



COMMONWEALTH of VIRGINIA

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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ALISON G. LAND, FACHE
COMMISSIONER

PUBLIC HEARING

Wednesday August 25, 2021 11am-1pm

Meeting held virtually with in person option
Physical Location- DBHDS-1220 Bank St Richmond, VA
5th floor conference room
Join ZoomGov Meeting
<https://dbhds.zoomgov.com/j/1617054436>

In compliance with Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. § 300x-51), which requires as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Minutes

I. CALL TO ORDER

- 11:05am

Nathanael Rudney- State Block Grants Planner and Hearing Facilitator

II. WELCOME AND INTRODUCTIONS

- 11:05-11:10am

Participants: Nancy Willson- NorthStar Community, John Shinholser- McShin Foundation, Michael McDermott- FAVOR, Garrett English- Peer Journeys, Keith Thomas- Peer Journeys, Tom Jackson, Marisa Tordella, Jessica King- Peer Journeys, Adam Babb, Bob Horne- Norfolk CSB, Tara Belfast-Heard- DBHDS, Justin Wallace- VDH Injury and Violence Prevention

III. PURPOSE

To receive comment on the Combined 2022-23 Mental Health and Substance Abuse Block Grant Application

- 11:10-11:15am

Nathanael Rudney shared the purpose of the meeting which was to hear public comments regarding the block grants application, administration, block grant spending, and block grant programming

IV. HEARING PROCESS

- 11:15-11:20am

Nathanael Rudney informed all hearing participants about the DBHDS protocol for public hearings. All comments will be recorded and will receive written response entered into a comments matrix so that all public comments may be observed. A copy of the comments matrix will be emailed to participants as well as posted on the DBHDS Mental Health Services webpage.

V. PUBLIC COMMENTS (*TIME LIMITED PER SPEAKER*)

**Some Commenters provided multiple comments which was allowed given there was ample time and to encourage maximum public feedback

John Shinholser- Introduced himself as president of McShin and person in long-term recovery. Has advocated for better policies and tax dollar usage with GA. For 21 years, there have been hundreds of people like him who have been building recovery capacity and has never once been invited. Has not seen opportunities from state agencies for community organizations to participate in the planning process nor do they think outside the box. Mr. Shinholser shared that it was his understanding that block grant funds could flow through authentic community recovery support providers and not have to go through the state agencies or CSBs where he felt they get held up. There are tremendous amount of barriers for community organizations to access these funds. He mentioned that he has not seen a great deal of outcome data from DBHDS as well. He also shared that he has lobbied for his congresswoman to introduce legislation to allow for 10% of the block grant to flow through community recovery organizations like McShin to guarantee and secure a portion to Non-Government Organizations. He advocated that it would be in the best interest for everyone to bring in more community voices into the planning conversation for funds.

Michael McDermott- *See appendix B for his written comments

Mr. McDermott shared his background as a person in recovery and agreed with Mr. Shinholser's statements. Mr. Rudney shared his screen to show Mr. McDermott's written comments. Mr. McDermott explained his written comments including: The background from his organization, FAVOR, the recovery pyramid, issues with particular sections of the block grants application (outcome measures, evidence-based MAT, skepticism about whether stakeholders have been engaged, lack of access to reports about funds to peer run programs, and family/consumer advocacy organizations. Mr. McDermott also elaborated on his frustrations with the issues regarding the transparency and website issues as related to the Behavioral Health Advisory Council

John Shinholser- Additional comment- Mr. Shinholser also referenced the surprise regarding the reference to McShin in the block grants application. He also shared his concern about the lack of engagement of community organizations and this issue starts with the national organization, NASADAD which he believes to be very territorial in regards to only engaging state agencies in the conversation about planning and funds. Mr. Shinholser again reiterated the need for more community engagement and that there are major discrepancies between CSBs and their practices. He did reference some recent changes including some money allocated to McShin via ARPA funds. Mr. Shinholser requested some sit-down meetings following this hearing to really re-engage and have more open discussion about creative ways to use funds effectively.

Garrett English- Joined by his staff/colleagues from Peer Journeys, Mr. English is the president of the organization. He requested funds for crisis respite in Roanoke. 13 states already have these programs and those tools. Mr. English requested more information regarding RFP opportunities for funds (likely referencing ARPAO and how a community organization might apply).

Michael McDermott- Additional comment- Added the efficacy and cost benefits of putting someone in sober living vs. the high cost of incarceration. He also stressed the issue of same day intervention given the immediacy of need for support regarding individuals with substance use disorders. Mr. McDermott stressed that the best outcomes for individuals was not in hospital but in a recovery residence and that this drastically reduces negative outcomes including incarceration.

Mr. Shinholser- Additional comment- Stressed the importance of providing programming and community support in jails. He referenced pilot programs that demonstrated the efficacy of community supports and that it was regrettable that these did not receive continued funding. Additionally, he advocated again for more community meetings engaging multiple stakeholders to follow this hearing.

Jessica King- Is a peer recovery support specialist, has lived experience in recovery programs. She shared that peer recovery support specialists cannot freelance and are required to be tied to agencies or in facilities which limits the ability for peers to provide services in settings in which they are needed.

Mr. Shinholser- Additional comment- Historically, the systems have not been open to criticism and that he felt that his voice has been disregarded in the past due to being a willing critic while providing creative alternatives supported by data and positive outcomes

Mr. Shinholser- Additional comment- Asked question in regards to whether the block grant application had already been submitted. Mr. Rudney did respond to this particular question and clarified that the full biennial application for the 2022-23 MH/SA Block Grants had not been submitted as of yet but that the Consolidated Appropriation and American Rescue Plan application did have to be submitted earlier in 2021.

Michael McDermott- Additional comment- Asked about the letter to the Commissioner that is required from the Behavioral Health Advisory Council (BHAC) and is attached to the application and when the public can expect to see the final draft of the full application with this letter. Mr. Rudney did respond to this comment and shared that BHAC is drafting the letter and there is a 30 day public comment period which will end prior to the September 2nd submission date for the application and that following the submission, the application will be posted to the DBHDS mental health services website. Mr. McDermott asked what the timeline was for responding to the comments in this hearing and Mr. Rudney shared that this was not clear (no strict timeline is identified in policy). Mr. McDermott then shared that his comments were FOIA requests and therefore needed to be responded within 5 business days. Mr. Rudney shared that his request would be documented.

Garrett English- Additional comment- Reiterated transparency in regards to recovery centers- supposed to be 5 based on application, \$300K- allocated statewide for CSB RFPs- wasn't sure whether money had already been awarded, wanted to know more information. Mr. English also requested increased funding for the MH block grant given the discrepancy between MH and SA block grant awards.

Garrett English- Additional comment- Funding for youth programming and internships, felt like maybe all funds were going to CSBs and not to community organizations. Mr. English wanted more information about funding opportunities.

Garrett English- Additional comment- Wanted to see funding towards family support Programs that are not CSB related. Mr. English is a peer who has worked with psychiatric institutions and that the practices are very different from peer run organizations and that there is a discrepancy in the treatment of individual and families in those settings

Garrett English- Additional comment- Reiterated Mr. McDermott's comment regarding the lack of outcome measures to evaluate the impact of recovery community or peer run organizations. Mr. English requested more tools or techniques to study these impacts and asked whether there was anything like this publicly available.

12:07pm- Mr. Rudney paused the meeting for 5 minutes to escort Mr. McDermott to the lobby as he requested to leave the meeting. Mr. Rudney made it known in chat for short 5 minute recess

Garrett English- Additional comment- Requested to start a conversation about recovery environments- Has worked at Catawba Hospital where clients have shared rooms and hallways whereas a crisis respite would be more suitable therapeutic setting

Garrett English- Additional comment- Shared about his work in regional hospital provider on opioid use infections ward where patients could spend 6 weeks in a room or hallway, no common space, difficult environment, difficult to keep them from AMAing, and again emphasized his support for recovery environments

Garrett English- Additional comment- One of the dimensions of wellness for peer

recovery is spirituality and that Mr. English has shared that he would like to have a community conversation about within ethical guidelines, supporting spirituality as a key component of recovery

Garrett English- Additional comment- Referenced his colleague, Keith Thomas who spearheads their organization's respite program efforts. Mr. English shared that 13 states have crisis respite programs but no substance use crisis respite exists Mr. English referenced Mr. Shinholser and agreed that Virginia could be the envy of other states in regards to fully funding and engaging a robust peer recovery crisis system

Garrett English- Additional comment- Referenced housing, is a permanent supportive housing success story. His personal experience was with a colleague who had a lot of success but that his work with peers reflected that Oxford houses were not suitable for recovery. Wanted to advocate for Level 2 monitoring supportive housing.

Garrett English- Additional comment- Transition from hospitalization to community life is not very well supported, having been at 14 institutions, felt that he was deprived of rights, freedom, and responsibilities but also felt that he was not provided enough support in community. Wants to have better conversations about transitional and post recovery environments including crisis stabilization for SUD and MH.

Garrett English- Additional Comment- Was really excited to see internships funding for youth recovery specialists including future leadership. Would really like to see some of that funding go towards non-CSB providers

Garrett English- Additional comment- Was curious if DBHDS could post a sample RFP for a proposal from a community organization to access block grant funds that were allocated for non-CSB entities

Garrett English- Additional comment- Would like to see DBHDS link for public hearing directly on the website. The Zoom link could be directly posted on the DBHDS website instead of a 2 part process requiring people to click the link for the Commonwealth Calendar page and then click the link.

VI. CLOSING COMMENTS

- 12:55pm Mr. Rudney shared closing comments thanking everyone for many public comments and shared the next steps for DBHDS in regards to collecting all comments, entering them into a table, and then providing written response for all commenters to see. This response document will then be sent individually to those who provided their email as well as posted to the DBHDS and Commonwealth Calendar websites.

VII. ADJOURNMENT

-12:59pm

Appendix A- Written Comment (via Chat in Zoom)

11:32:48 From Nancy W : May Mr. McDermott's presentation be emailed or made available for download to participants during this meeting?

11:33:14 From Nathanael Rudney : Please post your email and I will forward it to you if interested

11:33:46 From Tom Jackson (he/him/his) to Nathanael Rudney(Direct Message) : Yes please jacksonta@gmail.com

11:34:36 From Marisa Tordella : I'd like to see the comments, please:
marisa@friendsofguesthouse.org

11:35:38 From Jessica King Peer Journeys : Hi I am Jessica King.I am a peer here in Roanoke I work for On Our Own of Roanoke, I work in the CSB on Hollins and Catawba Hospital. I with 4 other peers created Peer Journeys are interested in open a respite.

11:35:59 From Adam Babb : Thanks so much.☺
ababb24523@hotmail.com

I appreciate Mr. McDermott and Mr. McShin being here and being incredible advocates. Thanks so much for your hard work over the years.☺

11:36:07 From Nathanael Rudney : Thank you Jessica.

11:36:41 From Nathanael Rudney : Thank you Adam.

11:37:16 From Jessica King Peer Journeys : Yes same day is right. Not lets hold on lets have you wait in a program

11:40:27 From Jessica King Peer Journeys : oh so much cheaper than having people stay in hospital.

11:41:55 From Nancy W : nwillson18@gmail.com (Nancy Willson, Northstar Community Threshold Program)

11:43:05 From McShin Zoom 2 : its closer to 11,000 thousand dollars for arrest not counting jail time or prison time

11:44:29 From Tom Jackson (he/him/his) to Nathanael Rudney(Direct Message) : Thomas Jackson Registered Peer Specialist with the Virginia Recovery Advocacy Project. I second the Same Day Access issue that it be real Same Day Access to actual services (Detox, Treatment, Housing) not an Intake if you get there by 2pm (as a local example) and are told you'll see a clinician in 8 business days.

11:45:22 From Garrett English : I believe that I saw MH block grant funding in Virginia was only half of that of SA last cycle, and we would like to increase funding for MH in the block grant with a peer crisis respite program. Housing is a major issue for both MH & SA peers, and one of our goals is achieving more recovery residences.

11:45:55 From Garrett English : We also would like a recovery center in Roanoke with special assistance for youth, family and re-entering peers (incarceration or hospitalization)

11:48:53 From McShin Zoom 2 : well put Jessica

11:49:39 From Jessica King Peer Journeys : Oh Mr. Shin I have found what you have to offer is wonderful.

11:50:24 From Nathanael Rudney : Here is the email for Nathanael Rudney- DBHDS to provide emailed public comment.

Nathanael.rudney@dbhds.virginia.gov

11:51:12 From Jessica King Peer Journeys : Jessica.king@peerjourneys.org anybody with information they would like to share about starting a non profit. Please send me an email.

11:52:12 From McShin Zoom 2 : johns@mcshin.org

11:52:26 From Garrett English : Jessica mentioned supporting peers in the community 1-on-1. A recent Arizona study showed that peers working 1-on-1 with a Peer Recovery Specialist only had a 4% recitivism rate of hospitalization.

11:54:28 From Garrett English : garrett.english@peerjourneys.org & keith.thomas@peerjourneys.org

11:55:00 From Nancy W : Does DBHDS provide workshops for potential applicants?

11:56:05 From Jessica King Peer Journeys : I have to go to work. I hope all of ya'll have a great afternoon. Look forward to networking more :) together we can create great change

11:56:15 From Nathanael Rudney : Thank you Jessica.

11:59:58 From Nathanael Rudney : Thank you for the question Nancy. We will provide a response along with the responses to other comments in the matrix we send out to everyone.

12:00:34 From Nathanael Rudney : Just a reminder for folks interested in having a copy of the comments response matrix sent to them. Please post your email. The comment responses will also be posted to the mental health services page on the DBHDS website.

12:03:35 From Nathanael Rudney : <https://dbhds.virginia.gov/behavioral-health/mental-health-services>

12:07:50 From Nathanael Rudney : We will pause for 5 minutes, feel free to post on comments here in the chat.

12:11:09 From Bob Horne : bob.horne@norfolk.gov

12:42:40 From Nancy W : Thank you to Nathaneal for hosting and all participants. I am signing out.

12:45:08 From Nathanael Rudney : Thank you Nancy!

12:55:33 From Bob Horne : Thanks, Nathanael for your hosting and patience today. This has been very educational. It is curious that there were not more CSBs participating today, but perhaps they entered their comments through the Town Hall.

12:56:59 From Garrett English : Thank you Nathanael! Looking forward to the responses!

12:57:41 From Garrett English : Have a good day everyone!

Appendix B- Mr. McDermott’s Written Comments



2022-23 Combined SAMHSA Block Grants Application Draft - Public Review | August 25, 2021

FAVOR of Virginia’s mission is “Identifying and Sharing Peer Recovery Service Access Gaps and Best Practices to Improve Virginia’s recovery outcomes and community quality through transparent, equitable, unified, inclusive, responsive, non-partisan, supportive, sustainable, disciplined and fundamentally focused non-bureaucratic grassroots advocacy efforts.”

Our narrative for measurably improved recovery outcomes is simple – immediate access, at the “point-of-desperation,” to peer-delivered, evidence-based delivered certified substance use disorder (SUD) recovery services, coupled with longer rounded tenting of engagement.



Questions / Comments are in (bold)

From Page 212 of [bg-application-draft-for-public-comment-2022-23.pdf \(virginia.gov\)](#)

DBHDS is committed to a Culture of Quality that is characterized as:

- Driven by data collection and analysis **(See excerpt from page 300 below)**

From Page 287 of [bg-application-draft-for-public-comment-2022-23.pdf \(virginia.gov\)](#)

4. Does the state have an implemented education or quality assurance program to assure that evidence-based MAT with the use of FDA-approved medications for treatment of substance abuse use disorders are used appropriately? Yes No **(Why not?)**

From Page 300 of [bg-application-draft-for-public-comment-2022-23.pdf \(virginia.gov\)](#)

2. Does the state measure the impact of your consumer and recovery community outreach activity?
 Yes No **(Why not?)**

From Page 300 of [bg-application-draft-for-public-comment-2022-23.pdf \(virginia.gov\)](#)

DBHDS and the CSBs collaborate with a wide variety of stakeholder groups in the development of public policy, programs and services. The following **(which is only the first five rows)** are some examples; additional groups exist at the local level which may not be reflected here:

Organization	Constituency
Center for Excellence in Aging and Lifelong Health	Older adult individuals and family members
Cultural Linguistic Competency Steering Committee	Individuals, providers, advocates
McShin Foundation	Individuals and advocates

Mental Health America of Virginia	Individuals and family members
NAMI	Virginia Individuals and family members

(Is this the same table used in past Block Grants Applications?)

2022-23 Combined SAMHSA Block Grants Application Draft- Public Review | August 25, 2021

Michael M McDermott Public Comment representing Faces and Voices of Recovery of Virginia (FAVOR of Virginia)

From Page 305 of [bg-application-draft-for-public-comment-2022-23.pdf \(virginia.gov\)](#)

DBHDS allocates both MH and SAPT block grant funds to support peer-run programs and family and consumer advocacy organizations. **(How much, and to whom?)** In addition, DBHDS has been appropriated additional State General Funds to contract for recovery support services for individuals with SUD. **(How much?)** Organizations supported with state and federal funds include peer-run recovery centers, resource centers and advocacy organizations operated by and for people with mental health, substance use disorder and co-occurring disorder lived experience that foster the development of skills related to self-directed care and informed choice. **(Names of organizations and funding amounts?)**

From Page 305 of [bg-application-draft-for-public-comment-2022-23.pdf \(virginia.gov\)](#)

DBHDS currently either contracts with or has provided financial support to a variety of organizations that provide peer and family supports, all of which are designed to enhance individuals' skill and ability to engage in informed self-directed care and intervention. **(Names and funding amounts?)** DBHDS has also fostered the development of peer recovery support services into more mainstream settings such as the CSBs, non-profit non-governmental agencies, federally qualified health centers, public health centers, private providers, etc. **(Names and funding amounts?)** Housing, employment and responsive access to services are foundational throughout the state. SAPT Block Grant and state general funds for SUD recovery services currently support nine recovery support programs. **(Names of the nine programs and funding amounts?)**

From Page 433 of [bg-application-draft-for-public-comment-2022-23.pdf \(virginia.gov\)](#)

Please indicate areas of technical assistance needed related to this **(Behavioral Health Advisory Council (BHAC))** section. None at this time. **(Despite numerous, repeated and documented instances of the BHAC's lack of public transparency, accountability and public engagement, no improvements have been made regarding posting of meeting minutes, legislatively mandated communications or following public meeting laws regarding meeting notices.)**

From Page 436 of [bg-application-draft-for-public-comment-2022-23.pdf \(virginia.gov\)](#)

Indicate how the Planning Council was involved in the review of the application. Did the Planning Council make any recommendations to modify the application?

See attached BHAC Letter to DBHDS Commissioner-2021 **(Where is the attached BHAC Letter to DBHDS Commissioner?)**

Michael M. McDermott | Community Recovery Advocate | Faces and Voices of Recovery (FAVOR) of Virginia www.favorva.org | 804.387.5925 | michael@favorva.org | 2604 North Parham Road | Henrico, Virginia 23294 **Think Globally...Act Locally...Save Lives!!!**

Community – People collectively sharing social values and responsibilities...



Recovery – A lifelong individual process of ongoing growth and discovery through shared experience...

Advocate – Someone who passionately supports and relentlessly champions a cause...

