

**BUDGET AMENDMENTS**

Recommendation / option	Budget language / Funding	Explanation
<b>AGREED TO AS PART OF VOTES on 10/17/2023 and 11/13/2023</b>		
<b>STEP-VA Report</b>		
<p><b>Recommendation 2.</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, 2024, and annually thereafter.</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, 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><b>Note:</b> 2023 BHC budget recommendation not adopted</p>

**BUDGET AMENDMENTS**

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<p><b>Recommendation 3.</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 requirements to the Behavioral Health Commission no later than December 1, 2024.</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, 2024.</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><b>Note:</b> 2023 BHC budget recommendation not adopted</p>
<p><b>Recommendation 4.</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 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><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 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.</p> <p><b>Note:</b> 2023 BHC budget recommendation not adopted</p>

**BUDGET AMENDMENTS**

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<p><b>Recommendation 5.</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 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>Note:</b> 2023 BHC budget recommendation not adopted</p>
<p><b>Recommendation 6.</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</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 not essential, are duplicative, or are conflicting.</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> <p><b>Note:</b> 2023 BHC budget recommendation not adopted</p>

**BUDGET AMENDMENTS**

Recommendation / option	Budget language / Funding	Explanation
<p>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><b>Recommendation 7.</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) 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><b>Language:</b> The Department of Behavioral Health and Developmental Services (DBHDS) shall (i) finalize performance measures for every STEP-VA service component that has been initiated statewide and report these performance 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>

**BUDGET AMENDMENTS**

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<p><b>Recommendation 8.</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 to the Behavioral Health Commission, by December 1, 2024, on the changes to STEP-VA performance measures and benchmarks that are anticipated to be included in CSB performance contracts, which will become effective July 1, 2025.</p>	<p><b>Language:</b> The Department of Behavioral Health and Developmental Services (DBHDS) shall report to the Behavioral Health Commission by December 1, 2024, on the changes to STEP-VA performance measures and benchmarks that are anticipated to be included in CSB performance contracts, which will become effective July 1, 2025.</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 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><b>Recommendation 10.</b> 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</p>	<p><b>Language:</b> The Secretary of Health and Human Resources shall 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</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>

**BUDGET AMENDMENTS**

Recommendation / option	Budget language / Funding	Explanation
<p>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>the individuals receiving services implemented pursuant to the plan.</p>	
<p><b>Option 1.</b> 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 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><b>Language:</b> The Department of Behavioral Health and Developmental Services (DBHDS) shall (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 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>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>

## BUDGET AMENDMENTS

Recommendation / option	Budget language / Funding	Explanation
<p><b>Option 2.</b> 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><b>Language:</b> The Department of Medical Assistance Services shall (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><b>Note:</b> JLARC recommendation from 2022 report on CSBs</p>
<p><b>Option 3.</b> 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</p>	<p><b>Language:</b> The Secretary of Health and Human Resources shall 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</p>

## BUDGET AMENDMENTS

Recommendation / option	Budget language / Funding	Explanation
and their quality, and barriers to implementation of the CCBHC model in the Commonwealth.		measurement of the quality of STEP-VA service components.
<p><b>Option 4.</b> 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><b>Language:</b> The Department of Medical Assistance Services (DMAS) shall 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><b>Report on Maximizing School-Based Mental Health</b></p>		
<p><b>Recommendation 1.</b> 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</p>	<p><b>Funding:</b> \$250,000 in FY 2025</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.</p>



**BUDGET AMENDMENTS**

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sufficient number of providers qualified to deliver services identified.		
<p><b>Option 1.</b> 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 Health Commission on the selected performance measures by November 1, 2024.</p>	<p><b>Funding:</b> \$7,500,000 in FY 2025 and \$7,500,000 in FY 2026</p> <p><b>Language:</b> The Department of Behavioral Health and Developmental Services (DBHDS) shall develop performance measures for participating sites and for the pilot overall, and shall report to the Behavioral Health Commission on the selected performance measures by November 1, 2024.</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><b>Option 2.</b> 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><b>Language:</b> The Department of Medical Assistance Services (DMAS) and Department of Education (DOE) shall revise their interagency agreement to reduce the percentage of administrative reimbursement pass-through funds retained by DMAS; and (ii) appropriate an equivalent amount of funding to the Department of Education to support staffing, training, and professional development to 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>

**BUDGET AMENDMENTS**

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<p><b>Option 3.</b> 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 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</p>	<p><b>Language:</b> The Department of Education (DOE) shall 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 should 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 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>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>

**BUDGET AMENDMENTS**

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<p>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><b>Option 4.</b> 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><b>Funding:</b> \$20-30 million in FY2025</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><b>Behavioral Health Commission</b></p>		
<p><b>Recommendation A.</b> The General Assembly way 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><b>Funding:</b> \$300,000 in FY2025 and \$300,000 in FY2026 Fully fund existing positions and salary and benefits for one additional experienced analyst</p>	<p>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</p>

## BUDGET AMENDMENTS

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		the BHC to take on oversight responsibilities and monitor the implementation of past and future activities funded by the General Assembly.

PULLED OUT OF THE BLOCK and not voted on at 10.17.23 meeting

### Report on STEP-VA

<p><b>Recommendation 9.</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 to the Behavioral Health Commission and the State Board of Behavioral Health and Developmental Services by October 1, 2024, and at least quarterly thereafter, on the status of the data exchange initiative. Such reports should include information on project status, estimated completion date, funding, risks that could prevent the project from being completed on time and on budget and plans to mitigate those risks.</p> <p><i>Reason for pulling out of block:</i> Members were concerned that this requirement could be overly burdensome for DBHDS.</p>	<p><b>Language:</b> The Department of Behavioral Health and Developmental Services (DBHDS) shall report to the Behavioral Health Commission and the State Board of Behavioral Health and Developmental Services by October 1, 2024, and at least quarterly thereafter, on the status of the data exchange initiative. Such reports should include information on project status, estimated completion date, funding, risks that could prevent the project from being completed on time and on budget and plans to mitigate those risks.</p>	<p>The General Assembly provided funding to upgrade DBHDS’ data infrastructure and implement a new data exchange initiative beginning in FY 2023. To minimize risks associated with project delays, JLARC recommended that the General Assembly direct DBHDS and the Virginia Information Technologies Agency to provide reports on the project status to the Behavioral Health Commission and the State Board of Behavioral Health and Developmental Services at least every three months until the project is complete.</p> <p><b>Note:</b> Information can be obtained without budget amendment</p>
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**BUDGET AMENDMENTS**

2023 BHC Budget Recommendations Not Adopted			
Recommendation / option			
	Original Patron	Language/Funding	2023 Appropriation Act Outcome
<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>	Del. Brewer	<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</p>	Included in HB 1400 (311 #3h). Not included in final budget.

**BUDGET AMENDMENTS**

		Board of Behavioral Health and Developmental Services and the Behavioral Health Commission.	
<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 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>	Sen. Deeds	<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 average salaries, turnover, and vacancy rates, by position type, across community services boards.</p>	<p>Included in SB 800 (311 #20s). Not included in final budget.</p> <p><b>Note:</b> Included in STEP-VA recommendations</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>	Sen. Deeds	<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</p>	<p>Included in SB 800 (312 #5s). Not included in final budget.</p> <p><b>Note:</b> Included in STEP-VA recommendations</p>

**BUDGET AMENDMENTS**

		compensation actions taken during the prior fiscal year.	
<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 progress made toward eliminating administrative requirements that are not essential, are duplicative, or are conflicting.</p>	Del. Rasoul	<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</p>	<p>Included in HB 1400 (311 #2h). Not included in final budget. <b>Note:</b> Included in STEP-VA recommendations</p>
	Sen. Mason		<p>Included in SB 800 (311 #18s). Not included in final budget. <b>Note:</b> Included in STEP-VA recommendations</p>

**BUDGET AMENDMENTS**

		that are not essential, are duplicative, or are conflicting.	
<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>	Sen. Deeds	<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>	Included in SB 800 (312 #4s). Not included in final budget.
<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 crisis stabilization</p>	Del. Hope	<p><b>Funding:</b> \$2,500,000 the second year from the general fund is designated to Community Services Boards to hire additional staff for Crisis Stabilization Units whose bed</p>	<p>Not directly included in HB 1400. The BHC recommendation would have provided \$2,500,000 for DBHDS to help CSBs hire additional staff for CSUs.</p> <p>The House Committee reports included \$25,000,000 for additional CSUs, which is more than the BHC recommendation but does not seem to contemplate additional funding for existing CSUs.</p>



**BUDGET AMENDMENTS**

<p>units whose bed capacity is not fully utilized because of a lack of staff.</p>		<p>capacity is not fully utilized because of lack of staff.</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 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 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</p>	<p>Sen. Deeds</p>	<p><b>Funding:</b> \$8,700,000 the second year from the general fund is provided to increase funding for the first three steps of STEP-VA, including same day access, primary care screening, and outpatient services at community service boards.</p>	<p>Included indirectly in SB 800. The BHC recommendation would have provided \$2,500,000 for DBHDS to help CSBs hire additional staff for CSUs. The Senate Committee reports included \$30,000,000 for the creation of additional crisis receiving centers and crisis stabilization units and to make enhancements to existing sites. SB 800 requires DBHDS to notify the Chairs of HAC and SFAC within 10 days of each award, stating the amount approved and the services that will be provided.</p>
	<p>Del. Brewer</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>Included in HB 1400 (312 #1h). Not included in final budget. The BHC recommendation would have provided an additional \$17,000,000 for 2 additional CSUs. The House would have included an additional \$25,000,000 for CSUs to be placed in priority areas, in addition to the CSUs proposed in the Right Help, Right Now plan.</p>
	<p>Sen. Hanger</p>	<p>Total funds, including GF, Medicaid, insurance billings, etc.</p>	<p>Indirectly included in SB 800. Not included in final budget. The BHC recommendation would have provided \$17,000,000 for 2 additional CSUs. The Senate would have included \$30,000,000 for the creation of additional crisis receiving centers and crisis stabilization units and to make enhancements to existing sites.</p>

**BUDGET AMENDMENTS**

<p>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><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 participate in the acute psychiatric bed registry pursuant to § 37.2-308.1.</p> <p>Funding: \$650K.</p>	<p>Del. Brewer</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.</p> <p>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</p>	<p>Not included in HB 1400. (Original: 311 #3h)</p>
	<p>Sen. Deeds</p>		<p>Included in SB 800 (311 #2s). Not included in final budget.</p>

**BUDGET AMENDMENTS**

		such time as a new registry is made available by DBHDS.	
<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>Sen. Favola</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) evaluate the feasibility of a central billing entity, similar to the Federally Qualified Health Centers, that would handle all Medicaid claims for the entire system. The department shall report the results of these targeted reviews, any technical assistance or training provided in response, and on the feasibility of central billing</p>	<p>Included in SB 800 (311 #17s). Not included in final budget. <b>Note:</b> Included in STEP-VA recommendations</p>

**BUDGET AMENDMENTS**

		<p>to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees by December 1, 2023, and annually thereafter on December 1, of each year.</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 requirements to the Behavioral Health Commission no later than December 1, 2023.</p>	<p>Sen. Favola</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>Not included in SB 800.</p> <p>The Senate Committee reports direct DMAS to “incorporate provisions to standardize claims and service authorization processes” in their RFP development, which may address part of the concern behind this recommendation.</p> <p><b>Note:</b> Included in STEP-VA recommendations</p>

**BUDGET AMENDMENTS**

<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>Sen. Deeds</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>Included in SB 800 (311 #13s). Not included in final budget.</p>
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**BUDGET AMENDMENTS**

<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>Sen. Deeds</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>Included in SB 800 (311 #14s). Not included in final budget.</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>Funding: \$1.5M</p>	<p>Del. Watts</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.</p>	<p>Partially included in HB 1400 (130 #1h). Not included in final budget. The BHC recommendation would have provided \$1,500,000 for the VTSS. The House would have included \$500,000 for the VTSS.</p>
	<p>Sen. Mason</p>		<p>Included in SB 800 (129 #2s). Not included in final budget.</p> <p>The Senate would have included \$1,500,000 for DOE to provide technical assistance to teachers and administrators on positive behavioral interventions and supports (PBIS)</p>

**BUDGET AMENDMENTS**

		<p>\$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 be served. However, not all divisions want to or can participate, and hiring challenges could preclude VTSS from serving all divisions.</p>	
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**BILL REQUESTS**

Recommendation / option	Legislative draft (LD) number	Explanation
<b>AGREED TO AS PART OF BLOCK VOTE on 10/17/2023</b>		
<b>Report on STEP-VA</b>		
<p><b>Recommendation 1.</b> 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>24100984</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>

<b>To be voted on at 12.05.23 meeting</b>		
<b>Limited-scope study of EDCOT</b>		
<p><b>Option 1.</b> 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 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</p>	<p>24101392</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 individual outcomes, public safety, and the adequacy of its mental health and courts systems.</p>



**BILL REQUESTS**

Recommendation / option	Legislative draft (LD) number	Explanation
<p>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><b>Option 2.</b> The General Assembly may wish to consider adopting a joint resolution directing the Joint Legislative Audit and Review Commission (JLARC) to study how to maximize the availability and effectiveness of diversion opportunities for individuals with mental illness who are involved in the criminal justice system in Virginia. As part of this study, JLARC should (1) determine the availability, scope, and effectiveness of major diversion programs and initiatives in Virginia, including pre-arrest models; (2) assess in what ways and to what</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 individual outcomes, public safety, and the adequacy of its mental health and courts systems.</p>

**BILL REQUESTS**

Recommendation / option	Legislative draft (LD) number	Explanation
<p>extent expedited diversion to court ordered treatment (EDCOT) could benefit the state and eligible individuals compared to the benefits of existing diversion programs; (3) examine the operational, legal, and funding changes that would be required to effectively implement EDCOT and address concerns raised by stakeholders; (4) evaluate the costs and benefits of implementing EDCOT compared to those of maximizing the availability of existing diversion programs; and (5) make recommendations about the diversion programs that Virginia should offer to optimize individual outcomes, public safety, and the use state resources. In conducting their work, JLARC staff should consider diversion best practices used in other states. JLARC should report on its findings by November 1, 2025.</p>		
<p><b>BHC Membership</b></p>		
<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>24101824</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>

**Agreed to as part of block vote: STEP-VA report**

**SENATE BILL NO. \_\_\_\_\_ HOUSE BILL NO. \_\_\_\_\_**

1 A BILL to amend and reenact § 37.2-500 of the Code of Virginia, relating to community services boards;  
2 core of services.

3 **Be it enacted by the General Assembly of Virginia:**

4 **1. That § 37.2-500 of the Code of Virginia is amended and reenacted as follows:**

5 **§ 37.2-500. Purpose; community services board; services to be provided.**

6 A. The Department, for the purposes of establishing, maintaining, and promoting the development  
7 of mental health, developmental, and substance abuse services in the Commonwealth, may provide funds  
8 to assist any city or county or any combinations of cities or counties or cities and counties in the provision  
9 of these services. Every city or county shall establish a community services board by itself or in any  
10 combination with other cities and counties, unless it establishes a behavioral health authority pursuant to  
11 Chapter 6 (§ 37.2-600 et seq.). In order to provide comprehensive mental health, developmental, and  
12 substance abuse services within a continuum of care, the community services board shall function as the  
13 single point of entry into publicly funded mental health, developmental, and substance abuse services.

14 B. The purpose of behavioral health services provided by community services boards shall be to  
15 enable individuals who have a mental illness or substance use disorder that significantly impairs their  
16 functioning to access effective, timely, and cost-efficient services that help them (i) overcome or manage  
17 functional impairments caused by the mental illness or substance use disorder and (ii) remain in the  
18 community to the greatest extent possible, consistent with the individual's well-being and public safety.

19 C. The core of services provided by community services boards within the cities and counties that  
20 they serve shall include:

21 1. Emergency services;

22 2. Same-day mental health screening services;

23 3. Outpatient primary care screening and monitoring services for physical health indicators and  
24 health risks and follow-up services for individuals identified as being in need of assistance with

25 overcoming barriers to accessing primary health services, including developing linkages to primary health  
26 care providers; ~~and~~

27 4. ~~Subject to the availability of funds appropriated for them, case~~ Crisis services for individuals  
28 with a mental illness or substance use disorder;

29 5. Outpatient mental health and substance abuse services;

30 6. Psychiatric rehabilitation services;

31 7. Peer support and family support services;

32 8. Mental health services for members of the armed forces located 50 miles or more from a military  
33 treatment facility and veterans located 40 miles or more from a Veterans Health Administration medical  
34 facility;

35 9. Care coordination services; and

36 10. Case management services.

37 Such services shall be provided in a manner that ensures every individual in need of services has  
38 access to the services they need, when and where they need them.

39 ~~C-D.~~ Subject to the availability of funds appropriated for them, the core of services may include  
40 a comprehensive system of inpatient, outpatient, day support, residential, prevention, early intervention,  
41 and other appropriate mental health, developmental, and substance abuse services necessary to provide  
42 individualized services and supports to persons with mental illness, developmental disabilities, or  
43 substance abuse. Community services boards may establish crisis stabilization units that provide  
44 residential crisis stabilization services.

45 ~~D. The purpose of behavioral health services provided by community services boards shall be to~~  
46 ~~enable individuals who have a mental illness or substance use disorder that significantly impairs their~~  
47 ~~functioning to access effective, timely, and cost-efficient services that help them (i) overcome or manage~~  
48 ~~functional impairments caused by the mental illness or substance use disorder and (ii) remain in the~~  
49 ~~community to the greatest extent possible, consistent with the individual's well-being and public safety.~~

50 E. Every city or county or any combination of cities and counties that has established a community  
51 services board, in consultation with that board, shall designate it as an operating community services

52 board, an administrative policy community services board, or a local government department with a  
53 policy-advisory community services board. The governing body of each city or county that established  
54 the community services board may change this designation at any time by ordinance. In the case of a  
55 community services board established by more than one city or county, the decision to change this  
56 designation shall be the unanimous decision of all governing bodies.

57 F. A community services board may enter into contracts with private providers to ensure the  
58 delivery of services pursuant to this article.

59 #

**To be voted on: December 2023 meeting**

## **BHC Membership**



**§ 30-403. Membership; terms; vacancies; chairman and vice-chairman; quorum; meetings; voting on recommendations.**

The Commission shall consist of 12 legislative members, who shall be appointed as follows: five members of the Senate, at least one of whom shall be a member of the Senate Committee on Education and Health, at least one of whom shall be a member of the Senate Committee on Rehabilitation and Social Services, and at least two of whom shall be members of the Senate Committee on Finance and Appropriations, to be appointed by the Committee on Rules and seven members of the House of Delegates, at least ~~two~~ three of whom shall be members of the House Committee on Appropriations and at least two of whom shall be members of the House Committee on Health, Welfare and Institutions, to be appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates.

Members of the Commission shall serve terms coincident with their terms of office. Members may be reappointed. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired term. Vacancies shall be filled in the same manner as the original appointment.

The Commission shall elect a chairman and a vice-chairman from among its membership.

A majority of the members of the Commission shall constitute a quorum. Meetings of the Commission shall be held at the call of the chairman or whenever the majority of the members of the Commission so request.

No recommendation of the Commission shall be adopted if a majority of the Senate members or a majority of the House members appointed to the Commission (i) vote against the recommendation and (ii) vote for the recommendation to fail notwithstanding the majority vote of the Commission.

2021, Sp. Sess. I, c. [313](#).

## **Limited-scope study of EDCOT**

## **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 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.

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## **Option 2**

The General Assembly may wish to consider adopting a joint resolution directing the Joint Legislative Audit and Review Commission (JLARC) to study how to maximize the availability and effectiveness of diversion opportunities for individuals with mental illness who are involved in the criminal justice system in Virginia. As part of this study, JLARC should (1) determine the availability, scope, and effectiveness of major diversion programs and initiatives in Virginia, including pre-arrest models; (2) assess in what ways and to what extent expedited diversion to court ordered treatment (EDCOT) could benefit the state and eligible individuals compared to the benefits of existing diversion programs; (3) examine the operational, legal, and funding changes that would be required to effectively implement EDCOT and address concerns raised by stakeholders; (4) evaluate the costs and benefits of implementing EDCOT compared to those of maximizing the availability of existing diversion programs; and (5) make recommendations about the diversion programs that Virginia should offer to optimize individual outcomes, public safety, and the use state resources. In conducting their work, JLARC staff should consider diversion best practices used in other states. JLARC should report on its findings by November 1, 2025.