

# Transcript

April 28, 2025, 4:01PM

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

**CL** **Cunningham, Lauren (DBHDS)** 0:05

OK, 1201, we will go ahead and get started.

Thank you all for taking the time to to join today.

I know that Cassie has a lot to get to and so we will go ahead and get started.

First, we'd like to do some just quick introductions. If we can go around to everyone.

I'm Lauren Cunningham, communications director at Dbhds. Cassie, do you want to go next?

**CK** **Cibulka, Kassandra (DBHDS)** 0:27

Sure. I'm Cassie sebelka.

I'm the chief human resource officer for dbhds.

Tracy.

**CL** **Cunningham, Lauren (DBHDS)** 0:33

And Tracy?

**ST** **Salisbury, Tracy (DBHDS)** 0:35

Hi Tracy Salisbury, deputy HR director for DB, DHS.

**CL** **Cunningham, Lauren (DBHDS)** 0:41

And Angela harvell.

**HA** **Harvell, Angela (DBHDS)** 0:44

Angela Harvell, deputy Commissioner for facility services, dbhds.

**CL** **Cunningham, Lauren (DBHDS)** 0:49

Great. And Megan McGuire.

**MM** **McGuire, Meghan (DBHDS)** 0:52

Hi, good morning.

I'm almost afternoon, Deputy Commissioner for policy and public affairs.

**CL** **Cunningham, Lauren (DBHDS)** 1:01  
M's Bryant.

**MB** **Martha Bryant** 1:06  
Hi, Martha Bryant.  
Mom from harm Davis.

**CL** **Cunningham, Lauren (DBHDS)** 1:15  
Vicky Burr.

**BV** **Brewer, Vickie (DBHDS)** 1:17  
Big people.

**CL** **Cunningham, Lauren (DBHDS)** 1:23  
Belinda manz.  
Mr. Rose.

**RW** **Rose, William (DBHDS)** 1:40  
Paul Rose, emergency manager Hiram Davis.

**CL** **Cunningham, Lauren (DBHDS)** 1:44  
Tanya.

**HT** **Henderson, Tonya (DBHDS)** 1:46  
Good afternoon. Tanya Henderson, director of pharmacy Harm Davis Medical Center.

**CL** **Cunningham, Lauren (DBHDS)** 1:51  
Thank you, Tanya. Brian Reynolds.

**RB** **Reynolds, Bryan (DBHDS)** 1:56  
Brian Reynolds, nurse manager Hiram Davis, Medical Center.

**CL** **Cunningham, Lauren (DBHDS)** 2:00  
Anissa.

**BA** **Babb, Anissa (DBHDS)** 2:03  
Can you hear me?

**CL** **Cunningham, Lauren (DBHDS)** 2:05  
Yes.

**BA** **Babb, Anissa (DBHDS)** 2:06  
OK, anisa Bab. I'm the executive assistant to Doctor Griffin at Hiram Davis Medical Center.

**CL** **Cunningham, Lauren (DBHDS)** 2:13  
Thanks Anissa, Melinda.

**MM** **Mays, Melinda (DBHDS)** 2:18  
Good afternoon.  
Can you hear me?

**CL** **Cunningham, Lauren (DBHDS)** 2:21  
Yes, we can hear you.

**MM** **Mays, Melinda (DBHDS)** 2:23  
Nurse, educator for Heron Davis.

**CL** **Cunningham, Lauren (DBHDS)** 2:28  
Great Julie Webb.  
Julie, we can't hear you if you're unmuted.  
But we can come back to Mark Bricky.  
D.

**BM** **Brickey, Mark (VIRGINIA WORKS)** 2:59  
Hi. Sorry Mark Bricky here.

I apologize, Mark bricky.

I am the rapid response coordinator for the Virginia Department of Workforce Development and Advancement State Agency, also known as Virginia Works.

**CL** **Cunningham, Lauren (DBHDS)** 3:12

Thank you, Mark and Julie, do you want to try again?

**WJ** **Webb, Julie (DBHDS)** 3:16

I'm. Can you hear me now?

**CL** **Cunningham, Lauren (DBHDS)** 3:17

Yes.

**WJ** **Webb, Julie (DBHDS)** 3:18

Yes, OK. Julie, Web HR director for Hiram Davis Medical Center and Central State Hospital.

**CL** **Cunningham, Lauren (DBHDS)** 3:24

Great. Thank you.

Wanda.

Wanda, if you're unmuted, we're not able to hear you.

**SW** **Salmon, Wanda (DBHDS)** 3:41

Can you hear me now?

**CL** **Cunningham, Lauren (DBHDS)** 3:42

Yes.

**SW** **Salmon, Wanda (DBHDS)** 3:43

OK.

I am the assistant administrator for Chief of Nursing officer Doctor Jensen.

**CL** **Cunningham, Lauren (DBHDS)** 3:50

Thank you Wanda. Jennifer faison.

**SW** **Salmon, Wanda (DBHDS)** 3:52

Thank you.

**JF** **Jennifer Faison** 3:55

Hi, good afternoon. Jennifer Faithon with the Virginia Association of Community Services boards.

**CL** **Cunningham, Lauren (DBHDS)** 4:01

Thank you, Jennifer, Tanya.

**JT** **Jones, Tanya (DBHDS)** 4:07

Tanya Jones, social worker Hiram Davis.

**CL** **Cunningham, Lauren (DBHDS)** 4:09

Thank you, Tanya.

Markeisha.

**GM** **Green, Markeisha (DBHDS)** 4:14

Good morning.

This is mark.

You should go in social work at home, Davis.

**CL** **Cunningham, Lauren (DBHDS)** 4:21

Doctor Griffin.

**GJ** **Griffin, Jarvis (DBHDS)** 4:25

Good morning, Jarvis Griffin, the executive officer at Hiram Davis Medical Center.

**CL** **Cunningham, Lauren (DBHDS)** 4:31

Great. And finally, EULA.

**ES** **Eula Secka (Scarlet Haven)** 4:36

Good morning EULA Seka with Scarlet Haven, a provider. Thank you.

**CL** **Cunningham, Lauren (DBHDS)** 4:42

Thank you.

All right. I'm gonna turn things over to or. Actually, we're gonna do public comment to start if anyone has public comment, they want to provide, we're gonna limit it to two minutes per person.

Just raise your hand virtually and we'll go in the order that we see hands raised.

Seeing none, I'll just remind if you're for any reason want to provide comment after the fact or you prefer to provide comment by e-mail.

Hdmc planning team at Dbhds dot Virginia Gov is the e-mail.

I'll drop the link in the chat to where all the information is online.

You're always welcome to send comment via e-mail and we will pass that on to the subcommittee coleads.

With that, I'm going to turn things over to Cassie Sebolca.

**CK** **Cibulka, Kassandra (DBHDS)** 5:37

Thank you.

Good afternoon, everyone.

So just want to start with, you know, working towards our plan of having our staffing plan ready for employees by August.

We looked at the nursing staff and plan last time and we realized and when we were getting ready to send it to leadership just for their review.

That we did need to.

Add in relief factor so we are reviewing that and then.

We plan to reset that to leadership for their comments and then after they comment, we'll bring it back to discussion for for the plan.

So just wanted to give you an update on where we are from last time on that.

And then this time, we really wanted to talk about the non nursing staff ratios and to seek input.

So Jarvis, I'll turn it over to you for this portion of it and we'll kind of just walk through the non nursing staffing.

**GJ** **Griffin, Jarvis (DBHDS)** 6:33

OK.

Well, as far as the non nursing staffing plan, we know we have a certain number of

positions that are gonna go over to Central State, primarily those in dental laboratory pharmacy.

And our clinic operations.

PT As well, radiology.

So those are the main departments that every.

Staff.

That we currently have will go over, including those that are wage.

The other.

Non nursing staff.

Will have to be adjusted according to the staff, staff and Census plan.

And so.

In order for us to continue to operate, you know we're going to operate with no reduction in staffing until we have the executive, the, the.

The the recommendation is approved.

You know foreclosure and so.

I don't suspect they're gonna be much change until we have that definite word until January.

**CK** **Cibulka, Kassandra (DBHDS)** 7:55

Yeah.

**GJ** **Griffin, Jarvis (DBHDS)** 7:55

So as we.

If that, you know is approved, then you know we will start to, you know, look at prioritizing positions.

We've already started to do some intake.

On especially our wage positions.

To analyze and to see what would the the impact be of, you know decreasing and and really.

Streamlining those positions.

Were relevant, so over the next few weeks we'll be doing that exercise.

Julie, would you like to add anything on that note or Tracy?

**WJ** **Webb, Julie (DBHDS)** 8:44

Really, we're just kinda getting started on that and we're building a spreadsheet so

we can kinda go through and look at, you know, when we get to a certain number, where do we wanna, you know, look at.

Removing any wages if, if we need to, any wage employees.

So we're asking for S Jarvis, and we're asking for the justification, and we're looking at the number of hours they're working.

So that's where we've started with.

CK

**Cibulka, Kassandra (DBHDS)** 9:10

So just talking through that, we have 16 admin staff right now that that those are AO SS8A OSS and then two general admin coordinators. We have one current HR analyst and then the supporting staff from Central States.

We have two IT specialists and two programs program, admin manager and a program admin specialist.

We have and some of those may be clinical, so they may not.

Not be affected by this, but then we have a trainer, instructor 3 we have 3 counselors.

Dentists and lab are going over in pharmacy and then we have two physicians.

And then Therapy's going over as well.

And then we have 5 compliance positions and so for healthcare compliant, they're all healthcare compliant specialist positions.

So those are the positions that we're making plans for as to what that looks like. And as Jarvis said, you know there's no plan to really eliminate them.

They all have essential duties now. If there's vacancies that come open, we are reviewing those vacancies to see if there's any overlap or how we can best support those roles.

Maybe it's hiring a wage instead of a full time, and those are the things that we're looking at just to make sure that we're still covered and and that we still have of everything that we need in order to run that.

Run the hospital efficiently and effectively with the the census that we have and with the staff that we have. But those are the numbers of admin roles that we're really looking at.

So I just wanted to give everyone a snapshot of that.

Is there any comments about that or any things that we should consider as we're making the plan?



**GJ** **Griffin, Jarvis (DBHDS)** 10:47

Mm hmm.

**CK** **Cibulka, Kassandra (DBHDS)** 10:51

I would like to hear, you know, like there would like any feedback on that.

As Julie said, you know we are looking at the wage stuff that we have.

You know, again, evaluating what we have and where we can best support.

The staff in that and then HR, we have someone from HR on site every most every Tuesday we may have had a hiccup because of vacation here and there, but we've had someone on site every week to support really want to put out that we're going to try.

And get a sign up sheet out so that we can start meeting with people.

Every week and what we're really trying to seek there is if you have to move.

And you know, what is your preference?

Is it to go private?

Is it to go to central state?

Is it go to PGH?

Is it you want to move to? You know Eastern state or you want to move to Western state like we want to talk through that and really find out how we can support all the staff.

So I would urge you to.

For those that work at Hiram to to set up a meeting with Tracy and and her staff and our staff.

There to, you know, get an appointment so that we can really track that.

It's really important for our plans, really understand where you wanna go. You know, ideally we we wanna place everyone but we also wanna place everyone where they want to go. And so that kind of helps us understand individually and it starts to have those conversation there may be.

People that are like I'm retiring. If if we close in a year, we close in four years, I'm retiring.

We wanna know that too, so that we can build that into our plan. And so that we know that that's kind of where you where you are right now.

And if there's something that you know, there's something needed for a skill set, IE someone needs to get their license or let's talk through what that looks like, if that's

what you're looking at. Those are the type of conversation that we want you to be having with TR.

And her staff.

And the staff that come is so that we really get to understand where each of you are and we can build a good support system to everyone at Hiram so that we can get the right placements for everyone.

So just wanna make sure that we're putting that out there and that we're very clear that we really do wanna meet with people and that, you know, we're talking about getting a sign up sheet so that we can plan our time accordingly if someone, you know we need.

To adjust that time slightly, you know either earlier or later we can do that as long as we know in advance, right?

But that's really important to our staff, is we really wanna make sure that we're doing our best to place people in where they want to be placed and and and when we when we do have to get to that point.

If we do so, just wanted to make sure that we were clear on that.

**GJ Griffin, Jarvis (DBHDS) 13:40**

Yeah. So that's absolutely critical, Cassie, for us to, as far as the plan is concerned, in order for us to account for individuals preferences.

**CK Cibulka, Kassandra (DBHDS) 13:42**

Yeah, yeah.

Yeah.

**GJ Griffin, Jarvis (DBHDS) 13:53**

Their career intentions and needs, we need to establish a deadline, a time frame to intake all of our individuals, you know, to ascertain whether or not you know they intend to known.

Retiring or transferring?

What's that preference?

**CK Cibulka, Kassandra (DBHDS) 14:13**

Yep.

**GJ Griffin, Jarvis (DBHDS)** 14:13

So that's gonna be.

Definitely critical to the plan. And then we, you know, we're already having discussions with the HR and DHRM on how we can appropriate these individuals to give them priority where for a possible.

There are intentions of relocating to see what kind of approvals we would need.

But we need to have a handling and A and a accounting of of all of those prior to the plan going forward.

**CK Cibulka, Kassandra (DBHDS)** 14:41

Yep.

**GJ Griffin, Jarvis (DBHDS)** 14:45

So that's gonna be the work that we that we need to start to ship towards as well.

Part of what we're doing.

**ST Salisbury, Tracy (DBHDS)** 14:52

Jaris, I like the. Sorry, I'm sorry.

I thought you I was just going to say I like that you put a time frame that we needed by a certain time.

**GJ Griffin, Jarvis (DBHDS)** 14:54

Go ahead, Tracy. That's OK.

**ST Salisbury, Tracy (DBHDS)** 14:59

So did you have something in mind or or would we like to say that, you know, as we'd like to meet with as many people as possible, may and June, so that we enter the new fiscal year with a plan of sorts.

**CK Cibulka, Kassandra (DBHDS)** 15:09

Yeah.

Yeah, I think.

**GJ Griffin, Jarvis (DBHDS)** 15:13

Yeah, that's the goal.

**CK Cibulka, Cassandra (DBHDS)** 15:16

June 15th probably is where I'd really like to be, just so that we have enough time that if we have a few people we still need to to meet with that we can, but also so that we can, you know, take that information, digest it and be able. To have a good plan by the August time frame.

**GJ Griffin, Jarvis (DBHDS)** 15:31

Yep, definitely.

**ST Salisbury, Tracy (DBHDS)** 15:33

OK.

**GJ Griffin, Jarvis (DBHDS)** 15:33

We're still capturing and analyzing.  
And having an accounting of the reasons for separation, right?

**CK Cibulka, Cassandra (DBHDS)** 15:43

Right.

**GJ Griffin, Jarvis (DBHDS)** 15:44

And why people are separating and and how they're separating whether or not they are going to other organizations within our system or outside of our system. So we're doing, you know, we've implemented a a not really a stay interview, but really.

**CK Cibulka, Cassandra (DBHDS)** 16:02

Exit.

**GJ Griffin, Jarvis (DBHDS)** 16:04

A.  
A kind of a.

It's a stay interview, right, Julie? And we're asking specific questions and we're correlating that over to.

**CK Cibulka, Cassandra (DBHDS)** 16:06

Yeah.

**GJ Griffin, Jarvis (DBHDS)** 16:15

Tracking for, you know, categories on reasons why.

So that we can have a handle in from, you know, the initial announcement up through the potential closure.

**WJ Webb, Julie (DBHDS)** 16:29

Yeah, I actually have my.

**GJ Griffin, Jarvis (DBHDS)** 16:29

So that's a piece that we're doing.

**WJ Webb, Julie (DBHDS)** 16:32

I'm not going to fix Administrator Dawn is actually building that today as we speak, so we'll be canvass so we can see the kind of trends, the data trends as people leave and reasons why.

And so we have those interviews with them to see, you know, if maybe it would be a potential that we could save them and such, you know, depending on the position and and also we're going to start tracking that this week.

**GJ Griffin, Jarvis (DBHDS)** 16:59

Yeah. And we're accounting for position morphing, right?

Of course, you know, we've talked about, you know, our current sizes and it's not surging too far. And so you know, our staffing plan is will be based on once it's approved the census and when we hit certain levels we will.

We need to have, you know, deeper conversations about.

Who we retain and and how we retain them.

So Taurus, that's saying in you know we have a predefined we gotta a set number of staff now. And so as these positions are becoming vacant we've already started and I think that's gonna be our posture until we get to the threshold of you know

definitely we have.

A hiring freeze, for example, that we're no longer able to recruit.

We already are analyzing and you know, reviewing every vacancy as they come up.

And part of that activity is to see how we can.

Account for those responsibilities internally so that we are being mindful of our you know our budget and and our staffing pattern.

So I pause there for any questions and Julie, we're capturing that right.

On the evolution of some of these positions.

**ST** **Salisbury, Tracy (DBHDS)** 18:26

I would like to add that the importance of the meetings to know what people's preferences are, because if they are going to, let's say Central state as their you know, number one choice, then we might be able to do some of the the pre training orientation you.

**GJ** **Griffin, Jarvis (DBHDS)** 18:26

OK.

**ST** **Salisbury, Tracy (DBHDS)** 18:49

You can't just walk from Hiram Davis into central state and start working.

You still have to have orientation, so we could.

Begin.

Some level of that training. So it's already under their belts and and maybe even at some point they would be able to split the work, work a few days here a few days there a week here, a week there so that they can get some orientation, but also.

So that they can still help us fill the staffing needs at Hiram before it's a true transfer.

**GJ** **Griffin, Jarvis (DBHDS)** 19:26

OK, so Paul's during and soliciting questions or concerns or comments on what we've talked about.

Regarding Morphin and staffing.

**MD** **Morton, Demetrie (DBHDS)** 19:40

Yes, I just have one quick question.

I'm sorry. Can you hear me?

**GJ Griffin, Jarvis (DBHDS)** 19:43

Mm hmm.

**MD Morton, Demetrie (DBHDS)** 19:45

OK.

You all said that the positions that are going over our dental lab, pharmacy clinic, PT radiology and include some wage, the there is a part time OT and then there's a full time speech therapist.

Are they not going over to Central state?

**GJ Griffin, Jarvis (DBHDS)** 20:09

We will have to take a look at those.

Definitely we can put the all of the positions that we have annotated.

So we're gonna have to correspond over with central state with their current set up as well. So some of our departments are not.

Are are structured and staffed differently?

Right. So for example, I think speech therapy, speech language pathology may report directly to the medical director in some facet, or if they do have 1:00, so we need to look to see, I know we have some untraditional structure within the in that department, so.

As far as I know.

And what the Commissioner is committed to is that those departments are part of that planning phase to to go over.

Within there. So a lot, you know, the outpatients ptot. So I would assume, yes, the part time.

OT.

We'll go over as well.

**MD Morton, Demetrie (DBHDS)** 21:17

Thank you.

**GJ Griffin, Jarvis (DBHDS)** 21:21

So we can circle back on that at the next meeting, we'll include it in our slide presentation to kind of have a visual and you can actually see what position and role

numbers are.

Associated with those moves. So I'm just kind of speaking at high level, you know, here are the main departments that have already been slated.

Again.

Not traditional is our behavioral tech program right?

Is an OTI.

Don't think there is an equivalent department there at Central State and so they would have to have some conversation around.

Those positions as well.

So that may not be necessarily all of the behavioral texts will be going over with the OT department, for example.

Right. That's a separate and nuanced program for Hiram.

And so that intake piece that Tracy's talking about is absolutely critical.

So that we can see how we can find those positions and you know.

And.

Have the potential for transfer over to something more.

In line with what their training is.

**MD Morton, Demetrie (DBHDS)** 22:48

Thank you.

**CL Cunningham, Lauren (DBHDS)** 22:51

Miss Bryant, did you have a question?

**MB Martha Bryant** 22:54

I have several questions in the central state pods.

There's a neurocognitive unit as a pod, but that has not been defined.

Of what type of population qualifies as neurocognitive?

And I can't remember if it's eight beds or 10 beds, but that's sort of an undefined population.

So that's one question. When you talk about relocating.

There every.

Thing mentioned was mental health.

Nothing to southeastern or to intellectual disabilities, certainly, regardless of how many beds or relocation there would need to be job offers or relocation or



consideration of retaining your intellectual disability.

Expertise and relocation.

Options.

There I have not heard anything about your census or your numbers of positions by category, who you're deeming to be essential, who you're not deeming essential.

I do know that we've had a dentist retire possibly this week.

We have had new hires, which I'm glad you're still hiring us on.

Nurses and orientation last week 5 New Rn's, which is great.

Because you still have to have your RNS every shift for skill license.

Already with reduction in force, my son's ratio and location of a nurse has changed to the negative. Sometimes the nurse assigned to him has a whole hallway. I observed twice that Eric Norris was located.

Past.

That's the narcissist on the other hall or in the dining room, which is out of audible arrangement. My son, who has an audible alarm.

So when these we need to retain safety regardless of what our census is based on, the acuity and the individual needs of some people, they want to go back to something that was brought up in the community.

Thing about discharging people.

To Waverly health and Rehab, which is a for profit hospital.

System recently find.

For not having an RN on a weekend consecutive weekends.

No RN on duty.

Also for medication omission, in other words, when they pulled a chart review on their site inspection, multiple drugs for chronic condition conditions, including mental health drugs.

No medication giving and the answer by the DBH staff said, not picky.

The only quality indicator was not readmission to a DB heads facility and I would just say that you need more quality indicators.

In an article recently in WTVR, it said that one physician had 31 facilities, meaning that one physician could have a ratio of over 3000 individuals.

So I would say Beware of where you discharge people to.

So I don't see that there's any effort to.

Take anybody who has expertise in intellectual disability that Hiram to southeastern, even though that that model for skilled nursing has to change.

So you're going to need or, and you're going to need Lpns.

You're going to need compliance.

You're going to need Md's coordinators.

You're going to need Cna's right now.

There's nothing there about relocation or retention of this expertise, so I'd love to hear about that. Thank you.

GJ

**Griffin, Jarvis (DBHDS)** 27:01

Thank you, Miss Bryant. Definitely.

We are partner and sister with the Southside, with the Southeastern Training Center, so we.

Are currently working to develop an upscaling of that facility along with the the certification of the facility.

As well as the construction of the facility. And so I'm partnered with Heather to.

Ensure that you know we have upskilling and definitely.

Part of our plan will be to explore what type of relocation benefits we're able to offer.

For staff that are definitely wanting it to relocate to the facility, I believe that we need to, you know, try to make it incentivized.

And so we'll be asking for.

What minimally we can do or to make it incentive.

And to help facilitate any of our staff that would like to relocate and and possibly go to southeastern according to you know with their staffing plan and model is. So I think that's a great idea and I think that should be something that we definitely carve out where?

We are able to within this plan that we produce and again it ties us right back to.

CK

**Cibulka, Kassandra (DBHDS)** 28:26

Speak.

GJ

**Griffin, Jarvis (DBHDS)** 28:29

The the spreadsheet that Tracy's and that HR.

Is we're we're looking to try to get that intake of everyone by the 15th of June to find out what their preferences are so we can go ahead and pinpoint those individuals and start to work to align them in that whole process and in transition.

**ST** **Salisbury, Tracy (DBHDS)** 28:53

And it won't just be listening to what their preferences are.

**CK** **Cibulka, Kassandra (DBHDS)** 28:54

Do you put?

**ST** **Salisbury, Tracy (DBHDS)** 28:57

We will certainly ask the question.

Are you interested in moving relocating to to southeastern? And if they are, we will.

We will do everything we can to make that happen.

We do have the support to to look into anybody who wants to move in the roles that suvtc needs to care for these individuals.

**CK** **Cibulka, Kassandra (DBHDS)** 29:21

Tracy, if you wouldn't mind just adding a extra column.

So we can just add that question. Yep. And then we will know yes or no for every single person that we talk to. I think that's perfect.

**ST** **Salisbury, Tracy (DBHDS)** 29:25

Yep.

Agree.

**GJ** **Griffin, Jarvis (DBHDS)** 29:34

Definitely understand your concern, Miss Brian, about staff reduction and any reduction in you know maintaining quality of care and what does that look like minimally for?

Each discipline and you know we've had those talks with the departments and have you know each one at submitted with what their models would look like in accordance with those specific.

Census pieces. So once we get that, that census plan up.

With the relief factors.

In and reviewed by our senior leadership, we can have a more definitive approach on how it's going to be stabbed throughout, but I will just make mention that we are

not under any higher freeze as of yet.  
Till we have an approved plan. Go ahead tessie.

**CK** **Cibulka, Cassandra (DBHDS)** 30:24

Yeah. And there's no and there's no plan right now to even have that.  
We don't.  
That's not on our radar.  
Like even if they told us tomorrow, which isn't gonna happen, right?  
But we don't, we're not.  
There's nothing in place that we are going to make any staffing changes.  
We continue to hire the only positions that we're really looking at are the administrative positions where there's duplicate.  
Where there might have been two people with our census being as low as it has been, or lower than it has been in the past.  
That just were not hiring those additional positions, but all the other positions were pretty much actively recruiting for and and want to feel as best we can.

**GJ** **Griffin, Jarvis (DBHDS)** 31:03

You know.  
And you know the expectation as long as we operate is that you know, we maintain our accreditation and our certification.  
And every one of those regulatory bodies have quality indicators.  
Up and above readmission to the state facility.  
From.  
An A psychotic discharge medication and pest control rates to staffing hours, et cetera.  
And so those expectations are still present and will be present throughout our closure. Of course, we are in our window for Joint Commission, ANSI and Mansion, so we should be expecting them to come around sometime within this year. And you know, those reports are made public and are.  
Are available to kind of see how we are doing and performing in that manner.  
So I do want to reassure you that.  
And everyone that you know.  
The same quality and standards, you know, whether we have 35 patients or five patients, those expectations will still be for us and that will comply with.

That would.

Now throughout this process we have a quite a bit of things that we are doing to ready our staff for the transition.

Again, we are part playing a big part in upskilling.

And putting more resources back into our system.

So you know we have the CNA program.

So the more CN as that we are able to produce here and then in turn.

Place within our system will be putting that medical.

Skill competency in those specific areas. And so we'll have a a little bit more infusion of our own staff from Hiram with the focus and specialty on ID.

DD in the various populations we serve and they, you know, as we placed in, we should be able to account for, you know, some of that increased skill that we will have as well. As you know we are implementing a grow your own program where we're supporting.

Lpn to RN so those same staff that are here.

They will be placed within our system and having those competencies and abilities.

In higher education there, I think it's gonna serve us as well.

We are supporting again.

Advance certification for a number of our staff, for example, in pharmacy to have.

Them more focus on those different populations or transfer over to Central state.

You know there will be more have advanced certification in psychiatric and some may even go towards the geriatric perspective as well.

So we got quite a bit of intaking.

You know, we're working with each staff according to their nuanced needs.

And so again, I can't emphasize more that that intake with HR will help us better situate each individual.

**ST** **Salisbury, Tracy (DBHDS)** 34:51

Jarvis, do you want to do you want to speak a little bit about the leadership Academy?

**GJ** **Griffin, Jarvis (DBHDS)** 34:51

About Paul's there.

Oh yeah, the leadership Academy we are developing.

That's gonna really.

We have a lot of senior leaders and we wanna prepare them for succession and possible.

Roles in leadership throughout the system, and so we are designing a three to two day all day, three day three day Institute.

Where we cover a variety of topics.

From succession planning to.

Mental health first aid in somewhere in that arena.

Help me out there, Tracy.

**ST** **Salisbury, Tracy (DBHDS)** 35:50

It's it is 3 days.

It'll be very interactive.

Julianne Tripp is leading it.

She's been monumental in in creating and.

And making sure that leadership programs are sustainable.

We intend to do this three times a year for as many times as we possibly can.

We're actually seeking to have folks who.

Have leadership qualities, but may not even be in a leadership role at the time and this will help support them.

Rising to their potential.

And of course, for new leaders it it will help reinforce the strengths they need.

Many times people are promoted into supervisory roles, but they don't have supervisory experience, nor do we give them the training often that they need.

So this is, you know, a good way to pick up training that you didn't have that will help support you in your role or it's to give you that head start to see if supervisory roles are are what you are aiming for and and further leadership roles so.

It'll be small classes so that they can be interactive.

They will be held on site 3 full days.

We even have a panel coming of facility directors from all of the facilities.

That are nearby to include SEVTC.

PGHVCBR, of course, Central State, even central office.

So that people can hear what it is that the mission is at. Each of these facilities and what they're looking for in their employees and and what the population.

Is like so that folks have a better understanding. So it'll be a panel. Questions can be asked, but they're going to share information about their facilities.

Obviously they're proud of their facilities and would love to see some Hiram Davis staff come join them. So, as Jarvis said, there's a lot of different classes to help support the ability to to rise as a leader or to strengthen you as a leader.

**GJ Griffin, Jarvis (DBHDS) 38:10**

Tracy and we've already.  
We're looking to have our first cohort in June.

**ST Salisbury, Tracy (DBHDS) 38:19**

June 24<sup>th</sup> and 26<sup>th</sup>, and the invitations will be sent out very shortly.

**GJ Griffin, Jarvis (DBHDS) 38:20**

June.  
And then we'll have a we're already in the planning phase for the fall Leadership Development Academy around September, September, sixteen, 17<sup>th</sup> and 18<sup>th</sup>. Again, it's it's a very robust program.  
I think that we're developing and it's, you know, it has strength based models. We start out with.  
To, you know, understand kind of similar following, you know some aspects of bpsl. But then we kind of curtail it down towards Hiram Davis and kind of transitioning into.  
Different facilities in different parts of our agency.  
But also kind of really expanding back out to understand how we fit and what's actually going on with the department overall in the department subjectives and and needs.  
And so I'm excited about it and I think it's gonna be very impactful for our staff and something definitely.  
That that they'll be proud to have participated in.  
So is there any?  
I got a hand up.

**CK Cibulka, Kassandra (DBHDS) 39:46**

Melinda melendez.

**GJ Griffin, Jarvis (DBHDS)** 39:54

Go ahead, Miss Mays.

**MM Mays, Melinda (DBHDS)** 39:58

Hi is this program just for supervisors or?

For other staff members as well.

**GJ Griffin, Jarvis (DBHDS)** 40:09

It's open to a lot all staff members, people with potential for leadership.

The whole mission of the program is to equip our staff with essential skills and resilient mindset needed to navigate facility transition while building on their strong foundation for future opportunities in leadership.

So we, you know, we want to identify individuals that have a commitment to the organization.

You know that are contributing members in the facility and you know have a desire to, you know, progress towards leadership opportunities.

So really the vision fits really within you know, the larger dbhds mission of galvanizing our workforce.

And you know, we want to create a network of leaders.

It have the.

The skill set and expertise to guide teams through change, right?

Of course, this is a major tank change and a change that you know.

For our organization in our larger system and you know our system is still undergoing a lot of rapid change and so having more individuals within our our system that understand change.

Things that could help drive change and bring about change from the various EHR implementations, the strategic plans and really understanding what change is and how to foster that professional growth is really what we kinda trying to build here and build out within our facility. So that as our.

Individuals or transition to some of these other facilities, they have the equipment.

To help navigate additional change at the other facility.

As they come in as new leaders.

And so our first cohort is gonna be a cohort of 10 staff members.

And so we'll start to take intake to see what that cohort looks like.



Of course, we wanna have a diverse group, right?

Of individuals, as represents the facility and they're not necessarily gonna need to be a singulator executive leader, right?

In particular.

I want to identify staff that have not gone to a lot of these other offerings that we've had. So that'll be part of the the review process as well.

**MJ** **Mentis, Jahann (DBHDS)** 42:35

I think absolutely probably he's a smart.  
Guy.

**GJ** **Griffin, Jarvis (DBHDS)** 42:47

Miss Bryant.

**MM** **Mays, Melinda (DBHDS)** 42:48

Thank you.

**MJ** **Mentis, Jahann (DBHDS)** 42:49

Able to do defense.  
You'll be able to do offense.  
That's a spell on.

**MB** **Martha Bryant** 42:54

Are DB heads facility jobs listed in the Virginia has jobs for the veterans or people who are losing federal jobs so that you've got that recruitment base?

I'd send a question earlier if air pharmacy is considered a 340B pharmacy, and if air if the Hiram Davis.

Pharmacy serves other than facility.

Other than facility, in other words, will it only be Central state hospital?

And I have to say.

One of the concerns I've had is about the impact of tariffs and supply chain and cost increase, so.

A lot of healthcare supplies are imports, a lot of pharmaceuticals are manufactured out of the country.

Particularly generics.

So I think we have a lot of uncertainty.  
In supply chain cost, Medicaid.  
You know a lot of uncertainty there.  
So I appreciate that you wouldn't necessarily do staff reduction at this point.  
And I have to say, even in the post move monitoring, when I was told that my CSB case manager would be the assessment point, I think that's ill fitted.  
I've never met the case manager.  
That's not a healthcare profession.  
I mean, I think there are a lot of false assumptions out there for safety. Thank you.

**GJ Griffin, Jarvis (DBHDS)** 44:40

Yeah, I appreciate that, Miss Brian.  
And you know, we're gonna have to navigate that uncertainty, you know, with Medicaid changes and supply chain.  
You know all too well what COVID brought.  
And supply chain disruptions and so.  
We have mechanisms already in place according to procurement procedures, but we're able to expedite, you know, and do emergency orders and have some exceptions to the rules when we get into those crunches so.  
I think as far as advanced planning for Hiram Davis and what our needs are.  
The the biggest front is to remain status quo, you know. Yes, we're implementing a lot of programmatic changes.  
As far as leadership, upskilling, etc.  
But changes in population served in our clinical offerings, those things are looking to maintain until you know we have a more definite word on how we move forward.  
And what that for looks like.  
As far as 340 bi know those that that program is more for rehab facilities and congregate settings.  
So I'm not sure how that's gonna factor in as far as it being for the psychiatric facility.  
So I think we're gonna have to consult with our our our pharmacy and medical services to see you know how those programs are are to be structured throughout our system.  
But definitely, you know, pharmacy will be housed at the new central state and so that program and that model you know will be explored again.  
With our discharging of patients.

And you know, our discharge and transfer to state facilities, including the training center.

We have a detailed way that we've already kind of vetted through the DOJ settlement process that we're gonna tweak, right?

So that you know.

The same level or or higher level of monitoring as far as.

Post mood monitoring.

Provider training etcetera will be kinda scoped out and crafted out within that supporting patient.

Subcommittee.

So I think we got a pretty comprehensive kind of approach to all of the facets that are primarily affected by, you know this, the recommendation recommendation, foreclosure.

So I appreciate those concerns and I definitely have made noted note here.

Note for further discussion.

And follow up with those subcommittees.

I think we had a hand up from Miss Mays, but I thought I saw Jihan.

You had, I think you were wanting to say something, ma'am.

OK, hand up Miss Mace.

**MM** **Mays, Melinda (DBHDS)** 48:12

You answered my question earlier.

**GJ** **Griffin, Jarvis (DBHDS)** 48:16

OK.

**MM** **Mays, Melinda (DBHDS)** 48:16

Thank you.

**GJ** **Griffin, Jarvis (DBHDS)** 48:23

Still standing by for any other comments or questions.

**CL** **Cunningham, Lauren (DBHDS)** 48:34

Miss Bryan, did you want to go ahead?

**WJ Webb, Julie (DBHDS)** 48:34  
I think Miss Bryant has a question.

**GJ Griffin, Jarvis (DBHDS)** 48:37  
OK.

**CK Cibulka, Kassandra (DBHDS)** 48:38  
Thank you.

**MB Martha Bryant** 48:39  
I sent two articles.  
That were in the press. One was about add waiver recipient who has cerebral palsy in an apartment and it mentioned that her caregivers have to have two jobs due to inadequate wages.  
This was kind of a success story of a person being in an apartment with staff and a lot of technology.  
Pictures, although noted that this apartment was had a non ADA bathroom.  
So when you start looking at certain placements, there's not equivalent salary for direct support staff or benefits like retirement or insurance.  
Or and of course, sometimes when the economy downsizes, hours are cut.  
So this person's concerned this individuals was concerned was being able to maintain independent.  
Living arrangement, fearing that cuts are going to mean.  
Having to go into congregate setting, there was also a Virginia pilot story about Hampton Roads in particular, saying that about one in four recipients.  
Or a breed or Medicaid recipients in that region, particularly Eastern Shore, was very Medicaid dependent on a federal health clinic and then especially.  
Wait for dental.  
So rural areas are disproportionately affected by Medicaid cuts and we know direct support professionals, whether they're community based or facility based, their wage and benefit structure is altered, so.  
And I know that we're still waiting for the governor's budget by the end of the week about the governor's review and vetoes.  
And whether that's.

Wage or whether that's the nursing facility, enhanced staffing that was a vital. So probably by June you'll have a better budget base.

But when we're talking about direct service professionals.

Of course, wage has to be competitive and benefit packages need to be competitive or you're going to lose your worker to target or Wendy's or McDonald's because.

Of inadequate wage structure. Thank you.

**GJ Griffin, Jarvis (DBHDS) 51:18**

Yeah, it's been a challenge lately. You know, we over the last few years that the department, through General Assembly approval has been able to take a look at, you know, salaries and alignments of what the industry standard is.

And so we continue to do that.

As the budget allows, I believe we just had some adjustments with regards to our therapies this year.

And I think as well as food service and housekeepers. So I think that work is going to continue on as we go.

But yes, that's definitely a a a major factor that you know has to always be on the on the radar for us because we are competing you know with the private sector and the various other industries.

And that concern, you know, with the inadequate staffing at some of those rural areas.

This is a challenge, you know and.

Oh, it's been pretty fortunate.

You know that we, you know, we've been successful in our our recruiting.

A lot of the big focus for I think for a lot of the departments and a lot of the other facilities is really the retention and how do we retain staff that you know we have invested in.

Slightly have another hand up.

Miss Mace.

**CK Cibulka, Kassandra (DBHDS) 52:54**

I think it's really just been earlier.

**GJ Griffin, Jarvis (DBHDS) 52:57**

Oh, the whole time.

OK.

Let me if I can take it down, I guess, OK.

**CK** **Cibulka, Kassandra (DBHDS)** 52:59

Less.

**MM** **Mays, Melinda (DBHDS)** 52:59

No.

**CK** **Cibulka, Kassandra (DBHDS)** 53:02

I tried to.

I couldn't get it down.

**MM** **Mays, Melinda (DBHDS)** 53:06

Sorry.

**GJ** **Griffin, Jarvis (DBHDS)** 53:06

All right. So we're definitely open to any other suggestions that you might think is. Helpful or informative for areas that we have not covered thus far that we need to cover to ensure that, you know, we have a robust plan.

Again, many of the actions that you know, the plans that we're gonna put forward will be really predicated on, you know, our senses and you know the actual recommendation, foreclosure.

As it stands for us currently, you know, we really won't see any major.

Plans being implemented other than you know.

Us really reviewing what comes vacant, really rolling out.

You know our upskilling activities and.

And doing the intakes so that when we finally get that word, we can start to put that, put those plans into action.

So a big emphasis again will be on, you know, our staff engagement, our retention of the staff that we have and upskilling our staff.

Alright, I think I'll hand it back over to you, Lauren, to do the customs.

**CL** **Cunningham, Lauren (DBHDS)** 54:45

All right, I'm dropping that link in the chat again.

That has the e-mail address and where you can find all information.

We'll also be sharing the next meeting of the subcommittee there, but of course we'll also make sure that an e-mail goes out to everyone with that date and information as well.

But like I said, if you have any anything you think of between now and then questions. If you want to give comment.

Please feel free to send it to Hdmc planning team at Dbhds dot Virginia Gov.

If no one has anything else, we'll wrap up.

Thank you all so much for taking the time.

 **Griffin, Jarvis (DBHDS)** 55:24

Thank you all.

 **Cunningham, Lauren (DBHDS)** 55:27

Have a good one.

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