

Budget amendments and legislation supported by the Behavioral Health Commission 2024 Session

BUDGET AMENDMENTS

| Recommendation / option | Explanation | BHC member sponsor |
|---|---|--|
| STEP-VA Report | | |
| <p>Recommendation 2. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to work with the Department of Medical Assistance Services to (i) develop and implement a targeted review process to assess the extent to which community services boards (CSBs) are billing for Medicaid-eligible services they provide, (ii) provide technical assistance and training, in coordination with Medicaid managed care organizations, on appropriate Medicaid billing and claiming practices to relevant CSB staff, and (iii) report the results of these targeted reviews, and any technical assistance or training provided in response, to the House Appropriations and Senate Finance and Appropriations committees no later than December 1, 2024, and annually thereafter.</p> | <p>Both the Appropriation Act and CSB performance contracts set the expectation that CSBs should maximize the collection of Medicaid payments for their services. However, no processes exist to ensure CSBs are appropriately and consistently billing, and it appears at least some CSBs are not consistently billing for Medicaid services and instead using state general funds to cover costs of serving Medicaid-enrollees. Although the proportion of consumers enrolled in Medicaid has increased, Medicaid funding for CSB behavioral health services decreased by 15% compared to FY12.</p> <p>Note: 2023 BHC budget recommendation not included in final budget</p> | <p>Senate: Deeds House: Rasoul</p> |
| <p>Recommendation 3. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) work with the managed care organizations (MCOs) to standardize, to the maximum extent practicable, policies, procedures, and requirements that CSBs must follow to receive reimbursement for the cost of Medicaid services they provide, including documentation, training, and</p> | <p>Both the Appropriation Act and CSB performance contracts set the expectation that CSBs should maximize the collection of Medicaid payments for their services. However, no processes exist to ensure CSBs are appropriately and consistently billing, and it appears at least some CSBs are not consistently billing for Medicaid services and instead using state general funds to cover costs of serving Medicaid-enrollees. Although the proportion of consumers enrolled in Medicaid has increased, Medicaid funding for CSB behavioral health services decreased by</p> | <p>Senate: Deeds House: Rasoul</p> |

| Recommendation / option | Explanation | BHC member sponsor |
|--|--|---|
| <p>credentialing requirements; and (ii) report on the improvements made to MCO policies, procedures, and requirements to the Behavioral Health Commission no later than December 1, 2024.</p> | <p>15% compared to FY12. Note: 2023 BHC budget recommendation not included in final budget</p> | |
| <p>Recommendation 4. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report annually to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on average salaries, turnover, and vacancy rates, by position type, across community services boards.</p> | <p>This information would help the General Assembly monitor the workforce challenges of CSBs and gain more insight into when and for what positions compensation increases are needed. Note: 2023 BHC budget recommendation not included in final budget</p> | <p>Senate: Favola House: Hope</p> |
| <p>Recommendation 5. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to amend community services board (CSB) performance contracts to require that (i) any funding appropriated by the General Assembly to CSBs for staff compensation only be used for staff compensation and (ii) CSBs report annually on any staff compensation actions taken during the prior fiscal year to DBHDS</p> | <p>The General Assembly has funded salary increases for full-time CSB staff several times over the past decade, but some CSBs have not provided the salary increases to their employees. Note: 2023 BHC budget recommendation not included in final budget</p> | <p>Senate: Deeds House: Hope</p> |
| <p>Recommendation 6. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) identify all current DBHDS requirements related to documentation and reporting of community services board (CSB) behavioral health services; (ii) identify which of these requirements currently apply to work by CSB direct care staff;</p> | <p>CSB direct care providers spend a significant amount of time on administrative work, which reduces time available to provide care to patients. Given staff shortages and apparent delays in consumers’ access to services, existing direct care staff need to be able to maximize their work time devoted to consumer care to the maximum extent possible. Note: 2023 BHC budget recommendation not included in final budget</p> | <p>Senate: Favola House: Hope</p> |

| Recommendation / option | Explanation | BHC member sponsor |
|--|---|---|
| <p>(iii) identify any DBHDS requirements of direct care staff that are duplicative of or conflict with other DBHDS requirements; (iv) eliminate any requirements that are not essential to ensuring consumers receive effective and timely services or are duplicative or conflicting; and (iv) report to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on progress made toward eliminating administrative requirements that are not essential, are duplicative, or are conflicting.</p> | | |
| <p>Recommendation 7. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) finalize performance measures for every STEP-VA service component that has been initiated statewide and to report these measures to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, and (ii) finalize benchmarks for every STEP-VA service component that has been initiated statewide and to report these benchmarks to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2025.</p> | <p>Without performance measures and benchmarks in performance contracts, DBHDS cannot provide effective monitoring and oversight of CSB performance by identifying underperforming CSBs and suggesting quality improvement interventions to help them meet the goals of STEP-VA service components.</p> | <p>Senate: Favola House: Hope</p> |
| <p>Recommendation 8. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report to the Behavioral Health Commission, by December 1, 2024, on the changes to STEP-VA performance measures and</p> | <p>The 2023 General Assembly directed DBHDS to include in CSB performance contracts (i) specific goals and objectives related to the delivery of services, (ii) specific, relevant, and measurable performance measures to assess the experiences and outcomes of individuals receiving services, and (iii) relevant benchmarks and monitoring activities for each performance measure. These provisions will become effective July 1, 2025. A DBHDS report</p> | <p>Senate: Favola House: Hope</p> |

| Recommendation / option | Explanation | BHC member sponsor |
|---|---|--|
| <p>benchmarks that are anticipated to be included in CSB performance contracts, which will become effective July 1, 2025.</p> | <p>will provide the BHC with a preview of the changes specifically related to STEP-VA metrics that are expected to be made to CSB performance contracts on July 1, 2025, before measures are finalized, to ensure they achieve the General Assembly’s intent of effectively measuring the performance of STEP-VA.</p> | |
| <p>Recommendation 10. The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission (i) by December 1, 2024, a plan detailing how funds appropriated during the 2023 Session of the General Assembly will be expended to expand and modernize the comprehensive crisis services system, including investment in additional crisis receiving centers and crisis stabilization units and enhancements to existing crisis receiving centers and crisis stabilization units, consistent with the Right Help, Right Now initiative, and (ii) semiannually thereafter, an update on the implementation of such plan, barriers to implementation and strategies to address such barriers, and outcomes of the individuals receiving services implemented pursuant to the plan.</p> | <p>Funding for Right Help Right Now is not part of the STEP-VA initiative’s budget appropriation and therefore not subject to reporting requirements that would allow the General Assembly to be apprised of how funds are being used and to what extent they are improving access to crisis services or the outcomes of individuals who receive them.</p> | <p>Senate: Deeds House: Hope</p> |
| <p>Option 1. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to (i) conduct a needs assessment to determine the unmet need for each of the nine service components of STEP-VA, (ii) develop an estimate of the cost of satisfying the unmet need for each of</p> | <p>Limits on the scope of STEP-VA service components constrain access to essential behavioral health services. If the General Assembly wishes to explore fully meeting demand for essential behavioral health services through the STEP-VA initiative, a useful first step would be to determine the unmet need for each service and the cost of meeting that need.</p> | <p>Senate: Deeds House: Hope</p> |

| Recommendation / option | Explanation | BHC member sponsor |
|---|---|---|
| <p>the nine STEP-VA service components statewide, and (iii) report on their findings to the House Appropriations and the Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.</p> | | |
| <p>Option 2. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) ensure that comprehensive information about all available managed care organization preferred provider programs is provided to all community services boards (CSBs), including information about which behavioral health services are included in the preferred provider programs and the requirements CSBs must meet to participate in the programs; and (ii) report to the Behavioral Health Commission regarding efforts to make such information available to CSBs no later than December 1, 2024.</p> | <p>Obtaining “preferred provider” status with managed care organizations could reduce the administrative complexity of billing for Medicaid-eligible services, helping CSBs increase reimbursement for Medicaid-eligible services. Designation as a “preferred provider” means that the provider is not required to meet prior authorization requirements for certain services. Reducing prior authorization requirements can allow consumers to receive services more quickly and require fewer administrative steps before CSBs are able to receive reimbursement for services delivered.</p> <p>Note: 2023 BHC budget recommendation not included in final budget</p> | <p>Senate: Favola House: Hope</p> |
| <p>Option 3. The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, on plans to implement the Certified Community Behavioral Health Clinic (CCBHC) model in the Commonwealth, how adopting the CCBHC model could improve access to community-based behavioral health services and their quality, and barriers to implementation of the CCBHC model in the Commonwealth.</p> | <p>Adopting the CCBHC model envisioned by Pillar 3 of Right Help, Right Now could help address some of the current limitations of the STEP-VA initiative. The evidence-based monitoring and oversight measures required by the CCBHC model may address issues with existing performance measures and benchmarks for certain STEP-VA service components. Additionally, because the CCBHC model has already been implemented in other states, the model offers existing benchmarks against which to measure outcomes and quality, which could allow for meaningful measurement of the quality of STEP-VA service components.</p> | <p>Senate: Deeds House: Watts</p> |

| Recommendation / option | Explanation | BHC member sponsor |
|--|--|--|
| <p>Option 4. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to examine how Virginia can most effectively and efficiently transition to a prospective payment system as required to fully adopt the Certified Community Behavioral Health Clinic (CCBHC) model and barriers to implementation, and to report its findings and recommendations to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.</p> | <p>Adopting a prospective payment system is a key element of the CCBHC model and was found to be a major challenge when Virginia explored CCBHCs in 2017. Participation in the CCBHC demonstration grant could allow Virginia to receive increased federal funding through Medicaid for behavioral health services provided by CSBs, increasing financial resources for STEP-VA service components.</p> | <p>Senate: Deeds House: Watts</p> |
| <p>Report on Maximizing School-Based Mental Health</p> | | |
| <p>Recommendation 1. The General Assembly may wish to consider including funding in the Appropriation Act for DMAS to commission a review of Multi-Tiered School Based Behavioral Health Services including (1) whether and how to redesign Therapeutic Day Treatment, and (2) the rate structure and amount that should be used to enroll a sufficient number of providers qualified to deliver services identified.</p> | <p>Many schools rely on Therapeutic Day Treatment (TDT) for their Tier 3 mental health services, but TDT has encountered challenges with structure and quality. A thorough review of TDT would allow the state to determine whether TDT is still a good fit for contemporary classrooms and whether there are other Medicaid mental health services that could be introduced in schools. Funding needed: \$250K</p> <p>Note: Not introduced because part of Governor’s budget</p> | <p>Senate: Deeds House: Rasoul</p> |
| <p>Option 1. The General Assembly may wish to consider including in the Appropriation Act (1) \$7.5 million in FY25 and \$7.5 million in FY26 to support the School-Based Mental Health Integration Pilot for two additional years, and (2) language directing DBHDS to develop performance measures for participating sites and for the pilot overall, and to report to the Behavioral</p> | <p>DBHDS has been limited in its ability to collect performance data on the pilot program. Going forward, collection of performance measures could allow DBHDS to assess the success of the program at current sites and make determinations about which aspects of the pilot program, if any, should be expanded statewide once the pilot period is over. An additional biennium of funding would provide some stability so that pilot sites could fully hire staff and the state could judge the effectiveness of a fully implemented pilot program.</p> | <p>Senate: Deeds House: Watts</p> |

| Recommendation / option | Explanation | BHC member sponsor |
|---|--|--|
| Health Commission on the selected performance measures by November 1, 2024. | | |
| <p>Option 2. The General Assembly may wish to consider including provisions in the Appropriation Act (i) directing the Department of Medical Assistance Services and Department of Education to revise their interagency agreement to reduce the percentage of administrative reimbursement pass-through funds retained by DMAS; and (ii) appropriating an equivalent amount of funding to the Department of Education to support one full-time position that would provide Virginia school divisions with additional technical assistance with billing the Medicaid program for school-based services.</p> | <p>DOE currently has one staff member who works with divisions on their Medicaid reimbursement processes. More funding for staffing and training could allow the state to provide additional technical support to divisions to leverage opportunities for increased funding created by the new state plan amendment. Funding for the additional position(s) could come from the share of federal Medicaid administrative reimbursement funds that is currently retained by DMAS.</p> | <p>Senate: Deeds House: Rasoul</p> |
| <p>Option 3. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Education (DOE) to work collaboratively with the Department of Behavioral Health and Developmental Services and the Department of Medical Assistance Services on a plan for creating a new program to deliver flexible mental health funds to divisions. The program would provide flexible funding to participating divisions for maintaining school-based mental health services and supports as well as technical assistance and evaluation capabilities to build out their mental health programs within a multi-tiered system of supports. The plan should include a proposed vision and goals for Virginia’s school-based mental health program and action steps to meet these goals; proposed outcome measures to determine program success; a recommendation on the amount of</p> | <p>Schools have relied on \$123 million in pandemic relief funds to fund mental health services, which will be expiring by January 2025. State funding will likely be necessary to mitigate the loss of services or maintain current levels of service. There is not currently a state structure or funding mechanism that could deliver reliable, flexible mental health funds to schools. The relevant state agencies possess the expertise needed to determine the most effective way to structure and fund a program that can address short-term loss of funding as well as realize long-term success.</p> | <p>Senate: Deeds House: Rasoul</p> |

| Recommendation / option | Explanation | BHC member sponsor |
|---|---|--|
| <p>funding that should be appropriated annually; a proposed funding mechanism to ensure funding flexibility and consistency over time; and a structure for providing technical assistance and evaluation capabilities that will ensure the program is positively impacting the outcomes of students. DOE should report to the Chairs of the Senate Finance and Appropriations Committee and the House Appropriations Committee as well as to the BHC by December 1, 2024.</p> | | |
| <p>Option 4. The General Assembly may wish to consider including one-time funding in the Appropriation Act for divisions to maintain school-based mental health services in FY2025, until additional funding is made available through the new state program in FY 2026.</p> | <p>Schools have relied on \$123 million in pandemic relief funds to fund mental health services, which will be expiring by January 2025. School divisions will lose all federal pandemic funding before a new funding mechanism is available to maintain services. Even if additional funding is expected in the future, a temporary loss in funding will curtail the availability of services for students and may prompt measures with long-term implications. This stopgap funding measure could provide temporary assistance to allow divisions to continue their mental health services after the final expiration of ESSER funds while DOE plans the implementation of a new, permanent funding mechanism for school-based mental health.</p> | <p>Senate: Deeds House: Rasoul</p> |
| <p>Limited-scope study of EDCOT</p> | | |
| <p>Option 1. The General Assembly may wish to consider adopting a study resolution directing the Office of the Executive Secretary of the Supreme Court (OES) to contract with the National Center for State Courts and collaborate with the Department of Behavioral Health and Developmental Services (DBHDS) to (1) determine the availability, scope, and effectiveness of existing statewide diversion programs</p> | <p>If Virginia chooses to explore implementing EDCOT, the state may wish to explore existing diversion programs and initiatives in Virginia; assess whether and how EDCOT might surpass the positive impact of initiatives that exist in Virginia and best practices employed in other states; examine the operational, legal, and funding changes that would be required to address the EDCOT implementation challenges identified by stakeholders; and determine the best course of action for Virginia with respect to</p> | <p>Senate: Deeds House: Watts</p> |

| Recommendation / option | Explanation | BHC member sponsor |
|---|---|--|
| <p>and initiatives in Virginia; (2) assess in what ways and to what extent expedited diversion to court ordered treatment (EDCOT) could divert individuals not currently served by existing programs in Virginia; (3) examine the operational, legal, and funding changes identified by stakeholders that would be required to address the EDCOT implementation challenges; and (4) determine the feasibility of implementing EDCOT or a similar diversion program to allow for diversion of individuals not currently served by existing programs in Virginia. In conducting their work, OES shall work with the National Center for State Courts to evaluate whether other states use diversion best practices that may be more effective and efficient than EDCOT. OES and DBHDS shall provide ample opportunities for meaningful collaboration and cooperation with stakeholders impacted by the potential implementation of an EDCOT model and changes to diversion programs. OES should report on its findings to the Behavioral Health Commission by November 1, 2025.</p> | <p>individual outcomes, public safety, and the adequacy of its mental health and courts systems.</p> | |
| Behavioral Health Commission | | |
| <p>Recommendation A. The General Assembly may wish to consider including funding in the Appropriation Act to fully fund the positions allocated to the Behavioral Health Commission and to fund one additional staff position to perform monitoring activities.</p> | <p>Fully fund existing positions and salary and benefits for one additional experienced analyst. The starting budget for the BHC did not fully fund the four positions allocated to the agency to provide for competitive salaries, particularly for staff with experience. Given the small staff of the BHC, experienced analysts will provide much greater returns. Recruiting and retention have proved very challenging, and competitive salaries will be essential to ensuring the BHC can attract qualified and productive analysts. One additional staff would enable the BHC to take on</p> | <p>Senate: Deeds House: Rasoul</p> |

| Recommendation / option | Explanation | BHC member sponsor |
|---|--|---|
| | <p>oversight responsibilities and monitor the implementation of past and future activities funded by the General Assembly.</p> <p>Note: 2023 BHC budget recommendation not included in final budget</p> | |
| JLARC Report: State psychiatric hospitals | | |
| <p>Recommendation 7. The General Assembly may wish to consider including language and funding in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to establish a program for state-licensed psychiatric hospitals (commonly referred to as “private psychiatric hospitals”) to provide funding for those hospitals that agree to increase the percentage of involuntary inpatient admissions they accept and demonstrate the need for funding to safely admit such patients. Funds could be provided to cover one-time and ongoing costs for creating and filling additional security positions, providing staff training on how to safely treat these patients, and making safety improvements to the facilities.</p> | <p>See JLARC Report, Chapter 3</p> | <p>Senator Favola Delegate Rasoul</p> |
| <p>Recommendation 8. The General Assembly may wish to consider including language and funding in the Appropriation Act to expand the discharge assistance provided by the Department of Behavioral Health and Developmental Services (DBHDS) to individuals facing substantial barriers to discharge from inpatient psychiatric units and facilities licensed by DBHDS (commonly referred to as “privately operated”).</p> | <p>See JLARC Report, Chapter 3</p> | <p>Senator Favola Delegate Rasoul</p> |
| <p>Recommendation 17. The General Assembly may wish to consider</p> | <p>See JLARC Report, Chapter 5</p> | <p>Senator Deeds</p> |

| Recommendation / option | Explanation | BHC member sponsor |
|--|-----------------------------|----------------------------------|
| including funding in the Appropriation Act to provide salary increases for psychologists, social workers, housekeeping, and food services staff at state psychiatric hospitals that will bring these positions’ salaries within 10 percent of the median salary paid to these positions by other health care employers in the region. | | |
| Recommendation 18. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report annually to the Behavioral Health Commission on average turnover and vacancy rates and salary competitiveness, by hospital and position type, for the state’s psychiatric hospitals. | See JLARC Report, Chapter 5 | Senator Deeds |
| Recommendation 20. The General Assembly may wish to consider including funding in the Appropriation Act for the Department of Behavioral Health and Developmental Services to procure scheduling software to assist state hospitals in scheduling nursing shifts. | See JLARC Report, Chapter 5 | Senator Favola Delegate Watts |
| Recommendation 21. The General Assembly may wish to include language and funding in the Appropriation Act to (i) increase the number of nursing positions allocated to state psychiatric hospitals to a level that would ensure adequate and safe patient care, as determined in 2022 by the Department of Behavioral Health and Developmental Services (DBHDS) and (ii) appropriate the amount of funding necessary to fill those positions. | See JLARC Report, Chapter 5 | Senator Durant Delegate Watts |
| Recommendation 22. The General Assembly may wish to consider including language in the Appropriation | See JLARC Report, Chapter 5 | Senator Deeds Delegate Watts |

| Recommendation / option | Explanation | BHC member sponsor |
|---|--|--|
| <p>Act to direct the Department of Behavioral Health and Developmental Services to (i) contract for an assessment of the adequacy of each hospital’s planned and actual staffing levels for key positions affecting facility operations, patient and staff safety, and quality of care; (ii) conduct similar assessments of the adequacy of each state hospital staffing levels at least biennially; and (iii) report the results of the initial and ongoing assessments to the Behavioral Health Commission, and any additional funding needed to address any staffing level deficiencies, to the chairs of the House Appropriations and Finance and Senate Finance and Appropriations committees.</p> | | |
| <p>Recommendation 32. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to develop a plan to (i) close the Commonwealth Center for Children and Adolescents (CCCA) and (ii) find or develop alternative effective, safe, and therapeutic placements for children and youth who would otherwise be admitted to CCCA, and direct DBHDS to submit its plan to the House Appropriations and Senate Finance and Appropriations committees.</p> | <p>See JLARC Report, Chapter 8</p> | <p>Senator Deeds Delegate Hope</p> |
| | | |
| <p>Additional 2023 BHC budget recommendations not included in final 2023 budget, reintroduced in 2024</p> | | |
| <p>JLARC Report: CSB Behavioral Health Services</p> | | |
| <p>Recommendation A. The General Assembly may wish to consider including language in the Appropriation Act requiring the Department of</p> | <p>DBHDS could better monitor CSB performance and consumer outcomes, and appropriately intervene to improve outcomes, if it collected and analyzed the DLA-20’s individual item scores</p> | <p>Senate: Favola House: Watts</p> |

| Recommendation / option | Explanation | BHC member sponsor |
|--|--|--|
| <p>Behavioral Health and Developmental Services (DBHDS) to report annually on (i) community service board (CSB) performance in improving the functioning levels of its consumers based on composite and individual item scores from the DLA-20 assessment, or results from another comparable assessment, by CSB, (ii) changes in CSB performance in improving consumer functioning levels over time, by CSB, and (iii) the use of functional assessment data by DBHDS to improve CSB performance to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission.</p> | <p>in addition to the composite scores. Scores are already reported to DBHDS so no additional administrative burden would be imposed upon CSBs.</p> | |
| <p>Recommendation F. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to contract with one or more higher education institutions to establish training and technical assistance centers to (i) deliver standardized training for preadmission screening clinicians on developing appropriate preadmission screening recommendations, interpreting lab results, and understanding basic medical conditions and (ii) provide technical assistance to preadmission screening clinicians, particularly when quality improvement is deemed necessary by DBHDS.</p> | <p>Many preadmission screening clinicians feel that additional training would be beneficial, and some have indicated not receiving formal training on how to conduct preadmission screenings within the last three years. Addressing gaps in training for preadmission screening clinicians could help reduce unnecessary psychiatric hospitalizations.</p> | <p>Senate: Favola House: Hope</p> |
| <p>Recommendation G. The General Assembly may wish to consider including funding in the Appropriation Act for the Department of Behavioral Health and Developmental Services to help community services boards hire additional staff for crisis stabilization</p> | <p>Funding for Community Services Boards to hire additional staff for Crisis Stabilization Units whose bed capacity is not fully utilized because of lack of staff. Money was included in the 2023 budget for additional CSUs but did not include funding for existing CSUs. Additional residential CSU beds would help avoid the need to place some individuals in state psychiatric hospitals after a TDO. Additional funding could help</p> | <p>Senate: Deeds House: Rasoul</p> |

| Recommendation / option | Explanation | BHC member sponsor |
|--|--|--|
| units whose bed capacity is not fully utilized because of a lack of staff. | existing residential CSUs hire the staff they need to operate all or more of their licensed beds. | |
| <p>Recommendation H. The General Assembly may wish to consider including language and funding in the Appropriation Act to support the development and ongoing operations of additional crisis stabilization units (CSUs) for children and adolescents, the Southside area, and any other underserved areas of the state, and to direct that the Department of Behavioral Health and Developmental Services provide detailed information on the following before funding is provided for a CSU new unit to ensure the most strategic deployment of limited resources: (i) the unmet needs the new unit will address, (ii) the capacity of community service boards or private providers to staff the proposed unit, (iii) the unit’s ability to serve individuals under a temporary detention order, (iv) expected initial and ongoing costs of the proposed unit, and (v) the planned timeframe for when the unit would become operational.</p> | <p>RCSUs would more directly help alleviate state psychiatric hospital admission pressures than other crisis services (e.g., 23-hour crisis stabilization services, mobile crisis services) because they can treat individuals under a TDO and provide people who need further residential treatment after their TDO expires with an appropriate step-down placement from state hospitals upon discharge. Gaps in RCSUs are most pronounced for children and adolescents and in the Southside region of Virginia, and these should receive priority. DBHDS should demonstrate a sound strategy for rollout before receiving any funding. In particular, DBHDS should examine whether it would be more effective and efficient to partner with private providers to stand up new RCSUs vs. building them from the ground up through CSBs.</p> | <p>Senate: Favola House: Watts</p> |
| <p>Recommendation I (revised). The General Assembly may wish to consider including language in the Appropriation Act to (i) direct the Department of Behavioral Health and Developmental Services to contract as soon as practicable with a vendor to implement a secure online portal, which is compliant with the Health Insurance Portability and Accountability Act (HIPAA), for community services boards to upload and share patient documents with inpatient psychiatric facilities, and (ii) temporarily suspend the requirement that state facilities, CSBs/BHAs, and private inpatient providers licensed by DBHDS</p> | <p>The bed registry, in its current form, does not fulfill its intended purpose and is counterproductive. However, entities, like CSBs, are still required to enter data into the registry, wasting valuable time on an administrative task that does not currently yield any benefits. DBHDS has been working on a new registry for the past 12 months and it is not clear when it will be available. Meanwhile, CSBs could adopt an online portal to expedite the process of identifying available inpatient beds and reduce the inefficient, manual process currently in place.</p> | <p>Senate: Favola House: Watts</p> |

| Recommendation / option | Explanation | BHC member sponsor |
|---|--|--|
| participate in the acute psychiatric bed registry pursuant to § 37.2-308.1. | | |
| <p>Recommendation M. The General Assembly may wish to direct the Department of Behavioral Health and Developmental Services (DBHDS) to complete a comprehensive review of the performance contracts with community services boards and revise all performance measures in the base performance contract and addendums to ensure that (i) performance measures are designed to measure outcomes for each service; (ii) performance measures include a relevant benchmark for each measure, and (iii) DBHDS has given clear direction on how it will monitor performance and enforce compliance with performance requirements. DBHDS should complete the contract revision and report on the improvements made to the Behavioral Health Commission by December 1, 2023 and implement changes before the finalization of the fiscal year 2025 performance contract.</p> | <p>The performance measures and associated reporting requirements included in the current performance contracts between DBHDS and CSBs are inadequate. Most of the performance measures in the contract are utilization measures rather than consumer outcomes; (2) irrelevant to the purpose of the service being measured; and/or (3) not focused on key aspects of the CSB system. Poorly designed performance measures prevent the state from fully understanding CSB performance, providing targeted technical assistance, or holding CSBs accountable.</p> | <p>Senate: Favola House: Watts</p> |
| <p>Recommendation O. The General Assembly may wish to include language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to report community services board (CSB)-level performance information, including any substantial underperformance or non-compliance and associated enforcement actions, annually to (1) each CSB governing board, (2) the Behavioral Health Commission, and (3) the State Board of Behavioral Health and Developmental Services.</p> | <p>Requiring DBHDS to share CSB performance information with the local CSB boards and other key state-level entities on a regular basis would also help improve accountability in the CSB system. There is currently no requirement for DBHDS to share any information to local CSB governing boards about their CSB’s performance on a regular basis.</p> | <p>Senate: Favola House: Watts</p> |
| | | |

| Recommendation / option | Explanation | BHC member sponsor |
|--|--|---|
| JLARC Report: Pandemic Impact on Public K-12 Education | | |
| <p>Option 3. The General Assembly may wish to provide additional funding for the Virginia Tiered System of Supports program to train staff at more schools about student behavior and classroom management.</p> | <p>The pandemic’s disruption led to lapses in pre-existing behavior skills. The Virginia Tiered System of Supports (VTSS) provides support, technical assistance, and coaching for school staff to help reduce disruptive classroom behavior by providing positive behavior interventions and supports. VDOE and VTSS have demonstrated positive impacts on student behavior and other measures among participating schools, and there is likely still unmet demand for the program. Funding needed: \$1.5M-\$3.25M. \$1.5M would expand the program by 50% (6 additional teams of 2, covering 30 more school division), while \$3.25M would provide for all school divisions not currently participating in VTSS (~65) to be served. However, not all divisions want to or can participate, and hiring challenges could preclude VTSS from serving all divisions.</p> | <p>Senate: Favola House: Rasoul</p> |

LEGISLATION

| Recommendation / option | Explanation | Bill number and BHC member sponsor |
|---|---|--|
| STEP-VA | | |
| <p>Recommendation 1. The General Assembly may wish to consider amending the Code of Virginia to clarify the intent of the STEP-VA initiative regarding access to essential behavioral health services and the scope of the STEP-VA service components that CSBs are required to provide to achieve full implementation.</p> | <p>Without a clear statement of the General Assembly’s intent with regard to the STEP-VA initiative or its expectations regarding the scope of the STEP-VA service components that CSBs must provide, it is not possible to determine the extent to the implementation of STEP-VA service components is consistent with legislative intent.</p> | <p>SB 590 Deeds HB 885 Watts</p> |
| | | |
| BHC Membership | | |
| <p>The General Assembly may wish to consider amending § 30-403 to include three instead of two members of the House Committee on Appropriations as part of the seven members of the House of Delegates appointed to the Behavioral Health Commission.</p> | <p>During meetings about the goals and role of the BHC, members discussed the importance of having more money committee members on the BHC in order to broaden expertise about behavioral health issues among HAC and SFAC members, and to facilitate the implementation of recommendations requiring state funding.</p> | <p>SB 125 Favola HB 807 Rasoul</p> |
| | | |
| JLARC Report: State psychiatric hospitals | | |
| <p>Recommendation 1. The General Assembly may wish to consider amending the Code of Virginia, which defines “mental illness” for the purpose of temporary detention orders and civil commitments, to specify that behaviors and symptoms that are solely a manifestation of a neurocognitive disorder, as determined through an appropriate evaluation by a mental health professional who is competent in the assessment of psychiatric illnesses in individuals with neurocognitive disorders, are excluded from the</p> | <p>See JLARC Report, Chapter 2</p> | <p>SB 176 Favola HB 888 Watts</p> |

| Recommendation / option | Explanation | Bill number and BHC member sponsor |
|---|-------------|------------------------------------|
| <p>definition of mental illness, and therefore, are not a basis for placing an individual under a temporary detention order or committing them involuntarily to an inpatient psychiatric hospital. The legislation’s effective date should be delayed until July 1, 2025.</p> <p>Recommendation 2. The General Assembly may wish to consider amending the Code of Virginia, which defines “mental illness” for the purpose of temporary detention orders and civil commitments, to specify that behaviors and symptoms that are solely a manifestation of a neurodevelopmental disorder, as determined through an appropriate evaluation by a mental health professional who is competent in the assessment of psychiatric illnesses in individuals with neurodevelopmental disorders, are excluded from the definition of mental illness, and therefore, are not a basis for placing an individual under a temporary detention order or committing them involuntarily to an inpatient psychiatric hospital. The legislation’s effective date should be delayed until July 1, 2025.</p> <p>Recommendation 3. The General Assembly may wish to consider amending the Code of Virginia to give state psychiatric hospitals the authority to (i) have a licensed psychiatrist or other licensed mental health professional reevaluate an individual’s eligibility for a temporary detention order before they are admitted if the facility has reason to believe that their symptoms and behavior are solely a manifestation of a neurocognitive or neurodevelopmental disorder, and (ii) deny admission to individuals for whom this is found to be the case. The legislation’s effective date should be delayed until July 1, 2025.</p> <p>Recommendation 4. The General Assembly may wish to consider including language in the Appropriation Act directing the secretary of health and human resources to (i) evaluate the current availability of placements for individuals with neurocognitive and neurodevelopmental disorders who would otherwise be placed in a state psychiatric hospital, (ii) identify and develop alternative strategies to support these patient populations, including through, but not limited to, enhanced Medicaid reimbursements and a Medicaid waiver for individuals with neurocognitive disorders, and (iii) report the results of its work to the House Appropriations and Senate Finance and</p> | | |

| Recommendation / option | Explanation | Bill number and BHC member sponsor |
|---|------------------------------------|--|
| <p>Appropriations committees no later than October 1, 2024.</p> | | |
| <p>Recommendation 5. The General Assembly may wish to consider amending the Code of Virginia to allow state psychiatric hospitals to delay admission of an individual under a temporary detention order until the state psychiatric hospital has determined that the individual does not have urgent medical needs that the state hospital cannot treat.</p> | <p>See JLARC Report, Chapter 2</p> | <p>SB 653 Durant HB 808 Rasoul</p> |
| <p>Recommendation 19. The General Assembly may wish to include language in the Appropriation Act directing the Department of Human Resource Management to allow state hospitals to define nursing staff (including psychiatric technicians) who work at least 36 hours per week as full-time staff and not require reductions in pay or other benefits among those staff who work at least 36 hours per week.</p> | <p>See JLARC Report, Chapter 5</p> | <p>SB 177 Favola HB 806 Rasoul</p> |
| <p>Recommendation 24. The General Assembly may wish to consider including language in the Appropriation Act to direct the Office of the State Inspector General (OSIG) to develop and submit a plan to fulfill its statutory obligation to fully investigate complaints received that contain serious allegations of abuse, neglect, or inadequate care at any state psychiatric hospital and to submit the plan to the chairs of the House Health, Welfare, and Institutions and Senate Rehabilitation and Social Services committees no later than June 20, 2024, and thereafter should provide an annual report on the number of complaints received by OSIG alleging abuse, neglect, or inadequate care at any state psychiatric hospitals along with the number fully investigated by OSIG.</p> | <p>See JLARC Report, Chapter 6</p> | <p>SB 178 Favola HB 313 Hope</p> |
| <p>Recommendation 29. The General Assembly may wish to consider amending (i) §37.2-837 of the Code of Virginia to assign responsibility for leading discharge planning to state psychiatric hospital staff rather than community services boards (CSBs) for patients who are determined to likely need hospitalization for 30 days or less, but stipulate that CSB staff should remain engaged in discharge planning for these patients, and (ii) §37.2-505 of the</p> | <p>See JLARC Report, Chapter 7</p> | <p>SB 179 Favola HB 314 Hope</p> |

| Recommendation / option | Explanation | Bill number and BHC member sponsor |
|--|--------------------|---|
| Code of Virginia to limit CSBs' responsibility for discharge planning to patients who remain in state hospitals more than 30 days. | | |