

## BUDGET AMENDMENTS

Recommendation / option	Budget language / Funding	Explanation
AGREED TO AS PART OF BLOCK VOTE on 12/13/2022		
<b>JLARC Report: CSB Behavioral Health Services</b>		
<p><b>Recommendation A.</b> The General Assembly may wish to consider including language in the Appropriation Act requiring the Department of 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><b>Language:</b> The Department of Behavioral Health and Developmental Services (DBHDS) shall 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>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 in addition to the composite scores. Scores are already reported to DBHDS so no additional administrative burden would be imposed upon CSBs.</p>
<p><b>Recommendation B.</b> The General Assembly may wish to consider including funding in the Appropriation Act to fund a salary increase for direct care staff at community services boards.</p>	<p><b>Funding:</b> \$6.7M - \$22.3M 5% salary increase for <u>direct care</u> staff in FY24, with state covering 30% of costs (\$6.7M), or up to 100% of costs (\$22.3M)</p>	<p>CSB executive directors indicate that compensation is a key factor driving their recruitment and retention challenges, and that compensation is a top reason staff are planning to leave their jobs. Alleviating staffing shortages could reduce waiting lists and expedite access to services.</p>
<p><b>Recommendation C.</b> 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</p>	<p><b>Language:</b> The Department of Behavioral Health and Developmental Services shall report annually to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on</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</p>

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<p>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>average salaries, turnover, and vacancy rates, by position type, across community services boards.</p>	<p>compensation increases are needed.</p>
<p><b>Recommendation D.</b> 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><b>Language:</b> The Department of Behavioral Health and Developmental Services (DBHDS) shall 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 to DBHDS on any staff compensation actions taken during the prior fiscal year.</p>	<p>The General Assembly has appropriated 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.</p>
<p><b>Recommendation E.</b> 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; (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</p>	<p><b>Language:</b> The Department of Behavioral Health and Developmental Services (DBHDS) shall (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; (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</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.</p>

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<p>progress made toward eliminating administrative requirements that are not essential, are duplicative, or are conflicting.</p>	<p>not essential, are duplicative, or are conflicting.</p>	
<p><b>Recommendation F.</b> 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><b>Language:</b> The Department of Behavioral Health and Developmental Services (DBHDS) shall 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><b>Recommendation G.</b> 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 residential crisis stabilization units whose bed capacity is not fully utilized because of a lack of staff.</p>	<p><b>Funding:</b> TBD</p>	<p>Additional residential CSU beds would help avoid the need to place some individuals in state psychiatric hospitals after a TDO. Additional funding could help existing residential CSUs hire the staff they need to operate all or more of their licensed beds.</p>
<p><b>Recommendation H.</b> The General Assembly may wish to consider including language and funding in the Appropriation Act to support the development and ongoing operations of additional residential crisis stabilization units (RCSUs) for children and</p>	<p><b>Funding:</b></p> <ul style="list-style-type: none"> <li>• \$4.0M - \$10.0M, one-time to establish 2 RCSUs</li> <li>• \$4.0M - \$7.0M annually to operate 2 RCSUs</li> </ul>	<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</p>

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<p>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 such funding is provided for a 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>Total funds, including GF, Medicaid, insurance billings, etc.</p>	<p>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><b>Recommendation K.</b> 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 credentialing requirements; and (ii) report on the improvements made to MCO policies, procedures, and</p>	<p><b>Language:</b> The Department of Medical Assistance Services shall (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 credentialing requirements; (ii) report on the improvements made to MCO policies, procedures, and requirements to the Behavioral Health Commission no later than December 1, 2023.</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</p>

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<p>requirements to the Behavioral Health Commission no later than December 1, 2023.</p>		<p>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><b>Recommendation O.</b> 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><b>Language:</b> The Department of Behavioral Health and Developmental Services (DBHDS) shall 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><b>JLARC Report: Pandemic Impact on Public K-12 Education</b></p>		
<p><b>Option 3.</b> 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><b>Funding:</b> \$1.5M - \$3.25M annually, at least until pandemic-related behavior problems improve.</p> <p><b>Language:</b> The Virginia Tiered System of Supports program will use newly appropriated funds to conduct training on student behavior and classroom management with staff in schools not previously served by the VTSS program. \$250K per 5 school divisions; \$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</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</p>

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	be served. However, not all divisions want to or can participate, and hiring challenges could preclude VTSS from serving all divisions.	participating schools, and there is likely still unmet demand for the program.
<b>Behavioral Health Commission</b>		
<p><b>Recommendation 13.</b> The General Assembly may wish to consider including funding in the Appropriation Act for one additional staff position to be hired by the Behavioral Health Commission.</p>	<p><b>Funding:</b> \$190K Salary and benefits for experienced analyst</p>	<p>Additional staff would enable the BHC to take on oversight responsibilities and monitor the implementation of past and future activities funded by the General Assembly. An experienced analyst would provide a better return given the small size of the BHC staff.</p>

<b>PULLED OUT OF THE BLOCK and not voted on at 12.13.22 meeting</b>		
<b>JLARC Report: CSB Behavioral Health Services</b>		
<p><b>Recommendation I (revised).</b> 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><b>Language:</b> The Department of Behavioral Health and Developmental Services shall 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.  The requirement for state facilities, CSBs/BHAs, and private inpatient providers licensed by DBHDS to participate in the acute psychiatric bed registry pursuant to § 37.2-308.1 is temporarily suspended until such time</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. While DBHDS works to replace the current registry with an improved version, CSBs could adopt an online portal to expedite the process of identifying</p>



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<p>participate in the acute psychiatric bed registry pursuant to § 37.2-308.1.</p> <p><i>Reason for pulling out of block: Need to revise recommendation to be based on JLARC Recommendation 11, including a revised version of Recommendation 12 that would temporarily suspend the effectiveness of § 37.2-308.1.</i></p>	<p>as a new registry is made available by DBHDS.</p>	<p>available inpatient beds and reduce the inefficient, manual process currently in place.</p>
<p><b>Recommendation J.</b> 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, 2023, and annually thereafter.</p> <p><i>Reason for pulling out of block: The BHC expressed an interest in requiring DBHDS to amend the performance contracts to require CSBs to bill Medicaid in addition to or instead of</i></p>	<p><b>Language:</b> The Department of Behavioral Health and Developmental Services shall 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, 2023, 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>

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<p><i>adopting the language of Recommendation J.</i></p> <p><i>This could be accomplished through legislation or a budget amendment.</i></p>		
<p><b>Recommendation M.</b> 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><u><i>Reason for pulling out of block:</i></u>  <i>The BHC expressed an interest in requiring DBHDS to amend the performance contracts to do this instead of adopting the language of Recommendation M.</i></p>	<p><b>Language:</b> The Department of Behavioral Health and Developmental Services (DBHDS) shall 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>