WESTERN TIDEWATER COMMUNITY SERVICES BOARD

M I N U T E S

November 21, 2023

The regularly scheduled bi-monthly meeting of the Western Tidewater Community Services Board was held on Tuesday, November 21, 2023, at 9:33 a.m. The attendance was recorded as below:

PRESENT
Cindy Edwards, Board Chair
Toni Brown, Vice Chair
LaRhonda Mabry
Sarah Rexrode
Don Robertson
Margaret Ann Smith

ABSENT
Stephen Blunt
Lula Holland
Audrey Lee
Rachel Lewis (Emeritus)
Malcolm Clark (Emeritus)
Margaret Jones (Emeritus)
Donald Robertson
Margaret Smith
Denise Tynes
Angela Vick
Vicki Wiggins-Pittman (Emeritus)
Dr. Melvin Wofford

STAFF
Demetrios Peratsakis, Executive Director
Matt Hull, Board Attorney
Donna Boykin
Amy Byrne
Debbie Dashiell
Tanetta Hassell
David Hopkins
Andrew Jurewicz
Latril Mariano
Vonda Warren Lilly
Latril Mariano
Lara Matthews
Sheila Reaves
Brandon Rodgers

GUESTS

Special Guests: None

PUBLIC COMMENTS

There were no public comments.

MINUTES

As there is a quorum present, Ms. Edwards would like to bring the past minutes forward for approval.

Upon a ***motion*** made by Don Robertson and seconded by Sarah Rexrode, the minutes of the July 10, 2023 meeting were approved.

Upon a ***motion*** made by Toni Brown and seconded by Don Robertson, the minutes of the September 26, 2023 meeting were approved.

Chair Cindy Edwards welcomed Board Attorney Matt Hull and Executive Director Demetrios Peratsakis and all members of the Senior Leadership Team. Ms. Edwards recognized Theresa Pope who is retiring after serving 39 years at WTCSB. Ms. Edwards also welcomed new WTCSB Board member Margaret Smith. Ms. Edwards expressed heartfelt thanks to the Board and staff for their dedication and service to the community and asked that everyone attend a small celebration at the close of today's meeting. She wished a safe and joyful Thanksgiving to all. The Board was reminded that as the COVID Emergency Act has ended, members are required to attend regular public board meetings in person. The policy has been incorporated in the draft revised By Laws which we will be voted on today.

The Board reviewed the changes made to the By Laws as recommended by the committee. Attorney Matt Hull discussed each change. He noted that Section 5 included the most impactful changes. This section reemphasized that a board member may be removed with cause after giving the board member notice and an opportunity to be heard. The appointing authority will have cause to remove the member when two regularly scheduled meetings have been missed. It also clarified that if a regularly scheduled meeting was rescheduled and caused a conflict, it would not be counted as a missed meeting. Finally, the locality appointing authority will be notified if there is cause to remove.

Section 7 is a new section addressing Board members emeritus. This modifies what had been previously approved and adds certain limitations. After July 1, 2023, there will be a 3-year limit on serving as an emeritus member. There can only be two emeritus members at one time from each jurisdiction. Current emeritus members will not be affected by these rules. It also provides that if an emeritus member is reappointed to the board, the emeritus designation will be paused and can resume after the board term is completed.

There is still a virtual policy which was crafted in the most generous way possible under the law. The Board can choose to hold an entire virtual meeting or members can still attend virtually for certain reasons. If requesting virtual attendance, the member must make a formal request and the request must be approved by a quorum vote.

Upon a ***roll call vote,*** the revised By-Laws were approved and adopted.

Executive Director's Report

Mr. Peratsakis called the Board's attention to information at their place setting. In this package, there are several documents which will be discussed today. It includes information on CCBHC which is expected to reshape the public behavioral health industry. Progress on the agency's Strategic Plan will also be highlighted.

OLD BUSINESS

The General Assembly approved the biennium budget and the Governor signed off on it. There are a lot of very energizing additions to the budget for community services at large and particularly for CSBs. One of the most important parts of this morning's discussion is $18 million additional dollars for COLA. The General Assembly wanted to address recruitment and retention specific to CSBs. As discussed previously, there is also a 12.5% rate increase for a number of services for Early Intervention and a 10% increase in several Behavioral Health services. This is the first rate increase in approximately 30 years and will make quite a difference as WTCSB relies heavily on Medicaid fee revenues.

There is also an additional $4.35 million for the first three steps of STEP VA. This was the State's version of CCBHC. CCBHC will reform the definition of local services. There is $58 million for crisis services which will be very helpful to Western Tidewater as the provider of the bulk of regional crisis services for all of Hampton Roads, including standing up 988.

Last but not least, there is an additional $30 million for Permanent Supportive Housing (PSH) which has become a significant vehicle for the General Assembly to ensure that individuals with chronic mental illnesses are able to secure supported housing. Western Tidewater was originally awarded 25 slots. An additional 27 slots were received after that. The average package is about $15,000 in annual support for each one of those individuals.

NEW BUSINESS

Employee Recruitment

Western Tidewater currently has 756 full- and part-time employees. Since the last meeting, 98 employees have been hired. There have been 68 employees who left the agency for various reasons since the last report. There are 107 vacant positions. The agency experiences instances of individuals accepting a position, orientation is set up, but the person does not show or shows up, never to be seen again. There is still a one-year probationary period. Work is being done to cut this back, but this won't happen until a plan is in place. This plan would essentially push program managers and employees through a series of steps each month for a six-month period to ensure they have the kind of communication, the kind of training, and connection to their team and program that makes for greater success. The agency continues

to make the onboarding process as successful as possible. Employee Navigators have been added to the Human Resources department and the agency continues with morale boosters and raises and bonuses when possible. The Navigator stays with each employee for the first three months to make sure all concerns and issues are being tackled by the program supervisor. Given the continued workforce market the agency wants to ensure all support needed is provided during the first six months of employment.

Service Access

Within the last two months, there were almost 500 new screenings for individuals requesting service for the first time or looking to add services to the work already being done for them. Since January, there have been 1900 initial screenings and an additional 1500 intakes and services completed through same day access so that's about 3000 clinical assessments. These assessments have to be done by a licensed or license-eligible clinician. That is one of the big changes that has happened in the last ten years that have made the process more difficult. The agency has also had 38 ID/DD Waiver waitlist intakes.

Budget Trends

The last snapshot is of the budget. The agency monitors how the three disability areas, mental health, substance abuse and intellectual disability are doing. Those 107 vacant positions to some extent represent less services to the community, which is always a concern. There is a revolving door both on the low-end jobs as well as high-end jobs requiring extensive education. Several licensed staff come in as residents, get licensed, and move on to private practice or the private industry. Another large group is the DSPs (Direct Service Providers). The agency employs a larger number of DSPs and it is not unusual for these individuals to come and go. Nurses and physicians are next to impossible to fill. Case Managers represent another large category. Case management is one of the only services that brings more money in than it costs to operate. WTCSB is the only CSB to bill Medicaid Case Management.

The agency budget is positive $300,582 with a positive revenue variance of $290,834 and a positive expense variance of $9,748.

ID/DD Case Management has no vacancies currently. Because of concerns regarding case management in general but specifically ID/DD case management, the agency reaffirmed what the practice requirements are. Providers are only allowed to hold a certain number of cases. The problem with that is that things can happen very quickly. Unexpected medical leave, maternity leave, etc. can quickly leave 32 cases for someone else to handle. The agency aggressively increased salaries and is looking at an additional bump up for caseloads above the standard number. A central pool of individuals has been created at the front door to hold cases instead of just flooding a program.

Western Tidewater sets caseload caps. The ID/DD cap is 32, Mental Health is 36 and Early Intervention is 42. The number of cases a person can handle in part depends on the complexity not so much of the cases but the paperwork. Part of what happened with case management is that there was a mix. ID/DD was under extreme scrutiny by the Department of Justice and these folks need to be specialized in specific ID/DD case management.

Employee Retention SGF

There has been strong advocacy with DBHDS and CSB leaders to increase State General funds. DBHDS will receive an additional 2% increase in December 2023. New state general funds for FY 24 have been granted in the amount of $631,413 for FY 24 and hopefully an additional $1,088,808 for FY 25. This gives WTCSB an estimated $722,901 to apply towards additional salary adjustments. The recommendation is for an additional 2.5% salary increase for all full and part-time employees in January 2024. If there is a third wave of funding, he will come back before the board to discuss additional salary increases. He feels it goes a long way to be able to do more for a second year than awarding more one time.

Upon a ***motion*** made by Don Robertson and seconded by LaRhonda Mabry, an additional 2.5% COLA will be awarded to all full and part-time staff on January 1, 2024.

Mr. Peratsakis thanked the board on behalf of the staff. They will appreciate it and it will go a long way in helping with staff retention.

STEP VA

STEP VA is essentially CCBHC. Originally $300,000 was received for the first three steps. Same Day Access will receive additional funding of $29,233 for a total of $299,124; Primary Care Screening will receive an additional $19,834 for a total of $202,945; and Outpatient will receive an additional $85,689 for a total of $568,799.

Strategic Plan

Mr. Peratsakis pointed out three big changes that will shape the way the agency provides services over the next several years. He previously discussed Clinical Best Practice work including how the agency is attempting to make policies and practices uniform.

There were two major studies in 2022. One by the Joint Legislative Audit and Review Committee (JLARC), which is the Deed's commission which pushed to get a report from JLARC on the state of the health of the CSB system. The second came from the Behavioral Health Commission report. Both drive the General Assembly's thinking and has allowed them to be much more in tune with national trends and looking at how Virginia compares nationally. It essentially boils down to three things.

It was determined that DBHDS wasn't holding CSBs sufficiently accountable and CSBs weren't adequately responsive to the expectations of the General Assembly. CSBs aren't billing enough Medicaid. It is very important to maximize Medicaid billing. For example – if the CSB receives $10 in State General Funds that comes out the General Assembly's money appropriated through taxation, that $10 is more valuable to the General Assembly if the agency also bills Medicaid for the same services. Then they're only paying $5 and $5 is being pulled down from the Federal government. Therefore, twice the number of services could be provided if CSBs bill Medicaid aggressively. This billing requires incredible infrastructure which may CSBs never develop. WTCSB developed this aggressively from day one, which is in part why agency services provided to the community was able to increase greatly.

Other CSBs have been doing a terrible job of moving toward STEP VA. This has been the barometer as to how CSBs are doing with regard to overall performance and services. STEP VA was the attempt to get all 40 CSBs to provide the same nine services with performance metrics attached to them. This would allow comparison of CSB to CSB but also to national standards. CSBs were doing a lousy job. How does the agency determine that someone is getting better as a result of counseling? WTCSB is fortunate to have a very aggressive data management system set up between Quality Assurance, Finance and Human Resources. Brandon chairs the Data Management Committee for the state and is called into every one of these discussions. He understands this information and has been enormously helpful to the CSBs.

In the strategic plan the agency decided to enhance accountability and performance to the DBHDS Performance Contract; specifically, by making sure standardization was maximized pertaining to compliance policy and practice. One set of policies has been developed across the agency – not a different policy for each program. The consumer doesn't care that they're getting services from four or five different programs. Like a hospital, they are only concerned that people can successfully work together to get their needs met.

WTCSB is one of the most aggressive agencies out of the 40 CSBs for maximizing resources and Medicaid billing. Until the infusion of state general assembly dollars, the agency relied on about 70% billing revenue. Finance spends a lot of time scrubbing billing and looking at procedures, training staff, and creating practices for maximizing the quality of consumer care. That's why WTCSB is ahead of all other CSBs for Medicaid billing. As DBHDS is cracking down on CSBs around billing, the agency will make sure this is prioritized. WTCSB has prioritized data collection and reporting around STEP VA data metrics and has established goals to enhance the customer experience across the agency and to increase responsiveness to the community's needs. This is what was developed for the 2023 Strategic Plan.

When the Governor came out with new reforms in January, he prioritized two things for the public mental health system and provided the money to go along with it. "Right Help, Right Now" had the goals of making crisis services broadly available and to increase access to service needs. If someone needs help, they should get it right away. He also wanted to increase CSB accountability. Republicans and Democrats alike are extremely invested in this and there is $250 million in funding tied to it. The governor wants to see the CSB system become Certified Community Behavioral Health Clinics (CCBHC) which basically affects all local services and is a proven national model. He wants to prioritize regional crisis services moving to 988. This is important to WTCSB as it defines three major goals the agency must move to as part of the three-year strategic plan. A lot must be accomplished over the next 18 months. This will redefine day-to-day work. The three goals are 1) increase accountability, 2) move to CCBHC, and 3) move to 988. The strategic plan organizes implementation of these goals.

A lot of time and energy has been invested in the planning process to determine how to get from point A to point B. The plan provides the mechanics for how to manifest these changes. Stakeholder involvement will be included. It was decided to create three large workgroups led by management staff. There are 36 administrators in the Clinical Best Practice

workgroup, 37 involved in transforming the agency to CCBHC, and 33 involved in 988 initiatives. Updates on these workgroups will be provided at each board meeting. Staff are energized to be involved in change. They love to come together to look at how to improve services and how to improve their own work environment.

In the Clinical Best Practices group, the agency has adopted a core set of agency values and have broken those down into specific areas that need improvement: the client's experience - specifically around child and family supports, neurodiversity, substance use, trauma, and LGBTQI.

CCBHC will involve all 40 CSBs. CCBHC has all the ingredients to make sure that each CSB is behaving in a certain way that standardizes practices and prioritizes the quality of care provided to consumers. It is the start of a change in the healthcare industry where it becomes more valuable to keep someone healthy vs. someone being ill and the agency providing services and billing for that. The accountability that the General Assembly is looking for in CSBs will come through this certification process. WTCSB has reimagined service accountability for prioritizing the leads for all local services through the three clinics representing the four localities served. This effort should make the agency more responsive to local community needs. The hope is that quality will substantially improve and CSBs will receive more support from the General Assembly. Virginia is still 47th out of 50 in terms of quality indicators even though the state is the 12th wealthiest.

988 and Crisis Care

Brandon presented on crisis care. 988 is the national suicide prevention lifeline that used to be a 1-800 number. 988 is much more like 911. Virginia received recognition for the way this has been modeled – breaking it down into a local system of care that is not just for suicide prevention but is also able to allow access to services across the state. Virginia's model breaks this down into regional hubs and follows that down into more local services.

The Crisis NOW model called for someone to respond in person when an individual is experiencing a behavioral health crisis. That is the national best practice model and that is what 988 and Virginia's plan has been all about. It starts with the crisis call center. This is a place to call when a person or the loved one of a person is experiencing a crisis. An initial screening is performed and there is an intervention via phone. If necessary, a mobile crisis response worker goes to the individual. A behavioral health response can often take the place of a police response and is less traumatic for the individual. If necessary, the person is referred to crisis stabilization or an acute care hospital if a more restrictive setting is needed. Currently, for every 100 people calling in, 80 to 90 can be resolved over the phone. Calls are expected to increase with upcoming changes in the system.

Currently, for mobile crisis response, for every twenty about nine need a higher level of care (a crisis receiving center, hospital, etc.). Out of those nine, only an average of one ends up needing hospitalization. The goal is that out of every 100 people, only one ends up in a bed. The hospital system is critically overrun. Folks are being detained against their will, but no bed is available. This process helps end the need for police to "babysit" someone needing care in the emergency room or in jail. Training has been conducted for years and years to

emphasize that just because an individual ends up in the emergency room, it doesn't necessarily mean they need inpatient psychiatric care. Ongoing efforts to decriminalize mental health behaviors and training officers in CIT have helped decrease charges against these individuals. It is much more effective to get treatment rather than go to jail. It is important to understand that there is a spectrum of care and to understand where different services fit in. Brandon shared a DBHDS slide with a flowchart for moving through treatment. The goal is to offer the least invasive treatment that will provide stability and protection.

Brandon also shared a slide reminding the board of the different Marcus Alert implementation sites. Virginia Beach is first. Hampton/Newport News will be in round two. Round three will be next fiscal year. WTCSB has started the budget planning process and will begin working with Suffolk Fire and Rescue. Of the four WTCSB localities, only Suffolk is required to implement, however, Isle of Wight is close population-wise and is having initial talks with their fire and rescue folks.

Brandon reviewed the regional call centers and where they are across the state. Work is being done to make certain that DMAS and MCOs understand how these services fit into their policies. Training continues on how to answer the phone and how to meet all guidelines. The contract provider is HOPELINK (formally PRS). WTCSB takes more ownership in Region 5 compared to other regional models as the agency dispatches and monitors who gets sent out on each case. Other regions contract this out. Support is provided to private providers as they will add to the capacity to respond. There were over 80 private providers last time Brandon checked. Medicaid tracks claims data. WTCSB instituted a 5-minute time limit to accept a dispatch. If the original team doesn't respond, the regional team handles the call to prevent further delay in treatment. Based on projections, Region 5 will have the capacity to respond within 55-59 minutes. This will continue to be monitored. The staffing pattern is in better shape than it was six months ago.

WTCSB's Regional Crisis Receiving Center (CRC) provides in-person crisis stabilization support. The agency is finally getting through the permitting process and is moving forward. Those are additional CRCs being established across the state. WTCSB will keep track of where they are located. As a regional hub, the agency will have agreements with each of those sites to get people the care they need.

Private providers as well as regional team members will be sent out. WTCSB is triaging everything. There are 988 Care Navigators at the hub to follow-up to make certain individuals receive the right service, get linked to care, and that they are satisfied with their provider. This will help determine the program's success rate. The call triage uses risk assessments that are plugged into VA Crisis Connect and provide backup to ensure dispatching is appropriate. Every effort will be made to match individuals in crisis with the appropriate level of care. When an individual is diagnosed with ID/DD, the call never goes to a private provider, but goes to the REACH team as required by DOJ and the law. Proximity to the person in crisis and codified response to each individual is another way the team determines who will be sent. In most cases - 8 out of 10 – the person closest is sent. If a school, law enforcement, DSS, etc. is involved, one of our regionally publicly funded

providers will be sent because of the relationship with these entities. The hub must demonstrate parity in the way dispatches are handled.

There have been some implementation issues. While Virginia Crisis Connect is a good platform and much progress has been made, there are still issues with double entry which are being worked on. As staff are in short supply, they should not have to double their work efforts.

There is still some variability in CSBs. Regional hub implementations must all speak the same language. Private providers, DMAS and other stake holders understand hubs may be pieced together differently - but the same services are being provided.

The role of Emergency Services is being considered. Questions include how the hubs will back up emergency services and what the ES role continues to be on the crisis continuum. How does the hub provide relief for emergency services calls that don't necessarily involve prescreening. The CSB system continues to struggle with that. A whitepaper has been put together that all CSBs will comment on to hopefully resolve the issues and move forward.

Procurements will be put out by DBHDS on behalf of the hubs to solicit private providers and instill more accountability on a contractual basis rather than a MOU. In order to receive dispatches, they'll have to meet higher benchmarks than they did initially. This will probably take effect in July 2024. Each hub will be able to choose those that will serve each region best. There should also be better data by then on exactly how many times a mobile team is dispatched out of how many calls to determine how many of those private providers need to be used.

The huge influx of dollars demands more policing as an individual can get paid over $200/hour for mobile crisis response. For example, there have been many authorizations for the same individual which means unjustified billing. This person should have been receiving a different level of care if their issue wasn't resolved the first or second time.

Commercial insurance will also be required to pay for mobile crisis response and crisis stabilization services beginning January 1. WTCSB serves a lot of individuals with commercial insurance both in residential and mobile crisis response. The extra billing will definitely be a big boost. Instead of billing 50% of the people, it is expected to be close to 90%. Most commercial payors are not sure how they're going to do that yet. WTCSB is further along because Andrew and his team have been reaching out from the reimbursement side to ask questions on our behalf. When answers are available, the agency is ready to add an authorization process to our EHR and made sure payments are received.

Mr. Peratsakis introduced Sheila Reaves, soon to be Dr. Reaves, to the board. Sheila was hired a few years ago to head up the Crisis Therapeutic Home (CTH) which WTCSB took over from Hampton/Newport News CSB. Sheila worked with Brandon to build this program and make it one of the most important components of our regional service array. This program serves individuals with dual diagnoses and a lot of complicated problems. This program has been operating out of Hampton, but recently, through a successful petition to DBHDS by Sheila and Brandon, more funds will become available to build a better and closer CTH. Mr. Peratsakis wanted to make sure Sheila was recognized for this good work.

Mr. Peratsakis expressed thanks to the WTCSB Leadership Team for the exceptional work they do. He also expressed thanks to the board for their advocacy for staff and clients. He stated it is an absolute privilege to work with this board.

Executive Session

There was no Executive Session called.

ADJOURNMENT

Ms. Edwards expressed thanks to all and invited everyone to stay for lunch. She wished a Happy Thanksgiving to all.

There being no further business, upon a ***motion*** made by Don Robertson and seconded by LaRhonda Mabry, the meeting was adjourned at 11:31 a.m.

Respectfully submitted,