

#	Recommendation / option	Budget amendment / legislation / BHC letter	Explanation
BHC staff studies			
Monitoring of Permanent Supportive Housing (PSH)			
1	<p>Recommendation 1 The General Assembly may wish to consider directing the Department of Medical Assistance Services (DMAS), in conjunction with the Department of Behavioral Health and Developmental Services (DBHDS) and other stakeholders, to examine how Medicaid could best cover the costs of tenancy support and one-time housing assistance as well as clinical services needed by recipients who participate in the PSH program for individuals with a serious mental illness. DMAS should report to the Behavioral Health Commission the steps and resources needed to provide coverage for those services by November 1, 2025.</p>	<p>Budget amendment – Department of Medical Assistance Services</p> <p>Funding: FY25 \$0 FY26 TBD</p> <p>Language: The Department of Medical Assistance Services, in consultation with the appropriate stakeholders, shall develop a housing benefit targeted to Medicaid beneficiaries with serious mental illness who need intensive, ongoing support to obtain and maintain stable housing.</p> <p>Funding (TBD) the second year is provided for the costs of a contract to (i) write an application to receive a 1115 demonstration waiver for a housing benefit; and (ii) study and implement rates for services needed to provide a housing benefit.</p>	<p>The proportion of PSH funding going to tenant supports and one-time housing costs has increased from 34% to 52% of program spending between FY19 and FY24, leaving less than half of total funding available for ongoing rental assistance.</p> <p>The PSH program is currently funded entirely with General Funds, but a 1115 Medicaid waiver could be used to cover these costs and leverage federal dollars, thereby leaving additional General Fund dollars to be used for rental assistance.</p>
2	<p>Recommendation 2 The General Assembly may wish to consider directing the Department of Behavioral Health and Developmental Services to (i) examine how best to revise its discharge protocols to require state hospitals and Community Services Boards to</p>	<p>Budget amendment – Department of Behavioral Health and Developmental Services</p> <p>Language: The Department of Behavioral Health and Developmental Services shall (i) revise discharge protocols to require state hospitals and Community Services Boards to explore whether Permanent Supportive Housing is a suitable option</p>	<p>While individuals being discharged from state hospitals are identified as the highest priority placements for PSH, only 15% of new PSH participants come from state hospitals. There is no requirement or practice to assess patients for PSH during discharge planning, and no standardized processes exist to evaluate PSH suitability. Staff training on PSH and knowledge about the program is not widespread, especially as it pertains to program</p>

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	<p>explore whether Permanent Supportive Housing is a suitable option for all patients, and (ii) develop a statewide training curriculum about the PSH program and how it can successfully be used to integrate individuals with SMI in the community and conduct training with all staff involved in discharge planning.</p>	<p>for all patients by November 1, 2025; (ii) develop and implement a standardized assessment tool for state hospital staff to evaluate suitability for Permanent Supportive Housing as part of every discharge plan; (iii) develop a statewide training curriculum about the PSH program and how it can successfully be used to integrate individuals with SMI in the community, and conduct training with all staff involved in discharge planning; and (iv) identify positions for which training on the PSH program is mandatory.</p> <p>The Department shall report to the Behavioral Health Commission no later than December 1, 2025, and annually thereafter on the implementation status of these initiatives generally and specifically for each state facility, including: the number of staff trained; proportion of discharge plans during which the assessment tool was used; proportion of individuals assessed as suitable for PSH; proportion of individuals discharged directly to PSH; discharge placements for individuals assessed as suitable for PSH who were not discharged to PSH; barriers preventing individuals assessed as suitable for PSH from being discharged into the program; barriers to increasing the proportion of individuals assessed as suitable for PSH; and recommendations to address such barriers.</p>	<p>supports.</p> <p>By requiring a PSH assessment during discharge planning and using a standardized tool, permanent supportive housing will be consistently considered and fairly evaluated for all patients ready to be discharged. Training will help broaden awareness of the program among discharge staff as well as the supports that can be put in place to support independent living in the community.</p>
Study of strategies to minimize avoidable arrests of people in crisis and assaults on law enforcement			
3	<p>Option 1 The General Assembly may wish to consider including funding in the Appropriation Act to support the</p>	<p>Budget amendment - Grants to Localities Funding: FY25 \$0; FY26 +\$7.8M</p>	<p>Law enforcement officers report wanting more access to clinicians’ expertise when responding to mental health crises. Co-responder models are viewed as effective ways</p>

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	<p>development and establishment of co-response programs between law enforcement officers and clinicians, especially in those localities that have not yet received funding to implement the Marcus Alert system or that are not required to implement such system due to their population size.</p>	<p>Language: Out of this appropriation, \$9,600,000 the first year and \$10,200,000 <u>\$18,000,000</u> the second year from the general fund shall be provided to establish mental health awareness response and community understanding services (Marcus) alert system programs and community care teams pursuant to legislation adopted in the 2020 Special Session I of the General Assembly. <u>The Department shall direct these funds to the six CSBs currently in the planning stages of Marcus alert implementation and the seven remaining CSBs that have at least one member locality that is non-exempt from protocols two and three of Marcus alert.</u> Each local or regional implementation area program shall receive \$600,000 each year for this purpose. Notwithstanding the provisions of §§ 37.2-311.1, Code of Virginia, any requirement to establish community care teams may be met by the establishment of mobile crisis units.</p>	<p>to include clinicians when safety risks exist.</p> <p>As of July 2024, seventeen CSBs have received \$600K to implement Marcus Alert, many of which have used these funds to create co-responder programs that combine clinicians and law enforcement. Thirteen additional CSBs are required to implement Marcus Alert by 2028, yet the 2025-2026 Appropriation Act does not include funding for any new Marcus Alert implementations/co-responder teams. This option would fund the planning and implementation of Marcus Alert and community response programs in six CSB regions that are currently in the planning stage and seven remaining CSB regions that have at least one member locality with a population greater than 40,000.</p>
4	<p>Option 2 The General Assembly may wish to consider including language and funding in the Appropriation Act directing DBHDS to establish a program for 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,</p>	<p>Budget amendment - Department of Behavioral Health and Developmental Services</p> <p>Funding: FY25 \$0; FY26 \$5M</p> <p>Language: Out of this appropriation, \$5,000,000 the second year from the general fund shall be used to establish a program for 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 may be provided to cover one-time and ongoing costs for creating and filling additional security positions, providing staff training on how</p>	<p>Law enforcement indicated that some assaults were triggered by the long delays experienced by individuals under a TDO while they wait for a bed to become available for them in a psychiatric facility. Expanding the availability of beds at private psychiatric facilities would ease the bed census crisis and reduce wait times for individuals in crisis, thereby potentially reducing assaults on law enforcement officers as well as hospital staff.</p> <p>The 2023 JLARC report, “Virginia’s State Psychiatric Hospitals,” found that private psychiatric hospitals cite staff safety as a critical barrier to admitting more patients, particularly those under TDOs or civil commitments. Hospital staff suggest that enhanced security personnel,</p>

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	<p>providing staff training on how to safely treat these patients, and making safety improvements to the facilities.</p>	<p>to safely treat these patients, and making safety improvements to the facilities.</p>	<p>specialized training, and facility upgrades would help mitigate risks. To encourage these hospitals to accept more challenging patients, the state could provide targeted funding to offset additional safety-related expenses.</p>
<p>5</p>	<p>Option 3A The General Assembly may wish to consider directing staff to explore the feasibility of delaying arrest for certain alleged violations of the law by an individual involved in the civil commitment process until such time as the individual is no longer subject to an ECO, TDO, or civil commitment order.</p>	<p>Legislation: Amend § 19.2-81.7</p> <p>Arrest of certain persons with or without a warrant prohibited; notice of issuance of warrant or summons; appearance; failure to appear.</p> <p>Provides that no law-enforcement officer with the power to arrest shall arrest an individual who is currently subject to an emergency custody order, temporary detention order, or involuntary admission; however, such officer may (i) seek the issuance of a warrant or summons for the alleged misdemeanor or felony violation and notify such person pursuant to relevant law or (ii) arrest such individual upon the expiration of any such order.</p> <p><i>See full draft from DLS in Appendix</i></p>	<p>When individuals who meet ECO criteria or who are under an ECO, TDO, or involuntary admission are arrested, they are removed from their treatment pathway and often sent to jail while still in an acute mental health crisis. This creates significant barriers to treatment for the individual experiencing the crisis, and places a heavy burden on jails, which are generally not equipped to treat or manage mental health crises. Individuals who are in a mental health crisis may be placed under a jail TDO, but it may take up to 10 days to transfer them to a state facility. During that time, individuals in crisis may decompensate further, sometimes to the point where they are not competent to stand trial.</p> <p>Changing the Code to delay arrests until after a person has finished their ECO/TDO/involuntary admission would help stabilize the individual in crisis by allowing them to complete treatment, before entering the criminal justice system. This would also help relieve some of the burden experienced by local and regional jails, as well as the need for competency restoration services in state hospitals. Individuals could still be held accountable through the criminal justice system after the completion of their treatment, when they are no longer a threat to themselves or others and in need of intensive treatment.</p>
<p>6</p>	<p>Option 3B The General Assembly may wish to amend the Code of Virginia to</p>	<p>Legislation: Amend § 19.2-81.7</p> <p>Arrest of certain persons with or without a warrant</p>	<p>When individuals who meet ECO criteria or who are under an ECO, TDO, or involuntary admission are</p>

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	<p>clarify that law enforcement can exercise discretion when deciding whether to arrest an individual who meets ECO criteria or who is under an ECO, TDO, or involuntary civil commitment order.</p>	<p>not required.</p> <p>Provides that no law-enforcement officer with the power to arrest is required to arrest an individual who is currently subject to an emergency custody order, temporary detention order, or involuntary admission; however, such officer may arrest such individual upon the expiration of any such order.</p> <p><i>See full draft from DLS in Appendix</i></p>	<p>arrested, they are removed from their treatment pathway and often sent to jail while still in an acute mental health crisis. This creates significant barriers to treatment for the individual experiencing the crisis, and places a heavy burden on jails, which are generally not equipped to treat or manage mental health crises. Individuals who are in a mental health crisis may be placed under a jail TDO, but it may take up to 10 days to transfer them to a state facility. During that time, individuals in crisis may decompensate further, sometimes to the point where they are not competent to stand trial.</p> <p>This Code change would expressly state and clarify that law enforcement officers are not required to arrest someone at the time of the offense if they are under an ECO/TDO/involuntary admission order. This could help mitigate confusion that officers may feel about their obligations to arrest in those circumstances.</p>

Unimplemented recommendations from 2024 Session

Report on maximizing school-based mental health

<p>7</p>	<p>Option 1 The General Assembly may wish to consider including in the Appropriation Act (i) \$7.5 million in FY26 to support the School-Based Mental Health Integration Pilot for two additional years, and (ii) language directing DBHDS to develop performance measures for participating sites and for the pilot</p>	<p>Budget amendment: Department of Behavioral Health and Developmental Services</p> <p>Funding: FY25 \$0; FY26 \$7.5M</p> <p>Language: Out of this appropriation, \$7,500,000 the second year from the general fund shall be used to provide grants to school divisions seeking to partner with mental health providers, as an extension of the school-based mental health grant</p>	<p>\$7.5M annual funding for the school-based mental health grant pilot program, which began in FY23, was re-deployed in FY25 to create school-based clinics. Although clinics can provide mental health services, their purpose is far broader and the language used to establish the clinics limits school divisions’ ability to maintain the partnerships that had been established under the mental health grant pilot program. DBHDS has used \$2.8M in Mental Health Block Grant funds to sustain school</p>
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	overall, and to report to the Behavioral Health Commission on the selected performance measures by November 1, 2025.	<p>program.</p> <p>The Department shall develop performance measures for participating sites and for the program overall and shall report to the Behavioral Health Commission on the selected performance measures by November 1 of each year.</p>	<p>divisions in FY25, but this amount is lower than the \$7.5M that was available through the school based mental health grant.</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 should be expanded statewide.</p>

Follow ups to 2024 BHC recommendations

JLARC report on state psychiatric facilities

8	<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 <u>neurocognitive disorder</u>, 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 definition of mental illness, and therefore, are not a basis for placing an individual under a temporary</p>	<p>(A) BHC letter: Request that the Virginia Autism Advisory Council examine 3 recommendations</p> <ol style="list-style-type: none"> 1. Building a continuum of care; Apply for a Medicaid waiver to build and fund a continuum of care with the intent of increasing access to services for those with a primary or solo diagnosis related to a neurocognitive disorder or a neurodevelopmental disability (such as an autism spectrum disorder). The continuum of care should cover community-based services as well as crisis intervention services. Inpatient and residential neurodevelopmental treatment should also be included as part of this plan. 2. Custodial interrogation; Prior to any interrogation of a person who is known to have an autism spectrum disorder or a developmental disability or who displays behavior associated with 	<p>At the conclusion of the workgroup assembled to identify alternative placement options for individuals with neurodevelopmental and neurocognitive disorders who do not have a mental illness, some stakeholders expressed concerns that work remains to be done to avoid inappropriate placements in state psychiatric facilities. Stakeholders from the autism community were particularly concerned. While developmental disabilities such as autism spectrum disorders are not within the purview of the BHC, the Commission could send the Virginia Autism Advisory Council a letter requesting that they examine specific recommendations.</p>
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	<p>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 <u>neurodevelopmental disorder</u>, 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</p>	<p>a developmental disability and who has been arrested, contact the person's guardian or next of kin and allow the person to have contact with such guardian or next of kin. This would align with current requirements for juvenile custodial interrogation under the existing code and should include similar exceptions.</p> <p>3. Earlier diversion; Allow defendants diagnosed with autism or a developmental disability to request a hearing to consider a deferred disposition at any time prior to or after any plea. This allows the diversion process to take place earlier, allowing for earlier intervention and working to keep people with autism and developmental disabilities out of the criminal justice system.</p>	

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	<p>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 Appropriations</p>		

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	committees no later than October 1, 2024.		

Other recommendations

Autism Advisory Council

9	Make the Autism Advisory Council a permanent commission	<p>Legislation: Amend Chapter 50.1.</p> <p>Make the Virginia Autism Advisory Council a permanent Commission of the General Assembly supported by full-time, professional staff funded through a separate budget amendment.</p> <p><i>See rough draft in Appendix</i></p>	<p>A legislative commission is needed to offer policy solutions to the challenges experienced by individuals with autism spectrum disorders and their families, and to ensure that existing programs and services are effective. Developmental disabilities such as autism spectrum disorders are outside the scope of the BHC, but stakeholders from the autism community often turn to the BHC for research and assistance in the absence of another, more targeted entity. The Autism Advisory Council provides a valuable platform for legislators to learn about stakeholders’ needs, but the Council has no full-time staff that could help organize Council activities, strategize on the entity’s role and goals, and carry out work to achieve such goals. The Autism Advisory Council is also set to expire in 2027, which would make it difficult to recruit staff.</p>
10	Fund staff and operations of the new commission	<p>Budget amendment: Virginia Autism Advisory Council</p> <p>Funding: FY25 \$0; FY26 \$400,000</p> <p>FTEs: FY25 0.0; FY26 2.0</p>	<p>A permanent Autism Commission would require full-time staff to conduct research and make policy recommendations to members. This budget amendment would fund the hiring of an Executive Director and one policy analyst, as well as operational costs such as office space.</p>

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OSIG			
11	<p>Add the Behavioral Health Commission to the list of entities that the Office of the State Inspector General (OSIG) must keep informed about issues relating to state facilities and other providers of behavioral health services.</p>	<p>Legislation: Amend § 2.2-309.1. (B)(4)</p> <p>4. Keep the General Assembly, and the Joint Commission on Health Care, <i>and the Behavioral Health Commission</i> fully and currently informed by means of reports required by § 2.2-313 concerning significant problems, abuses, and deficiencies relating to the administration of the programs and services of state facilities and of providers, including licensed mental health treatment units in state correctional facilities, to recommend corrective actions concerning the problems, abuses, and deficiencies, and report on the progress made in implementing the corrective actions;</p>	<p>Currently, OSIG is required to keep the General Assembly and the Joint Commission on Health Care informed of significant problems, abuses, and deficiencies related to state facilities and providers. OSIG is also charged with recommending corrective actions and reporting on the progress made on their implementation.</p> <p>The JCHC used to have a subcommittee that oversaw behavioral health services before the creation of the BHC. The BHC would be a logical addition to this Code section, particularly in light of the concerns over human rights violations expressed by stakeholders in recent Commission meetings.</p>
Behavioral health workforce			
12	<p>Establish a Behavioral Health Workforce Center within the Healthcare Workforce Development Authority.</p>	<p>Legislation: Amend § 32.1-122.7</p> <p><i>See rough draft in Appendix</i></p>	<p>The expansion of the Virginia Healthcare Workforce Development Authority’s (VHWDA) role has greatly enhanced the coordination and focus of efforts to address healthcare workforce shortages, including those in behavioral health, in Virginia. Still, the Authority’s mission and responsibilities are very broad, and they extend to all healthcare fields. While healthcare workforce shortages share many of the same challenges across fields, some issues are specific to the behavioral health workforce. Shortages in this field are also especially dire, as evidenced by the entire Commonwealth being a mental health professional shortage area. Establishing a workforce center dedicated to issues impacting the behavioral health workforce would bring to bear unprecedented resources and focus.</p>

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			<p>The Center could also be the central home for various workforce incentive programs, ensuring that all programs work in concert and are achieving expected outcomes. This new Center would be similar to the Nursing Workforce Center, which is being proposed in separate legislation.</p>
13	<p>Behavioral health school practicum supervision incentive program</p>	<p>Budget amendment: Behavioral health school practicum supervision incentive program</p> <p>Funding: FY25 \$0; FY26 TBD</p> <p>Language:</p> <p>Out of this appropriation, \$TBD the second year from the general fund shall be provided to VHWDA to design and establish a Behavioral Health Practicum Supervisor Incentive Program. The Department shall collaborate with the State Council of Higher Education for Virginia, associations representing professionals in the mental health field, and other relevant stakeholders on a grant program for supervisors of internships required to graduate and apply to be licensed professionals in the behavioral health field in Virginia. The department shall identify the licensed occupations and degrees that the program should target, and determine an appropriate grant amount and incentive structure for the program to effectively recruit qualified practicum supervisors (such as adjusting the incentive amount based on the actual number of hours completed during the clinical education rotation). The program shall seek to reduce the shortage of clinical education opportunities for individuals seeking to become licensed in in the behavioral health field and establish new practicum rotations. The department</p>	<p>To satisfy licensing requirements for several professions in the field of behavioral health, applicants must take part in a clinical internship before they finish graduate school. The internship, which is often 600 hours, must be under the supervision of a qualified professional in the student’s field of study. Shortages of internship supervisors have been reported nationwide, including by Radford University. Not finding an internship can preclude students from graduating on time, or at all, therefore reducing the influx of new workers in the behavioral health field. Potential supervisors indicate that other demands on time make it challenging to supervise a student for hundreds of hours. In addition, supervisors are often not compensated for taking on these additional responsibilities. A well-designed and resourced incentive program could help attract more supervisors and increase the number of new licensed professionals in the field of behavioral health. A similar program aimed at addressing the nursing shortage, the Nursing Preceptor Incentive Program, was launched in 2021 and is currently funded at \$3.5M per year.</p>

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		shall report to the Behavioral Health Commission by December 1, 2025, on the progress of designing and establishing the program.	

DRAFT legislation

1 A BILL to amend the Code of Virginia by adding a section numbered 19.2-81.7, relating to arrest of
2 certain persons with or without a warrant prohibited; notice of issuance of warrant or summons;
3 appearance; failure to appear.

4 Be it enacted by the General Assembly of Virginia:

5 1. That the Code of Virginia is amended by adding a section numbered 19.2-81.7 as follows:

6 § 19.2-81.7. Arrest of certain persons with or without a warrant prohibited.

7 Notwithstanding any provision of this chapter to the contrary, no law-enforcement officer with the
8 power to arrest shall arrest an individual who is currently subject to an emergency custody order pursuant
9 to § 37.2-808, a temporary detention order pursuant to § 37.2-809, or an involuntary admission pursuant
10 to § 37.2-817 for a violation of any misdemeanor or Class 5 or 6 felony. Such officer may (i) seek the
11 issuance of a warrant or summons for the alleged misdemeanor or felony violation and notify such person
12 pursuant to § 19.2-73.1 or (ii) arrest such individual upon the expiration of any such order.

SENATE BILL NO. _____ HOUSE BILL NO. _____

1 A BILL to amend the Code of Virginia by adding a section numbered 19.2-81.7, relating to arrest of
2 certain persons with or without a warrant not required.

3 Be it enacted by the General Assembly of Virginia:

4 1. That the Code of Virginia is amended by adding a section numbered 19.2-81.7 as follows:

5 § 19.2-81.7. Arrest of certain persons with or without a warrant not required.

6 Notwithstanding any provision of this chapter to the contrary, no law-enforcement officer with the
7 power to arrest is required to arrest an individual who is currently subject to an emergency custody order
8 pursuant to § 37.2-808, a temporary detention order pursuant to § 37.2-809, or an involuntary admission
9 pursuant to § 37.2-817. However, such officer may arrest such individual upon the expiration of any such
10 order.

ROUGH DRAFT
PENDING DLS REVIEW

Amend § 32.1-122.7 to establish a Behavioral Health Workforce Center within the Healthcare Workforce Development Authority.

- a) *There is hereby created as a public body corporate and as a political subdivision of the Commonwealth, the Virginia Behavioral Health Workforce Center (the Center), under the auspices of the Virginia Health Workforce Development Authority (the Authority), with such public and corporate powers as are set forth in § 32.1-122.7:2. The Center is hereby constituted as a public instrumentality, exercising public and essential governmental functions with the power and purpose to provide for the health, welfare, convenience, knowledge, benefit, and prosperity of the residents of the Commonwealth and such other persons who might be served by the Authority. The Authority is established to move the Commonwealth forward in achieving its vision of ensuring a quality behavioral health professional workforce for all Virginians.*
- b) *The mission of the Center will contribute to the health and wellness of Virginia's residents by ensuring there is an adequate, qualified behavioral health workforce to meet the current and future healthcare needs of Virginians by increasing the supply of behavioral health professionals and resolving the critical behavioral health workforce shortage. The mission of the Center is accomplished by (i) data collection and analysis, (ii) publication of reports and information, and (iii) implementation of strategic planning for policy and strategy changes necessary to address educational capacity and workforce supply. This involves the collection of data that allows the identification of imbalances between supply and demand and allows for forecasting efforts that drive behavioral health workforce development and policy recommendations. The Center will develop a statewide plan for behavioral health workforce that addresses issues of educational capacity and behavioral health workforce needs, maintain a database on behavioral health workforce needs, and convene with professionals in and related to the behavioral health industry for strategies to implement the statewide plan. The Center will oversee behavioral health workforce programs, including scholarships, loan repayment, and incentives. The Center will demonstrate coordination with relevant behavioral health workforce constituents, including the board of counseling, psychology, professional behavioral health organizations, academic faculty, behavioral health professionals, and executives.*
- c) *The Virginia Health Workforce Development Authority shall appoint an advisory board of members representing behavioral health practice, education, and regulation.*

The Center shall:

- (1) *Obtain and analyze data on the current and projected supply and demand of behavioral health*

professionals through the collection and analysis of data regarding the behavioral health workforce, including but not limited to education level, race and ethnicity, employment settings, behavioral health positions, work environment, salaries, reasons for leaving the behavioral health workforce, and those leaving Virginia to practice elsewhere. This data collection and analysis must complement other state activities to produce data on the behavioral health workforce and the Center shall work collaboratively with other entities on data collection to ensure coordination and avoid duplication of efforts;

- (2) *Monitor and validate trends in the applicant pool for programs in behavioral health. The Center should work with behavioral health leaders and collect information on other states' practices to develop a strategic plan that identifies approaches to address any issues arising from the trends identified;*
- (3) *Facilitate partnerships between the behavioral health community and other health care providers, licensing authority, business and industry, individuals with lived experience, policy makers, and educators to achieve policy consensus, promote diversity within the profession, and enhance career mobility and leadership development in behavioral health professions;*
- (4) *advise behavioral health education scholarship programs, incentive programs and other initiatives that support the long-term health care supply and demand needs for the behavioral health workforce;*
- (5) *Evaluate the effectiveness of behavioral health education and articulation among programs in increasing the diversity of and access to behavioral health education and enhancing career mobility, especially for populations that are underrepresented in the behavioral health profession;*
- (6) *Solicit grant funding to pilot innovative approaches to behavioral health education (including clinical education) and practice;*
- (7) *Provide consultation, technical assistance, data, and information related to Virginia's, other states', and national behavioral health resources;*
- (8) *Promote strategies to enhance patient safety and quality patient care including encouraging a safe and healthy workplace environment for behavioral health professionals; and*
- (9) *Educate the public including students in K-12 about opportunities and careers in behavioral health.*

ROUGH DRAFT
PENDING DLS REVIEW

Chapter 50.1. Autism Commission

§ 30-329.1. Autism Commission ~~Advisory Council~~ created; purpose; ~~membership; staff.~~

The Autism ~~Advisory Council~~ Commission (the ~~Council~~ Commission) is established as ~~an advisory council~~ in the legislative branch of state government to promote coordination of services and resources among agencies involved in the delivery of services to Virginians with autism spectrum disorders; to improve the quality and access to such services and resources; to address gaps in services and resources needed; and to increase public awareness of available services and resources.

§ 30-329.2 Membership; meetings; staff

A. The ~~Council~~ Commission shall have a total membership of 25 members that shall consist of six legislative members, 12 nonlegislative citizen members, and seven ex officio members. Members shall be appointed as follows: two members of the Senate to be appointed by the Senate Committee on Rules; four members of the House of Delegates, 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; and 12 nonlegislative citizen members, of whom (i) two shall be representatives of autism advocacy organizations, (ii) two shall be parents of children with autism, (iii) two shall be persons with an autism spectrum disorder, (iv) one shall be a clinician in the autism field, (v) one shall be a licensed behavior analyst, (vi) one shall be a private day school director, (vii) one shall be a public school special education director, and (viii) two shall be representatives from autism programs at an institution of higher education, to be appointed by the Governor. The Commissioner of Behavioral Health and Developmental Services, the Commissioner for Aging and Rehabilitative Services, the Commissioner of Health, the Commissioner of Social Services, the Superintendent of Public Instruction, the Executive Director of the Virginia Board for People with Disabilities, and the Director of the Department of Medical Assistance Services, or their designees, shall serve ex officio with voting privileges. Nonlegislative citizen members of the Commission shall be citizens of the Commonwealth. Unless otherwise approved in writing by the chairman of the Commission and the respective Clerk, nonlegislative citizen members shall only be reimbursed for travel originating and ending within the Commonwealth for the purpose of attending meetings.

B. Legislative and ex officio members shall serve terms coincident with their terms of office. All appointments of nonlegislative citizen members shall be for four-year terms. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. All members may be reappointed; however, no citizen member shall serve more than two consecutive four-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's term limit. Vacancies shall be filled in the same manner as the original appointments.

C. Legislative members of the ~~Council~~ Commission shall receive such compensation as provided in § [30-19.12](#) and nonlegislative citizen members shall receive such compensation as provided in § [2.2-2813](#) for their services. All members shall be reimbursed for all reasonable and necessary expenses incurred in the performance of their duties as provided in §§ [2.2-2813](#) and [2.2-2825](#). However, all such compensation and expense payments shall be paid from existing appropriations to the ~~Council~~ Commission.

D. The ~~Council~~ Commission shall elect a chairman and vice-chairman annually, who shall be members of the

General Assembly. A majority of the members of the ~~Council~~ Commission shall constitute a quorum. The ~~Council~~ Commission shall meet no less than five times a year, upon the call of the chairman or a majority of the members.

~~E. Administrative staff support shall be provided by the Office of the Clerk of the Senate or the Clerk of the House of Delegates, as may be appropriate for the house in which the chairman serves. The Division of Legislative Services shall provide legal, research, policy analysis, and other services as requested by the Council. The Commission may appoint, employ, and remove an executive director and such other persons as it deems necessary and shall determine the duties and fix the salaries or compensation of such executive director and other persons, within the amounts appropriated for such purpose. The Commission may also employ experts who have knowledge of the issues before it.~~

F. No recommendation of the ~~Council~~ Commission shall be adopted if a majority of the legislative members appointed to the ~~Council~~ Commission (i) vote against the recommendation and (ii) vote for the recommendation to fail notwithstanding the majority vote of the ~~Council~~ Commission.

§ 30-329.3 Powers and duties of the Council Commission

A. The ~~Council~~ Commission shall have the power and duty to:

1. Facilitate the coordination of services and resources among agencies involved in the delivery of services to Virginians with autism spectrum disorders;

~~2. Monitor the implementation of action plans developed by agencies in response to the report of the Joint Legislative Audit and Review Commission entitled "Assessment of Services for Virginians with Autism Spectrum Disorders," House Document No. 8 (2009);~~

~~3. Recommend policies, legislation, and funding needed to implement the action plans developed in response to the report of the Joint Legislative Audit and Review Commission entitled "Assessment of Services for Virginians with Autism Spectrum Disorders," House Document No. 8 (2009) and address other emerging issues; and~~

2. Examine the delivery of services and resources to individuals with autism spectrum disorders in other states and exchange information on issues of mutual concern;

3. Recommend policies, legislation, and funding needed to improve the quality and availability of existing services and resources;

4. Determine additional services, resources, and policies that may further address the needs of individuals with autism spectrum disorders.

~~B. By December 1 of each year, The Council Commission shall submit to the Governor and the General Assembly and to the Division of Legislative Automated Systems for publication as a House or Senate document an annual report containing progress updates and recommended next steps to be taken by agencies in the following year recommendations to agencies, the General Assembly, and the Governor no later than the first day of each regular session of the General Assembly.~~

§ 30-329.4 Cooperation of other state agencies and political subdivisions.

The Commission may request records, including data and information, that it may require for the performance of its duties and every department, division, board, bureau, commission, authority, or other agency created by the Commonwealth or to which the Commonwealth is a party or any political subdivision

of the Commonwealth shall provide such records, including data and information, to the fullest extent possible and except as prohibited by law. The Commission shall receive cooperation and assistance in the performance of its duties from every department, division, board, bureau, commission, authority, or other agency created by the Commonwealth or to which the Commonwealth is a party or from any political subdivision of the Commonwealth upon request.

Upon request and availability, the Commission shall receive access to the facilities and ample opportunity to observe the operations of every department, division, board, bureau, commission, authority, or other agency created by the Commonwealth or to which the Commonwealth is a party or of any political subdivision of the Commonwealth.

§ 30-329.5 Autism spectrum disorders defined

For the purposes of this chapter, "autism spectrum disorder" means the same as that term is defined in the current edition of the "Diagnostic and Statistical Manual of Mental Disorders" published by the American Psychiatric Association.