct.

I just wanted to review the options that we have discussed and if we need to put more on the table then please feel free to make that information known and we can definitely make sure we capture that information as well.

 **Eula Secka** 57:50

OK.

Thank you.

 **Russell, Nichole (DBHDS)** 57:59

Thank you.

Whose hand went up first.

 **Cunningham, Lauren (DBHDS)** 58:04

I think Erin, do you want to go first?

 **Erin Harding** 58:07

Sure. Can you guys hear me?

OK.

I just wanted to ask and I'm sorry if I'm jumping the gun on this.

I think last meeting we talked about possibly having somebody from Dbhds who's involved in the current pilot program to like it's like a partnership between DBHDS and some private nursing homes for folks who are being diverted or maybe

discharged from the state mental health hospitals. I can't REM.

The exact like name or logistics, but I think we had talked about having somebody from that program present to us about what that entails.

Does anybody remember that?

Isn't it that something we can still do?



Rupe, Heather (DBHDS) 58:44

Yep. And I yes, we absolutely can.



Russell, Nichole (DBHDS) 58:44

Yes.



Rupe, Heather (DBHDS) 58:46

Hey, this is Heather rip.

So I I don't say I develop those programs.



Erin Harding 58:47

OK.

Thank you.



Rupe, Heather (DBHDS) 58:51

I was part of developing those programs, so I'm happy to share and I have been in and out of this meeting today, I apologize.

I've been double booked, but I'm happy to present some specifics on that next meeting if you want.

Or I can talk about it now, but I I think maybe you wanna see a little bit of data and probably just some more specifics.

So I'm happy to put something together for the next meeting if you guys are.

Are willing to do. Yeah. OK. I'm getting head shakes from the people I can see. So.



Russell, Nichole (DBHDS) 59:28

Susan.



Alabanza, Susan (DBHDS) 59:33

Hey I had.

Excuse me, I had some questions and I I think, Megan, I may have asked this in the Community subcommittee, but I I did, I apologize.

I forget which one I asked this in, but I'd be interested.

In the information on the numbers that the Commissioner talked about, with it being \$150 million to build a new Hiram Davis and what that included, right?

MM McGuire, Meghan (DBHDS) 59:59

Right, right. I do remember you saying that.

I'm not sure if it was this one or the last one, but yeah, we do have that in our A&E subcommittee and we can get, I can get that sent in absolutely.

AS Alabanza, Susan (DBHDS) 1:00:12

OK, alright.

Because I think that would be significant for this subcommittee as well, just to determine if that 150 million included all of the ancillary services that are now being built at Central State, because those would not need to necessarily be built again.

And because they could be a shared service with on the same campus.

And also was it for 94 beds because potentially if we had a smaller number of beds and didn't have to have all of those ancillary services?

The potential of suggesting building something on this campus could be much, much less.

So I just throw that out there.

There's a little bit of overlap between the two subcommittees, so I get a little confused.

But.

I think that that was all that I had for right now.

RN Russell, Nichole (DBHDS) 1:01:11

Miss Bryant, you had a question?

MB Martha Bryant 1:01:15

In my FOIA reply, the rebuild was at full licensure, 94 beds with the levels of care that we have.

So.

It was not a scalable model and one question I have asked is what is the per diem of

southeastern?

In you know, part of that price transparency.

There's some regulation about what is your.

Billing rate so.

I have not gotten that answer yet.

I've suggested a number of data points that we need.

I don't see anyone obtaining obtaining this data I've sent in some state comparisons some, but I really think we we need to look at Virginia.

Population growth.

Aging out.

Of systems.

The tier levels I think when people are on waiting lists, they're put into tiers.

Of how soon they need services.

And I would think that data exists.

You can say how many people are sys #6.

How many people are sys #7?

How many you know?

At at that type of thing and earlier, I think we looked.

I personally am very interested in a regional approach.

One thing I remember Senator Hashmi's office saying when she visited was there's plenty of land there. And as I drive home on Route 460 just about any route that I drive home, there's plenty of land.

To do a regional approach as a part as opposed to pushing us to the far end of the state.

To say all bids will be in Chesapeake.

I'd stand by that.

Not family friendly, not.

Not, you know, it's just not a family value.

It's and then when I look at sentara's problems or the whole area there, I don't see that that's the best place to have the capacity. Other than that there are some available beds now and I will say that I brought up to the Commissioner a year ago.

There's capacity at southeastern.

So yes, we need to use available capacity.

But we don't want to underestimate and put people in the wrong place.

I don't have the background of why people were going to be diverted to Lake Taylor,

why that was proposed, because Lake Taylor would be private.

It's not state operated.

They could discharge you.

They could not accept you.

It's not training center model.

So where did that come from?

Thank you.



Russell, Nichole (DBHDS) 1:04:34

Yes, Susan.



Alabanza, Susan (DBHDS) 1:04:38

The other thing I wanted to bring up is I don't know if there's a way to find this, but I know that one area where we've been able to help people at vcbr and sometimes the mental health facilities.

Excuse me, is for people who are on the sex offender registry.

So I don't know.

I know that a lot of nursing homes will decline. People on the registry.

Excuse me if there's still ambulatory.

You know, they may not have offended in years and years and years and we have worked closely with Vcbr and the other state behavioral health facilities for people who have come to us.

But especially for people who need nursing, home level of care for some medical decline and or end of life care, I don't know if there's a way to find that out.

I just know that that is one of the referrals we we have gotten.

Even recently, somebody came to us from the, from the community through Vcbr, because even though they had discharged from Vcbr, they had a medical decline.

And we're sitting at VCU, but no place would take them.

And so those types of situations, I don't know what the resources are in the state. I just know that it can be really, really hard for people.

And Heather, I don't.



Rupe, Heather (DBHDS) 1:06:03

2.

AS Alabanza, Susan (DBHDS) 1:06:04

I don't know if you have a any kind of pulse or sense of that.
But that is one of the other populations. That's pretty significant for us.



Rupe, Heather (DBHDS) 1:06:10

Yeah.

That's a that's a great call out, Susan.

I was just thinking we should probably either invite or touch base with somebody on the forensics office. I think Karla Zarella is actually doing some rfi's for that very specific population for resources.

So I think it's on the radar, but maybe we should touch base with her to find out where those projects lie as we try and put that into the.

MM McGuire, Meghan (DBHDS) 1:06:40

Recommendations that would be another great one.

AS Alabanza, Susan (DBHDS) 1:06:42

That would be great.

MM McGuire, Meghan (DBHDS) 1:06:46

'Cause, you're right, Susan. And that is one of the harder to place populations for sure.

RN Russell, Nichole (DBHDS) 1:06:54

Miss Bryant.

MB Martha Bryant 1:06:59

I started to read the Colonial Heights news coverage of their life insure inspection, which is 340 some pages long and I only read about 60.

And I was repulsed by what I read of what's available in the for profit private sector that you want to divert people to sexual assaults.

Duct tape walls.

Excrement in bathrooms.

Just in today's news, there's a Danville caregiver that.

Put their person down the basement steps.
Hid the body for eight days, knocked him in the head with a piece of wood.
Yeah. Going to the private sector.
Is full of hazards, so I would plead that the DB heads.
And the state government continued to take care of these most vulnerable populations.
I personally haven't had a death situation with the transition.
Do not want to go there again.
And as I listen to people in community now talking about what are the issues they've had service reductions, they have transportation problems that can't continue medication.
Multiple care.
Their coordinators, in a single family.
Just failure, failure, failure.
And also like lack of inspection. So I looked up Lake Taylor after I heard about that and they were last inspected in 2021.
With a number of problems, so you're not even looking at the latest problems, the lack of compliance, the lack of oversight is definitely there.
Thank you.

RN Russell, Nichole (DBHDS) 1:09:04

Yes, Susan.

AS Alabanza, Susan (DBHDS) 1:09:09

I had a another point about the money that.
Hiram Davis is able to reimburse.
We did have a decline for a while for a series of reasons, but historically Hiram has been able to build its entire budget or more.
And honestly, we don't bill as much as we potentially could with our certifications.
I'm wondering if that's something that we could.
Suggest to central office to get a consultant to see what our billing could be.
I know that it's set up in a certain way in central office.
I'm not in any way trying to say that our reimbursement team is not a good team.
It's just the way that it happens to be structured.
In a.

In a number of areas, because I do think that they try to maximize our billing, but if we were to be able to get some other systems in place.

Would we be able to really, really maximize our billing, which would then help the other facilities and also be able to?

Be the model for other facilities being able to get Medicaid certified and reimburse more.

I just wonder if that's if that's a possibility to look at and also to look at as far as supporting patients, our GM beds, you know our GM beds are ones that are short term beds.

So these are not people who are coming to live in a General Medical bed, but they are beds that are used.

By people in the other state facilities and they are beds that are used for people in the community who are not getting what they need.

Need and it can be a safe place to land, a place to get a medical workup and then to go back out to the community. Our other beds can be used that way too. But but the GM beds are for people who sometimes are more acute or where.

The hospital is trying to push them out quickly to a nursing home placement that they don't agree with.

So as we're kind of looking maybe at supporting patients.

The way we have in the past.

Is there a place to put GM beds and that kind of certification somewhere?

Whether it's still on this campus, some other campus, but.

It is one that has served the population well and it is an again another area where we could really, really, really increase a lot of billing.

RN Russell, Nichole (DBHDS) 1:11:53

Thank you, Susan.

Any other concerns or issues anybody would like to bring to the table?

Yes, ma'am.

Miss Bryant.

MB Martha Bryant 1:12:07

How do we participate in the planning of so? In other words, I'm getting feedback about what might happen to my son through the Grapevine as a as opposed to seat at the table.

I appreciate Jane sharing lived experience and I certainly have lived experience and we have other families who have lived experience.

You know, I think of Mrs. Crone.

Who is facing her 5th?

Transfer of her son.

And we have to look at why people are were sent from southeastern to Hiram or.

The like you cited, all these people who are in Hiram. Now whether it's Catawba, SW Danville. In other words, this this is filling a gap. And are we gonna recreate the gaps or are we gonna be solution oriented?

So I certainly would advocate for adequate planning of sub populations.

Looking doing look backs and future forecasting.

You know.

Of what are the services that Harem feels that need to be replicated? And, you know, probably future growth.

Thank you.

RN Russell, Nichole (DBHDS) 1:13:44

Thank you.

Yes, ma'am. It's Kyle.

JP Jane Powell 1:13:54

One other consideration that I know is probably not high on your list.

I live in Richmond.

And there are people who live much farther away.

But I can tell you now, as I'm 67 years old, driving to Chesapeake is hair raising.

It's.

Very much going to be a problem for.

Aging parents and family members and the people we're talking about.

Who are the SEVTC population? All have aging parents.

They're required now under law if they are legal guardians to visit their loved ones three times a year.

At a minimum.

Most parents are already visiting more than that anyway, wherever they are.

But you add that drive to Chesapeake, you're gonna see that drop off 'cause. That's scary. It's just.

Multi lane fast, you know you're talking about in some cases, people who live out in the country and they're not accustomed to dealing with that kind of traffic and they're not.

I don't see them wanting to do it.

I think they may end up dropping guardianship.

In fact, I was asked that by.

Some of the families of CBTC families and friends, should we we just paid to become guardians.

Do we need to drop that going back to go back to being Ars?

We don't want to discourage guardianship.

Guardianship is very important.

That's something to consider when you're talking about this particular group of parents, and it mostly is parents.

I'm 67 and I'm a sister.

So you can imagine the next generation beyond me.

These are people for whom?

That kind of visit may prove impossible in the long run.

You know when you envision these parents are in cancer treatments and have hip replacements and you know, things like that to deal with it. At this point in their life. Lives.

That's all.

RN Russell, Nichole (DBHDS) 1:15:59

Thank you.

Any other issues that we have that brought up for consideration that we need to address?

Yes, Susan.

AS Alabanza, Susan (DBHDS) 1:16:32

I would just say to kind of go along with what some other people have said.

If there is going to be a discussion about.

Either another hyroom Davis or having services across the state in smaller.

Facilities, something like that.

I do agree that there is a real need for people who have.

Intellectual disabilities and that have medical and.

Behavioral needs, that is the one area where you know Hiram has been able to accept people who have certain behavioral needs, but some other behavioral needs, if they.

For example, could affect other residents who can't defend themselves.

We're not able to accept them just because of our environment, so that is an underserved area and it is an area that you know, just to throw out there if we're, if we're talking about.

Services needed for the populations in general as we move forward.

That is an area that is underserved and that we have wished we could serve better.

Environments were created.

RN Russell, Nichole (DBHDS) 1:17:50

Thank you.

Any other questions that anyone might have? We have about 12 minutes left for the meeting for today.

Did I miss any?

But I want to make sure everyone has an opportunity.

To voice their concerns.

Yes, ma'am, Miss Bryant.

MB Martha Bryant 1:18:26

Questions and have not received answers.

So.

Are you looking at a regional model for different populations?

Taylor has very few options. I really value the expertise.

Of a DB head, state operated skill nursing facility as opposed to being pushed into general geriatric population and all the hazards there.

So I ask for the per diem rate at Southeastern. I've already seen the side by side comparison where.

Southeastern is not.

Comparable in a number of services where they say that that you're sent to community.

So when we did that comparison chart, it's it's not there.

Why is Lake Taylor being?

Touted as.

The place to be diverted to as opposed to.

Adequate training center capacity.

So why is there?

A decrease.

In capacity. Where is that coming from?

Thank you.

 **Russell, Nichole (DBHDS)** 1:20:07

Can someone speak to? I'm sorry, Miss Kamara.

 **Zainab Kamara** 1:20:12

Yes, my question is what is the process and how do we determine the place placement of these individuals? The population that we already listed that need to be placed, how how we gonna determine who is going where and what's the process?

 **King, Kimberly (DBHDS)** 1:20:31

Hi, this is Kim.

I guess I'll address that.

Each we have conversations with each family, provide them with options, and when they're ready to engage in the discharge planning process. Then it's really based upon their preferences as well as the essential support needs of the individuals.

Mara, I believe you've been involved with individuals.

Who have discharged from Hiram Davis?

So it's that very same process.

It's based on the desires of the authorized representatives, families and the individuals themselves. For those that are their own decision makers. And so, yeah.

 **Zainab Kamara** 1:21:19

OK.

 **Russell, Nichole (DBHDS)** 1:21:28

The only other question I did someone someone speak to the concern with Miss Brian had in regards to?

The Lake Taylor issue, I don't know if you are prepared to speak on that, but I know she's expressed her concern. Is there anyone who can speak to that?



Fisher, Heather (DBHDS) 1:21:48

Hi. This is Heather at southeastern Lake.

Taylor was referenced as an example to a possible placement if an individual needed to have any rehab services as a provider in the community.

No different than Westminster, Canterbury or any other rehab facility.

That's all it was.

Just referenced as an an example so I can speak to that.



Russell, Nichole (DBHDS) 1:22:15

OK.

Thank you.



Fisher, Heather (DBHDS) 1:22:17

Sure.



Russell, Nichole (DBHDS) 1:22:19

Yes, ma'am. Miss Powell.



Jane Powell 1:22:23

I have already said this but I don't know.

Some people have come and gone and I thought it bears repeating.

The Virginia General Assembly in the 2014 session has.

Enacted a law that requires that the Department of Behavioral Health Developmental Services shall before transferring any training center, resident to another training center or to community based care, and that would be the any private nursing facility.

Provide written certification to such training center, resident or his legally authorized representative, that one, the receiving training center or community based option provides a quality of care that is comparable to that provided in the resident's current training center regarding medical health, developmental and behavioral care and safety.

And two, that all permissible placement options available under the Commonwealth's August.

23rd, 2012 settle in agreement with the US Department of Justice, including the

option to remain in a training center, have been disclosed to the training center resident or his legally authorized representative.

Unless they waive it so they do have a legal right to a training center placement and people who know their rights probably won't agree to.

Go to a place that does not offer comparable quality of medical health, behavioral and developmental care.

It's they have a right to training center.

Where they people who work there, specialists in the the care of their needs.

There's often a lot of.

Misunderstanding in other facilities.

They don't handle people like us.

So they don't really know what the risk factors are.

They don't understand them.

People who have autism and there's a lot of Co occurring autism and ID.

They are really hard to read unless you are an autism specialist, so people like that cannot be taken care of in a private facility.

It's it's just not gonna happen.

They don't have that kind of expertise.

RN **Russell, Nichole (DBHDS)** 1:24:55

Thank you, Ms. Carl.

JP **Jane Powell** 1:24:55

Something.

RN **Russell, Nichole (DBHDS)** 1:25:02

We have the last few minutes. Any other final comments that anyone would like to make? Any other issues that you would like for us to follow up on?

Yes, ma'am.

Miss Bryant.

MB **Martha Bryant** 1:25:15

Early in the air conversations, we talked about the unsold land of two training cent.

Well, I guess 3 training centers are empty, but Northern Virginia was sold, so in certain parts of the state there was trust fund.

Investment in.

In provider development, in certain regions of the state.

Particularly in tidewater, when they went from 200 beds to 75 and in northern when they closed there was some trust fund availability.

South side's been empty since 2014 and that campus is definitely in blight.

Definitely underutilized, unsold and I'm sure that's got environmental hazards as well probably.

But CBTC part of that campus was just empty.

In 2020, with a 57 million investment out there.

So I don't know if there's trust fund available on those.

Senator Fevola had a bill in earlier the Trust Fund money could be used in other populations.

So Megan or somebody, can you address trust fund or or financial status of investment?

MM McGuire, Meghan (DBHDS) 1:26:39

I don't know what the current status of the trust fund is.

I think that's probably something that we'll have to get our budget folks to take a look at and provide A1 pager or something to get accurate information for you.

I would be afraid to misspeak and mislead the group.

RN Russell, Nichole (DBHDS) 1:27:05

Thank you, Megan.


All right.


Well, we have definitely had a quite a great deal of discussion, a lot of points that have been brought up and that we need to look into As for consideration as we continue to move forward, I just want to take the time to say thank you for every.

For taking the time to come in and participate and share your concern and make sure that we are doing what is in the best interest of all of our residents that we serve here as well as patients here.


So I will give you back 2 minutes of your time.

So I just want to say thank you again for your participation and look forward to hearing from you and seeing you at the next meeting.


 **Eula Secka** 1:27:47
Thank you so much.


 **McGuire, Meghan (DBHDS)** 1:27:48
Thanks so much, Nicole. Thank you.


 **Russell, Nichole (DBHDS)** 1:27:49
You're very welcome.


 **Cunningham, Lauren (DBHDS)** 1:27:49
Thank you, Nicole.

 **McGuire, Meghan (DBHDS)** 1:27:49
Thank you.

 **Russell, Nichole (DBHDS)** 1:27:50
You all take care.
Bye bye.

 **Bartlett, Lynette (DBHDS)** 1:27:51
Thanks, Nicole.

 **Zainab Kamara** 1:27:52
I'm gonna go. Thank you.

 **Jane Powell** 1:27:54
You too.
A very smart, concerned ladies.

 **Russell, Nichole (DBHDS)** 1:27:58
Thank you.

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