



Voice/TDD (540) 373-3223 | Fax (540) 371-3753

NOTICE

To: Program Planning and Evaluation Committee
Jacob Parcell (Chair), Nancy Beebe, Glenna Boerner, Claire Curcio, Ken Lapin,
Sarah Ritchie, Carol Walker, Matt Zurasky, Bridgette Williams

From: Joseph Wickens
Executive Director

Subject: Program Planning and Evaluation Meeting
December 12, 2023, **10:30 AM**
600 Jackson Street, Board Room 208, Fredericksburg, VA

Date: December 8, 2023

A Program Planning and Evaluation Committee Meeting has been scheduled for Tuesday, December 12, 2023 at **10:30 AM**. The meeting will be held at 600 Jackson Street, Board Room 208, Fredericksburg VA 22401.

Looking forward to seeing everyone on Tuesday at **10:30 AM**.

RAPPAHANNOCK AREA COMMUNITY SERVICES BOARD

Program Planning and Evaluation Committee Meeting

December 12, 2023 – **10:30 AM**

600 Jackson Street, Room 208 Fredericksburg, VA 22401

AGENDA

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MEMORANDUM

TO: Joe Wickens, Executive Director

FROM: Patricia Newman – Mental Health Case Management Supervisor
Elizabeth Wells – Lead State Hospital Liaison & NGRI Coordinator
Chanda Bernal – Adult Mental Health Case Manager

PC: Brandie Williams – Deputy Executive Director
Jacqueline Kobuchi, LCSW – Clinical Services Director
Amy Jindra – Community Support Services Director
Nancy Price – MH Residential Coordinator
Tamra McCoy – ACT Coordinator
Jennifer Acors – Coordinator Developmental Services Support Coordination

SUBJECT: Extraordinary Barriers List (EBL)

DATE: December 12, 2023

RACSB currently has one individual on the Extraordinary Barriers List (EBL), hospitalized at Western State Hospital. Individuals ready for discharge from state psychiatric hospitals are placed on the EBL when placement in the community is not possible within 7 days of readiness, due to barriers caused by waiting lists, resource deficits, or pending court dates.

Western State Hospital

Individual #1: Was placed on the EBL 10/3/2023. Barriers to discharge include working through the Not Guilty by Reason of Insanity (NGRI) process. This individual has a primary diagnosis of Schizophrenia. It has been identified that his individual would benefit from a transitional residential program that can provide them with the education and support necessary to develop independent living skills, best manage their mental health concerns as well as maintain compliance with their Conditional Release Plan (CRP). They continue to make excellent progress in their treatment and gradual release process and have continued regular 48 hour passes to Home Road. Their CRP was scheduled to be reviewed by the Forensic Review Panel on 11/29/2023. They will discharge from the hospital once their CRP is approved by the Forensic Review Panel and the Court.

MEMORANDUM

To: Joe Wickens, Executive Director
From: Donna Andrus, Child and Adolescent Support Services Supervisor
Date: December 5, 2023
Re: Independent Assessment Certification and Coordination Team (IACCT) Update

I am writing to provide an update to the Independent Assessment Certification and Coordination Team (IACCT) program. The Department of Medical Assistance Services (DMAS) with Magellan launched the IACCT program July 1, 2017. Kepro/Acentra took over the process November 1, 2023. The Rappahannock Area Community Services Board is the IACCT provider for Planning District 16.

RACSB received fifteen IACCT referrals in the month of November and completed fourteen assessments. One individual discharged to a foster home prior to the IACCT reauth due date. Six referrals were initial IACCT assessments and nine were re-authorizations in November. Six were from Spotsylvania, four from Stafford, none from Caroline, four from King George and one from the City of Fredericksburg. Of the fourteen completed assessments nine recommended Level C Residential, one recommended Level B Group Home, one recommended community-based services and two recommended discharge to community-based services. One initial assessment is still in process. Two reauthorizations recommended discharge home from residential in the next month.

Attached is the monthly IACCT tracking data for November 2023.

Report Month/Year	Nov-23
1. Total number of Referrals from Kepro/Acentra for IACCT:	15
1.a. total number of auth referrals:	6
1.b. total num. of re-auth referrals:	9
2. Total number of Referrals per county:	
Fredericksburg:	1
Spotsylvania:	6
Stafford:	4
Caroline:	0
King George:	4
Other:	0
3. Total number of extensions granted:	0
4. Total number of appointments that could not be offered within the prescribed time frames:	0
5. Total number of "no-shows":	0
6. Total number of cancellations:	0
7. Total number of assessments completed:	14
8a. Total number of ICA's recommending: residential:	9
8b. Total number of ICA's recommending: therapeutic group home:	1
8c. Total number of ICA's recommending: community based services:	3
8g. Total number of ICA's recommending: Other:	0
8h. Total number of ICA's recommending: no MH Service:	0
9. Total number of reauthorization ICA's recommending: requested service not continue:	2
10. Total number of notifications that a family had difficulty accessing any IACCT-recommended service/s:	0

MEMORANDUM

To: Joe Wickens, Executive Director
From: Natasha Randall, Acting Emergency Services Coordinator
Date: December 5, 2023
Re: Crisis Assessment Center and CIT report November 2023

The CIT Assessment Center assessed 24 individuals in the month of November 2023. The number of persons served by locality were the following: Fredericksburg 7; Caroline 4; King George 0; Spotsylvania 9; Stafford 5; 0 other.

Please see attached CIT data sheet

November 2023 RACSB CIT Assessment Center Data

Date	Number of ECOs Eligible To Utilize CAC Site	Number of Individuals Assessed at CAC Site	Locality who brought Individual	Locality working at the Assessment Site
11/1/2023	1	1	n.a	Stafford/Spotsylvania
11/2/2023	1	1	n/a	Stafford
11/3/2023	0	0	Stafford	Spotsylvania
11/4/2023	0	0	n/a	Spotsylvania
11/5/2023	0	0	n/a	Spotsylvania
11/6/2023	2	2	Fredericksburg/Caroline	Stafford
11/7/2023	1	1	Spotsylvania	Spotsylvania
11/8/2023	0	0	n/a	Spotsylvania
11/9/2023	2	2	Fredericksburg/Stafford	Stafford/Spotsylvania
11/10/2023	4	1	Spotsylvania	Stafford
11/11/2023	1	1	Caroline	Stafford
11/12/2023	4	0	n/a	n/a
11/13/2023	1	1	Stafford	Spotsylvania
11/14/2023	1	1	Spotsylvania	Spotsylvania
11/15/2023	1	1	Spotsylvania	Fredericksburg/Spotsylvania
11/16/2023	1	1	Caroline	Stafford
11/17/2023	1	1	Caroline	Spotsylvania
11/18/2023	2	2	Fredericksburg/Spotsylvania	Spotsylvania
11/19/2023	0	0	Fred/Spotsylvania	Spotsylvania
11/20/2023	1	0	Fredericksburg	Spotsylvania/Stafford
11/21/2023	3	0	n/a	Spotsylvania/Stafford
11/22/2023	2	0	n.a	Spotsylvania
11/23/2023	1	1	Spotsylvania	Spotsylvania
11/24/2023	1	1	Fredericksburg	Stafford
11/25/2023	2	1	Caroline	n/a
11/26/2023	1	1	Stafford	Spotsylvania
11/27/2023	1	1	Spotsylvania	Spotsylvania
11/28/2023	1	1	Spotsylvania	n/a
11/29/2023	2	1	Fredericksburg	Spotsylvania/Stafford
11/30/2023	1	1	Stafford	Stafford
Total	39	24		

Total Assessment at Center in November: 24

Brought by:		Cumulative Total:	Cumulative number of Assessment since October 2023:
Caroline	4	156	
Fred City	7	1049	
Spotsylvania	9	1021	
Stafford	5	1059	
King George	0	130	
Other	0	6	
			3421

MEMORANDUM

To: Joe Wickens, Executive Director

From: Natasha Randall, Acting Emergency Services Coordinator

Date: 12/4/2023

Re: Emergency Custody Order (ECO)/Temporary Detention Order (TDO) Report – November, 2023

In November, Emergency Services staff completed 310 emergency evaluations. Seventy-five individuals were assessed under emergency custody orders and sixty temporary detention orders were issued and served. Staff facilitated one admission to a state hospital, Southern Virginia Mental Health Institute.

A total of nine individuals were involuntarily hospitalized outside of our catchment area in November. This month we had no individuals utilize alternative transportation.

Please see attached data reports.

Month	Evaluations	ECOs	TDOs Issued	TDOs Executed
Oct-21	422	60	72	72
Nov-21	425	59	60	60
Dec-21	401	67	66	66
Jan-22	355	74	63	63
Feb-22	442	87	64	64
Mar-22	375	74	81	81
Apr-22	390	85	87	87
May-22	417	92	73	73
Jun-22	342	75	66	66
Jul-22	343	77	83	83
Aug-22	367	79	76	76
Sep-22	341	66	76	76
Oct-22	351	70	75	75
Nov-22	359	69	73	73
Dec-22	296	55	51	51
Jan-23	389	81	86	86
Feb-23	340	65	67	67
Mar-23	406	83	93	93
Apr-23	325	65	78	78
Jun-23	275	57	65	65
Jul-23	296	69	66	66
23-Aug	329	78	66	66
23 Sept	344	80	72	72
Oct 23	290	77	71	71
Nov 23	310	75	60	60

FY24 CSB/BHA Form (Revised: 07/10/2023)

CSB/BHA	Rappahannock Area Community Services Board			Month	November 2023				
1) Number of Emergency Evaluations	2) Number of ECOs			3) Number of Civil TDOs Issued	4) Number of Civil TDOs Executed				5) Number of Criminal TDOs Executed
	Magistrate Issued	Law Enforcement Initiated	Total		Minor	Older Adult	Adult	Total	
310	34	41	75	60	5	1	54	60	4
			0					0	

FY '24 CSB/BHA Form (Revised: 07/10/2023)

CSB/BHA	Rappahannock Area Community Services	Reporting month	November 2023	No Exceptions this month →		
Date	Consumer Identifier	1) Special Population Designation <small>(see definition)</small>	1a) Describe "other" in your own words <small>(see definition)</small>	2) "Last Resort" admission <small>(see definition)</small>	3) No ECO, but "last resort" TDO to state hospital <small>(see definition)</small>	4) Additional Relevant Information or Discussion <small>(see definition)</small>
11/20/23	104933	Other		Yes	No	SWVHI

November Alternative Transportation										
Date	ID	LE Dept	Location	Receiving	Time	Gender	Age	TDO Criteria	Presented to AT	Reason
11/9/2023	62763	Stafford	MWH	Carillon	380	M	30	capacity	no	aggression
11/13/2023	112295	Stafford	MWH	Northsprings	162	M	16	danger toothers	no	aggression
11/17/2023	40122	Fred	MWH	Clearview	666	M	62	danger to others	no	aggression
11/22/2023	104933	Spotsylvania	MWH	SWVMHI		f	23	danger to others	no	commitment
11/27/2023	107914	Stafford	MWH	Green Oak	732	M	67	danger to others	no	aggression
11/27/2023	112412	Stafford	MWH	Poplar Springs	200	F	42	danger to others	no	aggression
11/27/2023	112432	Spotsylvania	MWH	Pavillion	170	M	21	danger to others	no	aggression
11/28/2023	101095	Stafford	MWH	Pavillion	170	F	32	danger toothers	no	aggression
11/29/2023	110780	King George	MWH	Dominion		M	12	danger to others	no	aggression
11/29/2023	112472	Fredericksburg	MWH	Poplar Springs	200	m	32	danger to others	no	aggression

Memorandum

To: Amy Jindra, CSS Director
From: Steve Curtis, DD Residential Coordinator
Date: December 4, 2023
Re: Leeland Reopening Proposal

We temporarily relocated Leeland residents in early April 2023 into other group home vacancies to focus on recruitment and selection for the home, as well as to help consolidate staffing across Residential. This was a cost-effective way to serve individuals with our current staffing, as well as to await candidates for hire and group home referrals to pick back up. As of the end of November, waivers awarded to our planning district have already resulted in 3 referrals to our programs. Consequently, it benefits the community for us to plan to re-open Leeland and provide these additional beds to those seeking our services.

The following is an update of our current efforts towards re-opening Leeland:

- We currently have 2 full-time Direct Support Professionals (DSP) that will transition over to Leeland upon re-opening. We are working on recruitment and selection of 2 more FT DSP's, 2 PT DSP's, an assistant manager, and manager for the program. We have 2 FT applicants for the DSP position thus far. As the program prepares to open, staff from a variety of programs will assist in program coverage.
- Of the four (4) residents that were temporarily relocated from Leeland, one (1) is choosing to return to Leeland.
- An individual that was recently awarded a Community Living Waiver and his family were provided a tour and information about the home on 12/1. A referral is forthcoming.

I would like to propose the following timeline of efforts towards the re-opening of Leeland Road, taking into account that the dates may flex based on the success of identifying resident matches as well as identifying staffing candidates:

- 12/8/23: Host an open house/informational session for any interested individuals at the program.
- By 1/30/24: Accomplish the recruitment and selection of needed positions and begin onboarding and training efforts

- By 1/30/24: For any families unable to make it to the open house, continue to schedule and accommodate personal tours and informational sessions
- By 2/15/24: Assessment of referred Group home candidates – including visits, community outings, and evaluation of needs
- 2/1 – 3/10: Continue onboarding and training of staff based on the home and needs of the individuals
- By 3/1/24: Re-open/move in day for former resident and at least 1 individual identified and accepted to program during the assessment phase. Reopen date may be subject to change based on position vacancies
- Target Date 4/15: Move in 2 additional accepted residents and continue to pursue filling the final 2 beds.

I do believe re-opening Leeland will be an asset to families needing services and furthering our investment in residential services at RACSB. I know we have a challenge ahead of us to get this program back on line, but I appreciate your consideration and support with helping us there as we navigate these plans.

Memorandum

To: Amy Jindra, CSS Director
From: Nancy Price, MH Residential Coordinator
Date: December 5, 2023
Re: Permanent Supportive Housing Expansion

Permanent Supportive Housing (PSH) once again applied for the opportunity for expansion. In November 2023, a budget proposal was submitted to DBHDS requesting funding for an additional 40 units and 8 new staffing positions. The total amount requested was \$3,385,519. DBHDS is currently reviewing the proposal, with a plan to have budgets finalized by the end of December. DBHDS will award funding by January or February 2024.

The expansion will allow for 40 new households, bringing PSH to a total of 105 units funded through DBHDS. We also requested 8 additional staffing positions. Of the 8 positions, 2 are brand new position types. The current Housing Specialist's duties will be separated into two positions; a Housing Locator and a Rental Assistance Specialist. The Housing Locator will be responsible for establishing and maintaining landlord contacts, locating housing and assisting individuals with applying for units. The Rental Assistance Specialist will complete all required inspections, renewals and rent calculations.

A Critical Time Intervention (CTI) Case Manager is the other new position proposed. We requested two CTI Case Manger positions, which will provide intensive case management for approximately 9 months. The support will begin prior to individuals being housed, continue through the housing process and a few months after they are housed. This will also allow a smoother transition to the PSH Case Manager.

Three additional PSH Case Managers and an additional Peer Specialist was also requested. Due to the growing program, the budget includes three new vehicles and additional rent for the other two suites on the 2nd floor at 3302 Bourbon Street. This will allow for ample space for the staff that are hired through this expansion, as well as any other future expansions.

Virginia DBHDS Permanent Supportive Housing Budget

CSB Name:

Total # New Units (static capacity):

REVENUE	Justification	One-time	FY24	Full Year Annualized
Source 1: DBHDS PSH Funds		\$ 546,400	\$ 1,074,428	\$ 1,659,391
Source 2 (e.g., Medicaid):	Targeted CM for 25 individuals after 1 year			\$ 105,300
TOTAL REVENUE		\$ 546,400	\$ 1,074,428	\$ 1,764,691
EXPENSES				
Case Manager	3 FTE			
Salary			\$ 84,933	\$ 163,332
Payroll taxes & Fringe			\$ 28,965	\$ 56,788
Housing Locator	1 FTE			
Salary			\$ 25,629	\$ 49,286
Payroll taxes & Fringe			\$ 9,186	\$ 18,027
Rental Assistance Administrator	2 FTE**			
Salary			\$ 25,629	\$ 98,572
Payroll taxes & Fringe			\$ 9,186	\$ 36,054
CTI Case Manager	2 FTE			
Salary			\$ 56,622	\$ 108,888
Payroll taxes & Fringe			\$ 19,310	\$ 75,718
Peer Specialist	1 FTE			
Salary			\$ 19,469	\$ 37,440
Payroll taxes & Fringe			\$ 8,109	\$ 15,955
Other Program Operating Expenses (Itemize)				
Training	onboarding, PSH trainings, annual	\$ 10,000		
Data processing equipment	computers, tablets, software, printers, repair	\$ 26,400		
Mileage Reimbursement	.655/mile, 200 miles/month, 5 FTE		\$ 7,860	\$ 7,860
Rent	additional rental space for additional staff		\$ 26,041	\$ 41,041
Office Furniture		\$ 75,000		
Office supplies			\$ 7,500	
Administration & Overhead (Itemize)	includes IT, HR, billing, payroll, accounting, QA, purchasing		\$ 75,000	\$ 150,000
Subtotal Program Operating Expenses		\$ 111,400	\$ 403,438	\$ 858,961
Ongoing Housing Expenses				
Rental Assistance Payments (based on local FMR/payment standard)	\$1800 for 5 individuals, \$1600 for 35 individuals		\$ 390,000	\$ 780,000
Utility vendor payments (based on actuals)	\$200/month for 25 individuals		\$ 30,000	\$ 60,000
Subtotal Ongoing Housing Expenses		\$ -	\$ 420,000	\$ 840,000
Itemized Client Assistance				
Security deposits (up to 2 times the monthly rent)	\$7,500/unit for 40 units start up	\$ 300,000		
Rental application fees	\$3600 for 5 individuals; \$1800/ind. For 35 w/ 12% turnover		\$ 81,000	\$ 7,560
Hotel/motel assistance while awaiting housing (Not to exceed two weeks; longer stays require approval from DBHDS)	\$75/individual with 12% turnover		\$ 3,000	\$ 350
Vacancy payments to landlords (no more than one month at full Fair Market Rent, whichever is higher)	\$1560/individual for 10 individuals		\$ 15,600	\$ 15,600
Extermination costs not covered by landlords' lease obligations	5 units at \$1803/unit		\$ 9,015	\$ 9,015
Property damages	damages, cleaning services to prevent eviction		\$ 3,750	\$ 7,500
Fees for credit and criminal background checks	included in app fees		\$ 2,500	\$ 5,000
Items to set up households (e.g., bedding, pots & pans, cleaning supplies, etc, up to \$1,500 household)	\$1000/unit		\$ 40,000	\$ 4,800
Payment of old judgments for rent or utility arrears if necessary to secure housing	\$125/individual with 12% turnover		\$ 5,000	\$ 600
Moving fees, equipment, and supplies	\$1000/individual for 20 individuals w/12% turnover		\$ 20,000	\$ 4,800
Fees to obtain identification and birth certificates	\$75/individual for 15 individuals		\$ 1,125	\$ 360
Emergency food (up to \$125)	\$200 start up groceries at move in; emer food \$50/ind.		\$ 10,000	\$ 1,185
Prescription medication if no other assistance is available	\$50/individual		\$ 2,000	\$ 2,000
Furnishings (up to \$1,500 per consumer household)	\$1000/unit with 12% turnover		\$ 40,000	\$ 4,800
Utility deposits (up to \$750 per unit)	\$300/individual		\$ 12,000	\$ 1,440
Rekey door locks	\$150 unit at 40 units w/12% turnover		\$ 6,000	\$ 720
Other (must be approved)	3 vehicles for additional staff @ \$45,000 each	\$ 135,000		
Subtotal Client Assistance		\$ 435,000	\$ 250,990	\$ 65,730
TOTAL EXPENSES		\$ 546,400	\$ 1,074,428	\$ 1,764,691
BALANCE		\$ -	\$ (0)	\$ (0)

\$351/month

laptops \$15,300, tablets \$1100

increased cost of groceries

most furniture is not salvagable if they move

Notes: Budgets must adhere to the VA DBHDS PSH Program Operating Guidance. All line items must include justification (i.e., local travel at .655/mile, 200 miles/month; security deposits at \$1000 each at 12% turnover, etc.). Additional lines may be added to any category to reflect all allowable project costs. The "One-time Costs" column should include expenses and revenue during program start-up which are not expected to recur. The "One-time Costs" column should include expenses during the program start-up phase which are not expected to recur. The "FY24" column should capture revenue and costs for January 1, 2024 - June 30, 2024, reflecting phased-in staffing, lease-up, and revenue generation. The "FY24" column should capture revenue and costs for January 1, 2024 - June 30, 2024, reflecting continued phased-in staffing, lease-up, and revenue generation. The "Full Year Annualized" column should capture a projection of a twelve month period during which the program is fully staffed and leased. Turnover is estimated at 10-15% per year. All staff positions must be listed separately and include Medicaid revenue, if applicable (i.e., targeted case management). Annualized rental assistance budget should assume a full year of occupancy for all proposed consumers at actual average rents less the consumer rental contribution. The utility payment line should reflect only utility payments made directly to the vendor, typically for those with no income.

**current housing specialist would fill one of these positions, which is already budgeted for in the current FY24 budget. FY24 column includes 1 FTE, but full year annualized includes 2FTE

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance
Date: December 5, 2023
Re: November 2023 Waiting Lists

Identified below you will find the number of individuals who were on a waiting list as of November 30, 2023.

OUTPATIENT SERVICES

- Clinical services: As of November 30, 2023, there are 280 individuals on the wait list for outpatient therapy services.
 - Individuals are placed on the wait list if they cannot be seen at a regularly scheduled appointment within 30 days of request. Individuals who fall in a priority category are seen during open access.
 - Due to an increase in request for outpatient services, the Fredericksburg, Stafford, and Caroline Clinic implemented a waitlist for new clients seeking outpatient services.
 - The waitlist in Stafford is currently at 123 clients.
 - The waitlist in Spotsylvania is currently at 80 clients.
 - The waitlist in Caroline is currently at 77 clients.
 - This is a decrease of 38 from the October 2023 waitlist.
 - If an individual is not in a priority category the following may occur: 1) he or she may be placed on a waiting list and called weekly by a therapist to review presenting situation, individuals are then offered an appointment as one becomes available; 2) if an individual has private insurance staff will assist in locating a private provider if the individual does not wish to wait for an appointment. Staff are working to avoid scheduling an individual too far into the future as this increases the likelihood of no-shows.
 - Clinical services are initiated through Same Day Access. Due to COVID-19 concerns, Same Day Access appointments are scheduled versus having multiple individuals come to the clinic and having to wait for their appointment time. Same Day Access schedules are as follows:
 - Fredericksburg Clinic: Monday, Wednesday, and Thursday 8:30a.m. to 2:30 pm
Tuesday 9:30am – 2:30PM
 - King George Clinic: Tuesday-1:00 pm-5:00 pm and Wednesday- 8:00 am- 12:00 pm
 - Stafford Clinic: Tuesday and Thursday 9:00 am – 12:00 pm
 - Spotsylvania Clinic: Tuesday, Wednesday, and Thursday 9:00 am – 2:00 pm
 - Caroline Clinic: Tuesday and Thursday 8:30am – 11:30 am
- Psychiatry intake: As of December 5, 2023, there is five older adolescent and adult waiting longer than 30 days for their intake appointment. The furthest out appointment is 1/19/2024. There is no children age 13 and below waiting longer than 30 days for their intake appointment.

PSYCHIATRY INTAKE – As of December 7, 2023 the number of individuals waiting longer than 30 days for a regularly scheduled psychiatric intake appointment include:

Adults	Children: Age 13 and below
○ Fredericksburg – 1 (1)	0 (0)
○ Caroline – 0 (1)	0 (0)
○ King George – 2 (1)	0 (0)
○ Spotsylvania – 2 (3)	0 (0)
○ Stafford – 0 (0)	0 (0)
Total	0 (0)

Appointment Dates	
<i>Fredericksburg Clinic</i>	
	1/5/2024
<i>Caroline Clinic</i>	
	N/A
<i>King George</i>	
	1/4/2024 1/4/2024
<i>Spotsylvania Clinic</i>	
	1/18/2024 1/19/2024
<i>Stafford Clinic</i>	
	N/A

Community Support services:

Waitlist Definitions

Needs List - A person is placed on the Needs List when an individual, family member, RACSB staff, or external agency notifies that particular program service that the individual needs services provided by that program.

Referral - Persons are placed on this Referral List when services have been requested and all necessary documentation for the referral process is submitted to the program Coordinator. At this time, the person is placed on the Referral List and removed from the Needs List.

All referrals are sent to the Coordinator for initial review. The Coordinator determines that all information is in the packet and makes a disposition for acceptance, rejection, or assessment. The Coordinator will forward the referral packet to the appropriate staff for assessment. Time frame for completion of assessment is also be indicated.

If the assessment leads to acceptance, the client will be placed on the acceptance list. If the assessment leads to a decision which does not involve acceptance, the program Coordinator will reach a decision about disposition of the referral.

Acceptance List - This list includes all persons who have been assessed for services and accepted to the program. These individuals are waiting for appropriate supports.

MH RESIDENTIAL SERVICES - 4

Needs List: 0
Referral List: 4
Acceptance List: 0

Count by County:

Caroline	0
King George	1
Fredericksburg	0
Spotsylvania	0
Stafford	1
Other	2

Intellectual Disability Residential Services – 70

Needs List: 68
Referral List: 2
Acceptance List: 0

Count by County:

Caroline	7
King George	3
Fredericksburg	6
Spotsylvania	24
Stafford	30

Assertive Community Treatment (ACT)– 18

Caroline: 0
Fredericksburg: 10
King George: 1
Spotsylvania: 4
Stafford: 3

Total Needs: 17
Total Referrals: 1
Total Acceptances: 0

Total program enrollments = 51

Admissions: 1
Discharges: 2

ID/DD Support Coordination

There are currently 834 individuals on the DD Waiver Waiting List. This is an increase of 9 from last month.

P 1 – 351
P2 – 211
P3 – 272

- The person who has been on the waiting list the longest has been waiting 20 years and is Priority 3.

- For Priority 2 the person who has been on the waiting list the longest has been waiting 19 years 9 months.
- For Priority 1 the person who has been on the waiting list the longest has been waiting 17 years 8 months.

RAAI – 37

Caroline: 3
Fredericksburg: 0
King George: 3
Spotsylvania: 9
Stafford: 15
Other: 3

Total Referrals: 27
Total Assessing: 6

Total Acceptances on 90 day assess (waiting to add more days): 6
Total program enrollments = 114 (1 admission- 1 discharge in Oct)

MEMORANDUM

To: Joe Wickens, Executive Director
From: Stephanie Terrell, Director of Compliance and Human Rights
Date: December 4, 2023
Re: Licensing Reports

The Department of Behavioral Health and Developmental Services' (DBHDS), Office of Licensing issues licensing reports for areas in which the Department finds agencies in non-compliance with applicable regulations. The licensing report includes the regulatory code which applies to the non-compliance and a description of the non-compliance. The agency must respond to the licensing report by providing a corrective action plan (CAP) to address the areas of noncompliance.

Rappahannock Area Community Services Board (RACSB) obtained approval for two Corrective Action Plan (CAP) during the month of November 2023. Igo Group Home received a report due to a substantiated allegation of neglect. RAAI Stafford site received a report due to a substantiated allegation of failure to provide services in accordance with sound therapeutic practices.

The attached CAP provides addition details regarding the citation and RACSB's response.

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-01-001
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-31-2023
Program Type/Facility Name: 01-001 Igo Road Group Home

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Igo Road Group Home This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Igo Road Group Home This regulation was NOT MET as evidenced by: CHRIS C#20230008/Incident date: September 26, 2023 "Neglect" means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care, goods, or services necessary to the health, safety, or welfare of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse. <ul style="list-style-type: none"> • Provider has substantiated neglect due to the following: <ul style="list-style-type: none"> ◦ In an interview with Employee #1, it was reported that on Friday evening, Employee #1 received a text from another staff stating that ants were in Individual #1's Medication #1 used for Diagnosis #1. ◦ Employee #1 responded by directing the staff to try to remove as many ants as possible, 	PR) 11/13/2023 PR: The staff member responsible for this incident was issued corrective action upon substantiation of the neglect allegation following the investigation procedures. Programmatically, any future concerns of this nature will immediately be reported to the Program Coordinator, and/or the Office of Consumer Affairs. Systematically, Human Resources will continue to conduct mandated background checks and ensure at onboarding that no barrier crimes are present in the past of any potential employee. All RACSB staff, volunteers, and contractors will be required to undergo an annual Human Rights training to help ensure continued promotion and support of individuals' rights and freedoms. Newly hired staff will be assigned this course upon	11/1/2023

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-31-2023

Program Type/Facility Name: 01-001 Igo Road Group Home

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<ul style="list-style-type: none"> and to then administer the medication. ◦ Employee #1 stated that Employee #1 would contact the pharmacy on Monday to have Medication #1 replaced, which was 3 days after discovery of the contaminated medication. ◦ Upon discovery of the ants in the medication, Employee #1 failed to reach out to their supervisor or a pharmacist for a recommendation or guidance prior to directing staff to administer the medication. ◦ Employee #1 waited until 3 days to contact the pharmacy to request replacement medication. ◦ The replacement medication did not come in until September 21, 2023; as a result, Individual #1 received medication which had previously contained ants for 6 days due to the delay in contacting the pharmacy. 	<p>hire during the week of their agency orientation.</p> <p>The program leaders will monitor staff and continue to ensure all Human Rights regulation violations are immediately reported to RACSB's Office of Consumer Affairs. They will likewise ensure best person-centered practices are being followed by staff through direct and indirect supervision (viewing cameras, ongoing discussion of person-centered plans and practices, conducting random direct supervision of staff working with individuals).</p> <p>The Quality Assurance team will monitor incident reports and any allegations or reports of human rights violations on a daily basis to help ensure systematically that incidents of this nature are identified and mitigated quickly.</p> <p>Any staff member that violates the Code of Virginia and any related human rights regulations adopted by the state board will receive corrective action.</p> <p>Date of completion: Start 11/1/23 and continue indefinitely thereafter</p> <p>OHR/OLR) Accepted 11/15/2023</p>	

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-01-001

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-31-2023

Program Type/Facility Name: 01-001 Igo Road Group Home

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
General Comments / Recommendations:				
I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.				
_____		_____	_____	_____
Cassie Purtlebaugh, Human Rights		(Signature of Organization Representative)		Date
C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined				

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-02-006
Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-31-2023
Program Type/Facility Name: 02-006 Stafford Clinic

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Stafford Clinic This regulation was NOT MET as evidenced by: See OHR citation below.		
12VAC35-115-60. B. (2) - The provider's duties. 2. Providers shall ensure that all services, including medical services and treatment, are at all times delivered in accordance with sound therapeutic practice. Providers may deny or limit an individual's access to services if sound therapeutic practice requires limiting the service to individuals of the same sex or similar age, disability, or legal status.	N	Stafford Clinic This regulation was NOT MET as evidenced by: CHRIS Complaint #20230009/Incident date: September 26, 2023 <ul style="list-style-type: none"> • Delivery from the time of Individual #1's arrival to Provider has substantiated a violation of 12VAC35-115-60(B)(2) due to the following: <ul style="list-style-type: none"> ◦ Individual #1 arrived at day support programming at 12:23pm and departed at 12:33pm after being directed by Employee #2 to return home. ◦ Employee #1 stated that two other employees reported to Employee #1 that Individual #1 was "unable or unwilling to bear weight, and had to be carried like a baby all day". ◦ Employee #2 determined that Individual #1 would be sent home "for safety, [as] the staff could not accommodate carrying [Individual #1] like a baby". ◦ During review of the video footage, the 	PR) 11/20/2023 Employee #3 and #4 failed to accurately report Individual #1's support needs, resulting in him being sent home, which is a violation of 12VAC35-115-60(B)(2). Employee #3 and #4 received corrective action according to RACSB standard of conduct policy on 10/24 and 10/31. Person Centered training provided to employees #3 and #4 and Individual #1's support team at staff meeting on 11/20/23. Accurate Reporting training provided to these employees and Individual #1's support team at staff meeting on 11/20/23 in addition to Incident Reporting: Best Practice in a Behavioral Health Setting completed online by all staff. Training provided by RAAI Assistant Coordinator.	12/20/2023

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: 101-02-006

Organization Name: Rappahannock Area Community Services Board

Date of Inspection: 10-31-2023

Program Type/Facility Name: 02-006 Stafford Clinic

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
		<p>following was revealed:</p> <ul style="list-style-type: none"> ▪ Individual #1 was observed bearing weight and ambulating with some assistance, and when walking down the hall; ▪ Individual #1 was observed attempting to shake off the hands of the employee attempting to support Individual #1 in an attempt to walk more independently; and, ▪ Individual #1 was seen in the camera footage continuing to ambulate and walk with supports back out to the van approximately 10 minutes after Individual #1 had arrived at day support programming. <ul style="list-style-type: none"> ◦ Additionally, as part of the provider's investigation, a video of Individual #1 submitted by the individual's legal guardian was submitted for review, which revealed Individual #1 walking without supports. ◦ The provider's investigation concluded that, at no point in the approximately 10 minutes of service programming and the time of Individual #1's forced departure, was Individual #1 be seen being carried by staff in any way. ◦ Failure to provide services in accordance with sound therapeutic practice is a violation of 12VAC35-115-60(B)(2). 	<p>Admission/discharge criteria will be reviewed by Coordinator and Asst Coordinator in team meeting on 12/20/23 with all RAAI Site Leaders to ensure proper evaluation of ability to safely support individuals according to their plan, level of support, available staffing ratios; as well as returning to programming after illness/injury.</p> <p>OHR/OLR) Accepted 11/21/2023</p>	

**DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN**

License #: **101-02-006**

Organization Name: **Rappahannock Area Community Services Board**

Date of Inspection: **10-31-2023**

Program Type/Facility Name: **02-006 Stafford Clinic**

<u>Standard(s) Cited</u>	<u>Comp</u>	<u>Description of Noncompliance</u>	<u>Actions to be Taken</u>	<u>Planned Comp. Date</u>
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General Comments / Recommendations:

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Cassie Purtlebaugh, Human Rights

(Signature of Organization Representative)

Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined

To: Joe Wickens, Executive Director

From: Nathan Reese, IT Coordinator

Re: Information Technology and Electronic Health Record Update

Date: December 5, 2023

This report provides an update on projects related to Information Technology and the Electronic Health Record. Information is provided on state reporting initiatives, facility technology needs, and on-going projects.

Information Technology and Electronic Health Record Update

IT Systems Engineering Projects

During November, 809 tickets were closed by IT Staff compared to November – 970, September – 910, August- 883, July -965, June- 1,028, May -1,006, April – 910, March – 1098, February – 1050, and January – 983. In 2022, the IT department averaged closure of 1,023 tickets per month.

Waiver Management System (WaMS)

IT & Netsmart staff are starting to meet with DBHDS staff about WaMS 3.5 changes, which typically occur in the Spring. DBHDS is proposing some significant changes to the Individualized Service Plan, around the addition of the Risk Assessment Tool into the Plan.

Trac-IT Early Intervention Data System

We have adjusted our extract based on the alternative reporting flexibilities offered by DBHDS and are working through the testing process. We are also adjusting our CCS extract to accommodate the reporting of service level data, reducing the administrative burden and duplicate data entry to one third of what would have been required if these alternatives were not available.

Thank you to Board Members for their advocacy efforts regarding concerns with TRAC-IT. Please see next agenda item for a full update and official DBHDS response.

Zoom

We continue to utilize Zoom for telehealth throughout the agency. Zoom meeting for Medical staff have decreased significantly, with providers moving to more in person appointments.

- November 2023 – 1,722 video meetings with a total of 4,566 participants
- Average from January to December 2022 was 2,800 video meetings and 8,154 Participants
- Average from January to December 2021 was 3,648 video meetings and 11,087 Participants

Avatar

Bells – ID residential and IT are regularly meeting to discuss and setup their progress notes, review service codes, and discuss Bells AI automations.

Work continues on the Patient Portal 2.0 project. IT and program supervisors continue to meet weekly with the Netsmart team to review new workflows and features.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: TRAC-IT Advocacy Update

Date: December 5, 2023

The Rappahannock Area Community Services Board (RACSB) is committed to advocacy to improve performance, quality, and demonstrate the value of services. The Board of Directors were concerned with the impact of the significantly increased data reporting requirements proposed by the Department of Behavioral Health and Developmental Services' (DBHDS) Part C Early Intervention Program department. As the TRAC-IT data platform does not have the required functionality to serve as sole record, the increased data requirements as of December 11, 2023 would require duplication of data which is untenable for the service.

At the August 2023 RACSB Board of Directors meeting, the Board approved sending a letter to the Commissioner of DBHDS and our legislators to work towards a more tenable and sustainable solution. Board members and executive staff met with the Commissioner to work towards alternative solutions. Due to his leadership, DBHDS has now committed to implementing those solutions to allow the Part C Early Intervention Local Systems to move forward with reduced additional administrative burden and duplicate data entry.

The memo from Ellen Harrison, Chief Deputy Commissioner DBHDS, which formalizes these alternatives is attached.



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER


DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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November 28, 2024

MEMORANDUM

TO: Community Services Boards Executive Directors

FROM: Ellen Harrison 
Chief Deputy Commissioner

SUBJECT: TRAC-IT

Be advised of the following important notes related to the December 11th launch of TRAC-IT system enhancements. This enhancement adds an additional 91 data elements to the input process for Early Intervention providers:

- 20 are optional fields
- 61 are completed at treatment milestones (intake/assessment/discharge, etc.) rather than at each visit
- 10 of the new fields are intended to be collected at each visit

These data elements are a critical part of the agency's mission to improve policy and funding allocations to optimize the care delivered, as well as the clinical outcomes for consumers and their families. We recognize these additional data elements have represented a significant administrative burden for an already depleted workforce across several CSBs.

After final discussions between CSB leaders and agency leadership, the following changes will be in effect when TRAC-IT enhancements launch in December.

1. There will be no change to the TRAC-IT platform regarding which fields are required by the system to progress through the patient record. This ensures that agencies who complete the record receive accurate validation of a compliant record.
2. No CSB will be deemed out of compliance with the Part C contract or any other performance accountability system, under DBHDS control, for providing placeholder data for these additional data elements.

3. CSBs who were planning to use an EHR extract to push data into TRAC-IT, as well as CSBs who may opt to use such a mechanism in the future, will have the option to code their extracts with placeholder data for most of these 91 fields not already collected and stored in the EHR.
4. DBHDS will, beginning in January 2024, accept Service Log and Progress Note fields via the CCS3 extract submission as governed by the Performance Contract. These fields already exist in the CCS3 system but are deemed optional in CCS3.
5. Local systems, including CSBs, may be required to produce data associated with individual program or record reviews via normal processes if placeholder data is used.

A list of the 91 data elements clarifying which fields fall into which category will be shared with CSBs soon.

DBHDS would like to reiterate the importance of these data elements for program oversight and improvement for planning purposes and encourages all local providers to collect and report as many of these metrics as possible. Further, the agency does not wish to place unsustainable burdens on local systems and is pleased to have worked with stakeholders to find the above solution.

To: Joe Wickens, Executive Director

From: Brandie Williams, Deputy Executive Director

Re: Legislative Updates and Priorities

Date: December 5, 2023

The Rappahannock Area Community Services Board (RACSB) is committed to advocacy to improve performance, quality, and demonstrate the value of services. We recognize the impact that legislative activity at the federal, state, and local level impact the services we offer to the community. This report will provide specific information on current legislative or regulatory topics which impact RACSB.

This month's report will review the following topics:

- List of RACSB's legislative priorities for upcoming session
- Behavioral Health Commission draft legislative and budgetary actions and staff priorities

RACSB Legislative Priorities:

Legislation to expand and grow behavioral health workforce

Legislatively direct the Department of Health Professions to further develop out the Qualified Mental Health Professional credential to lower levels of education and define scope of practice for these clinicians. Entry level credentials should be stackable for both the education as well as the hours of supervision. Part of review should be developing out standardized curriculum based on credentials currently available in other states to include California's wellness coach and Florida's Certified Behavioral Health Technician. Direct DMAS to perform a rate study to develop rates for these new credentials to match priorities of crisis behavioral health, school-based behavioral health supports, and enhance STEP-VA.

Legislation to move Virginia's Behavioral Health System towards CCBHC

Clarify the intent of STEP-VA regarding scope of each component that CSBs are required to provide to achieve full implementation at current funding levels. Recognizing that each step was not fully funded, the requirements should match funding levels. Legislatively direct DBHDS and DMAS to establish a prospective payment rate system for coordinated public behavioral health care consistent with CCBHC methodology and to support appropriate levels of funding for enhanced STEP-VA. Both of these are outlined in the "Monitoring STEP-VA Report" to the Behavioral Health Commission and is outlined below.

RECOMMENDATION 1 The General Assembly may wish to consider amending the Code of Virginia to clarify the intent of the STEP-VA initiative regarding access to essential behavioral health services and the scope of the STEP-VA service components that CSBs are required to provide to achieve full implementation.

OPTION 4 The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to examine how Virginia can most effectively and efficiently transition to a prospective payment system as required to fully adopt the Certified Community Behavioral Health Clinic (CCBHC) model and barriers to implementation, and to report its findings and recommendations to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.

Legislate the expansion and funding of the Crisis Continuum of Supports

RECOMMENDATION 10 The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission (i) by December 1, 2024, a plan detailing how funds appropriated during the 2023 Session of the General Assembly will be expended to expand and modernize the comprehensive crisis services system, including investment in additional crisis receiving centers and crisis stabilization units and enhancements to existing crisis receiving centers and crisis stabilization units, consistent with the Right Help, Right Now initiative, and (ii) semiannually thereafter, an update on the implementation of such plan, barriers to implementation and strategies to address such barriers, and outcomes of the individuals receiving services implemented pursuant to the plan.

Legislation to support prevention efforts

Support legislation which establishes an authority to implement and oversee tobacco retailer registration and licensing as Virginia is one of 7 states that does not license tobacco retailers. Support and uphold legislation which makes skill machines illegal in Virginia. Facilitate appropriations which would increase funding for education and prevention of Cannabis use, specifically for those under 21. Fully restore and support TANF funding for home visiting programs.

BUDGET AMENDMENTS

Recommendation / option	Budget language / Funding	Explanation
AGREED TO AS PART OF VOTES on 10/17/2023 and 11/13/2023		
STEP-VA Report		
<p>Recommendation 2. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to work with the Department of Medical Assistance Services to (i) develop and implement a targeted review process to assess the extent to which community services boards (CSBs) are billing for Medicaid-eligible services they provide, (ii) provide technical assistance and training, in coordination with Medicaid managed care organizations, on appropriate Medicaid billing and claiming practices to relevant CSB staff, and (iii) report the results of these targeted reviews, and any technical assistance or training provided in response, to the House Appropriations and Senate Finance and Appropriations committees no later than December 1, 2024, and annually thereafter.</p>	<p>Language: 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>Note: 2023 BHC budget recommendation not adopted</p>

BUDGET AMENDMENTS

Recommendation / option	Budget language / Funding	Explanation
<p>Recommendation 3. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) work with the managed care organizations (MCOs) to standardize, to the maximum extent practicable, policies, procedures, and requirements that CSBs must follow to receive reimbursement for the cost of Medicaid services they provide, including documentation, training, and 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>Language: 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>Note: 2023 BHC budget recommendation not adopted</p>
<p>Recommendation 4. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report annually to the State Board of Behavioral Health and Developmental Services and the Behavioral Health Commission on average salaries, turnover, and vacancy rates, by position type, across community services boards.</p>	<p>Language: 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>Note: 2023 BHC budget recommendation not adopted</p>

BUDGET AMENDMENTS

Recommendation / option	Budget language / Funding	Explanation
<p>Recommendation 5. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to amend community services board (CSB) performance contracts to require that (i) any funding appropriated by the General Assembly to CSBs for staff compensation only be used for staff compensation and (ii) CSBs report annually on any staff compensation actions taken during the prior fiscal year to DBHDS</p>	<p>Language: 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>Note: 2023 BHC budget recommendation not adopted</p>
<p>Recommendation 6. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) identify all current DBHDS requirements related to documentation and reporting of community services board (CSB) behavioral health services; (ii) identify which of these requirements currently apply to work by CSB direct care staff; (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>Language: 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>Note: 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>Recommendation 7. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to (i) finalize performance measures for every STEP-VA service component that has been initiated statewide and to report these measures to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, and (ii) finalize benchmarks for every STEP-VA service component that has been initiated statewide and to report these benchmarks to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2025.</p>	<p>Language: 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

Recommendation / option	Budget language / Funding	Explanation
<p>Recommendation 8. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to report to the Behavioral Health Commission, by December 1, 2024, on the changes to STEP-VA performance measures and benchmarks that are anticipated to be included in CSB performance contracts, which will become effective July 1, 2025.</p>	<p>Language: 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>Recommendation 10. The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission (i) by December 1, 2024, a plan detailing how funds appropriated during the 2023 Session of the General Assembly will be expended to expand and modernize the comprehensive crisis services system, including investment in additional crisis receiving centers and crisis stabilization units and enhancements to</p>	<p>Language: 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>

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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>Option 1. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services to (i) conduct a needs assessment to determine the unmet need for each of the nine service components of STEP-VA, (ii) develop an estimate of the cost of satisfying the unmet need for each of 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>Language: 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>

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Recommendation / option	Budget language / Funding	Explanation
<p>Option 2. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to (i) ensure that comprehensive information about all available managed care organization preferred provider programs is provided to all community services boards (CSBs), including information about which behavioral health services are included in the preferred provider programs and the requirements CSBs must meet to participate in the programs; and (ii) report to the Behavioral Health Commission regarding efforts to make such information available to CSBs no later than December 1, 2024.</p>	<p>Language: 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>Note: JLARC recommendation from 2022 report on CSBs</p>
<p>Option 3. The General Assembly may wish to consider including language in the Appropriation Act directing the Secretary of Health and Human Resources to report to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024, on plans to implement the Certified Community Behavioral Health Clinic (CCBHC) model in the Commonwealth, how adopting the CCBHC model could improve access to community-based behavioral health services</p>	<p>Language: 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>

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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>Option 4. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Medical Assistance Services to examine how Virginia can most effectively and efficiently transition to a prospective payment system as required to fully adopt the Certified Community Behavioral Health Clinic (CCBHC) model and barriers to implementation, and to report its findings and recommendations to the House Appropriations and Senate Finance and Appropriations committees and to the Behavioral Health Commission by December 1, 2024.</p>	<p>Language: 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>Report on Maximizing School-Based Mental Health</p>		
<p>Recommendation 1. The General Assembly may wish to consider including funding in the Appropriation Act for DMAS to commission a review of Multi-Tiered School Based Behavioral Health Services including (1) whether and how to redesign Therapeutic Day Treatment, and (2) the rate structure and amount that should be used to enroll a</p>	<p>Funding: \$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>

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Recommendation / option	Budget language / Funding	Explanation
sufficient number of providers qualified to deliver services identified.		
<p>Option 1. The General Assembly may wish to consider including in the Appropriation Act (1) \$7.5 million in FY25 and \$7.5 million in FY26 to support the School-Based Mental Health Integration Pilot for two additional years, and (2) language directing DBHDS to develop performance measures for participating sites and for the pilot overall, and to report to the Behavioral Health Commission on the selected performance measures by November 1, 2024.</p>	<p>Funding: \$7,500,000 in FY 2025 and \$7,500,000 in FY 2026</p> <p>Language: 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>Option 2. The General Assembly may wish to consider including provisions in the Appropriation Act (i) directing the Department of Medical Assistance Services and Department of Education to revise their interagency agreement to reduce the percentage of administrative reimbursement pass-through funds retained by DMAS; and (ii) appropriating an equivalent amount of funding to the Department of Education to support one full-time position that would provide Virginia school divisions with additional technical assistance with billing the Medicaid program for school-based services.</p>	<p>Language: 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>

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Recommendation / option	Budget language / Funding	Explanation
<p>Option 3. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Education (DOE) to work collaboratively with the Department of Behavioral Health and Developmental Services and the Department of Medical Assistance Services on a plan for creating a new program to deliver flexible mental health funds to divisions. The program would provide flexible funding to participating divisions for maintaining school-based mental health services and supports as well as technical assistance and evaluation capabilities to build out their mental health programs within a multi-tiered system of supports. The plan should include a proposed vision and goals for Virginia’s school-based mental health program and action steps to meet these goals; proposed outcome measures to determine program success; a recommendation on the amount of 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>Language: 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>

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Recommendation / option	Budget language / Funding	Explanation
<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>Option 4. The General Assembly may wish to consider including one-time funding in the Appropriation Act for divisions to maintain school-based mental health services in FY2025, until additional funding is made available through the new state program in FY 2026.</p>	<p>Funding: \$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>Behavioral Health Commission</p>		
<p>Recommendation A. 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>Funding: \$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>

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Recommendation / option	Budget language / Funding	Explanation
		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>Recommendation 9. 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>Language: 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>Note: Information can be obtained without budget amendment</p>
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2023 BHC Budget Recommendations Not Adopted			
Recommendation / option			
	Original Patron	Language/Funding	2023 Appropriation Act Outcome
JLARC Report: CSB Behavioral Health Services			
<p>Recommendation A. 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>Language: 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.

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		Board of Behavioral Health and Developmental Services and the Behavioral Health Commission.	
<p>Recommendation C. 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>Language: 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>Note: Included in STEP-VA recommendations</p>
<p>Recommendation D. 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>Language: 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>Note: Included in STEP-VA recommendations</p>

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		compensation actions taken during the prior fiscal year.	
<p>Recommendation E. 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>Language: 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. Note: Included in STEP-VA recommendations</p>
	Sen. Mason		<p>Included in SB 800 (311 #18s). Not included in final budget. Note: Included in STEP-VA recommendations</p>

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		that are not essential, are duplicative, or are conflicting.	
<p>Recommendation F. The General Assembly may wish to consider including language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to contract with one or more higher education institutions to establish training and technical assistance centers to (i) deliver standardized training for preadmission screening clinicians on developing appropriate preadmission screening recommendations, interpreting lab results, and understanding basic medical conditions and (ii) provide technical assistance to preadmission screening clinicians, particularly when quality improvement is deemed necessary by DBHDS.</p>	Sen. Deeds	<p>Language: 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>Recommendation G. The General Assembly may wish to consider including funding in the Appropriation Act for the Department of Behavioral Health and Developmental Services to help community services boards hire additional staff for crisis stabilization</p>	Del. Hope	<p>Funding: \$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>

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<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>Recommendation H. The General Assembly may wish to consider including language and funding in the Appropriation Act to support the development and ongoing operations of additional crisis stabilization units (CSUs) for children and adolescents, the Southside area, and any other underserved areas of the state, and to direct that the Department of Behavioral Health and Developmental Services provide detailed information on the following before 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>Funding: \$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>Funding:</p> <ul style="list-style-type: none"> \$4.0M - \$10.0M, one-time to establish 2 RCSUs \$4.0M - \$7.0M annually to operate 2 RCSUs 	<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>

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<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>Recommendation I (revised). The General Assembly may wish to consider including language in the Appropriation Act to (i) direct the Department of Behavioral Health and Developmental Services to contract as soon as practicable with a vendor to implement a secure online portal, which is compliant with the Health Insurance Portability and Accountability Act (HIPAA), for community services boards to upload and share patient documents with inpatient psychiatric facilities, and (ii) temporarily suspend the requirement that state facilities, CSBs/BHAs, and private inpatient providers licensed by DBHDS participate in the acute psychiatric bed registry pursuant to § 37.2-308.1.</p> <p>Funding: \$650K.</p>	<p>Del. Brewer</p>	<p>Language: 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>

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		such time as a new registry is made available by DBHDS.	
<p>Recommendation J. 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>Language: 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. Note: Included in STEP-VA recommendations</p>

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		<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>Recommendation K. 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>Language: 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>Note: Included in STEP-VA recommendations</p>

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<p>Recommendation M. The General Assembly may wish to direct the Department of Behavioral Health and Developmental Services (DBHDS) to complete a comprehensive review of the performance contracts with community services boards and revise all performance measures in the base performance contract and addendums to ensure that (i) performance measures are designed to measure outcomes for each service; (ii) performance measures include a relevant benchmark for each measure, and (iii) DBHDS has given clear direction on how it will monitor performance and enforce compliance with performance requirements. DBHDS should complete the contract revision and report on the improvements made to the Behavioral Health Commission by December 1, 2023 and implement changes before the finalization of the fiscal year 2025 performance contract.</p>	<p>Sen. Deeds</p>	<p>Language: 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>Recommendation O. The General Assembly may wish to include language in the Appropriation Act directing the Department of Behavioral Health and Developmental Services (DBHDS) to report community services board (CSB)-level performance information, including any substantial underperformance or non-compliance and associated enforcement actions, annually to (1) each CSB governing board, (2) the Behavioral Health Commission, and (3) the State Board of Behavioral Health and Developmental Services.</p>	<p>Sen. Deeds</p>	<p>Language: 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>Option 3. The General Assembly may wish to provide additional funding for the Virginia Tiered System of Supports program to train staff at more schools about student behavior and classroom management.</p> <p>Funding: \$1.5M</p>	<p>Del. Watts</p>	<p>Funding: \$1.5M - \$3.25M annually, at least until pandemic-related behavior problems improve.</p> <p>Language: 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
AGREED TO AS PART OF BLOCK VOTE on 10/17/2023		
Report on STEP-VA		
<p>Recommendation 1. The General Assembly may wish to consider amending the Code of Virginia to clarify the intent of the STEP-VA initiative regarding access to essential behavioral health services and the scope of the STEP-VA service components that CSBs are required to provide to achieve full implementation.</p>	<p>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>

To be voted on at 12.05.23 meeting		
Limited-scope study of EDCOT		
<p>Option 1. The General Assembly may wish to consider adopting a study resolution directing the Office of the Executive Secretary of the Supreme Court (OES) to contract with the National Center for State Courts and collaborate with the Department of Behavioral Health and Developmental Services (DBHDS) to (1) determine the availability, scope, and effectiveness of existing statewide diversion programs 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>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</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>BHC Membership</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.

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.



COMMONWEALTH of VIRGINIA

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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NELSON SMITH
COMMISSIONER

November 8, 2023

Stafford County
Randy Vosburg, County Administrator
rvosburg@staffordcountyva.gov
1300 Courthouse Road, 3rd Floor
Stafford, Virginia 22554

Stafford County Planning and Zoning
Kathy Baker, Acting Director of Planning and Zoning
Administratorkbaker@staffordcountyva.gov
P.O. Box 339
Stafford, Virginia 22555

Rappahannock Area CSB
Joe Wickens, Executive Director
jwickens@rappahannockareacsb.org
600 Jackson Street
Fredericksburg, Virginia 22401

Re: Licensing Application:
 Concerted Care Group Fredericksburg, LLC
 Opioid Treatment Center

Location:
 Concerted Care Group Fredericksburg
 282 Deacon Road
 Fredericksburg, Virginia 22405

Dear Mr. Vosburg, Ms. Baker, and Mr. Wickens:

Virginia Code § 37.2-406 establishes conditions that must be met before the Commissioner of the Department of Behavioral Health and Developmental Services can issue a license to a provider of Medication Assisted Treatment (MAT) services. This statute requires the

Commissioner to notify local governing bodies and community services boards (CSBs) of applications for licensure to provide MAT services within their jurisdictions. The statute then requires local governing bodies to notify the Commissioner of the applicant's compliance with any applicable local ordinances, and both local governing bodies and CSBs are required to submit to the Commissioner comments on the application and the facility's proposed location.

This letter serves as notification that an application for a MAT service license has been submitted to the DBHDS' Office of Licensing. Pursuant to Virginia Code §37.2-406 (B), you are required to submit to us, within 30 calendar days of the date of this letter, comments on the application and the facility's proposed locations. In addition, the local governing board is required to provide a determination of the application's compliance with applicable local ordinances. Please note, the Department will accept submissions from a local board of zoning appeals if the local governing board notifies the Office of Licensing, in writing, that the local board of zoning appeals is authorized to respond on behalf of the local governing board with respect to this information.

- If the local CSB does not submit comments within 30 calendar days, the OL will provide a single written reminder to the CSB. If a response still is not received within an additional 10 business days, the OL will contact the applicant via the Office of Licensing Information system's portal (CONNECT) to notify them of the reason for the delay in processing their application and suggest that they reach out directly to the CSB. If the CSB does not have any comments on the application, the CSB's response should simply state that the CSB has no comments on the application.
- If the local governing body, or local board of zoning appeals on behalf of the local governing body, does not submit comments and a determination of the application's compliance with local zoning ordinances within 30 days, the OL will provide a single written reminder. If a response still is not received within an additional 10 business days, the OL will contact the applicant via the CONNECT portal to notify them of the reason for the delay in processing their application and suggest that they reach out directly to the local governing body or board of zoning appeals, as applicable.
- If the local governing body, or local board of zoning appeals on behalf of the local governing body, determines that an applicant's proposed service/location is out of compliance with any applicable local ordinance, they will be required to reference the specific ordinances. This information will be used by the OL to determine if the application for a license will be denied on the basis of non-compliance with section 12VAC35-105-150 of the [Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services](#).
- If the local governing body, or local board of zoning appeals on behalf of the local governing body, determines that the application does not violate any applicable local ordinance and provides comments on the application, this information will be shared with the Commissioner, and the OL will proceed with processing the application in accordance with the [Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services](#).

Please note, in accordance with § 37.2-406.C, the Commissioner will not issue a license to the provider until the above steps have been completed. For your convenience, the relevant Code section can be found at this link. <http://law.lis.virginia.gov/vacode/title37.2/chapter4/section37.2-406/>

Please provide your comments, name, title and date below and return via email:

Local Governing Body:

Is this Applicant's proposed service/location out of compliance with any applicable local ordinance(s)?

Yes or No

If yes, citations to specific ordinance(s) is required.

Reference specific ordinances:

Name:

Title:

Date:

Planning/Development Director or Zoning Appeals

Comments:

Name:

Title:

Date:

Community Services Board:

Comments:

The Rappahannock Area Community Services Board (RACSB) is dedicated to the education, recovery, treatment, and wellness of Planning District 16 residents affected by mental health, substance use disorders, and developmental disabilities. We recognize that both public and private provider partnerships are needed to fulfill our mission. Individuals in Planning District 16 should have access to a full continuum of evidence-based treatment options to meet person-centered needs and preferences. We support individual access to providers in the community who are committed to demonstrating safe, high-quality and ethical services by meeting and exceeding the standards of licensing defined by the Department of Behavioral Health and Developmental Services (DBHDS), requirements of our payer partners including the Department of Medical Assistance Services (DMAS), and nationally-recognized code of ethics of practitioner types. With our mission in mind and from our full review of the application and comment requirements, RACSB submits the following comments for consideration regarding Concerted Care Group Fredericksburg, LLC's application to DBHDS for licensure.

Concerted Care Group Fredericksburg, LLC has not met the requirement of 12VAC35-105-925. Standards for the evaluation of new licenses for providers of services to individuals with opioid addiction. Section J. which states "Applicants shall submit documentation of contract with community services boards or behavioral health authorities in their service areas to discuss their plans for operating in the area and to develop joint agreements, as appropriate". As of the date of this comment, CCG has not contacted RACSB. Therefore, RACSB has not been provided any information regarding their plans to operate in the area, meet the requirements as outlined above, nor to develop any joint agreements. We were not

provided opportunity to discuss or clarify questions regarding the staffing plan, services, and policies included in their application. Further, there is not a position included or designated to serve as the required community liaison responsible for developing and maintain cooperative relationships with community organizations, other service providers, local law enforcement, local government officials, and the community at-large (12VAC35-105-925, M.)

In regards to proposed location, RACSB is concerned regarding the ability to safely and equitably meet the needs of individuals in our planning district due to the failure to meet local ordinances or guidelines. The shopping center of the proposed location does not contain the required number of parking spots or off-street parking to accommodate the needs of individuals being served per local ordinance. Further, the proposed location has little to no access to public transportation options, nor sufficient sidewalks or walkways to access via foot, limiting access for individuals unable to provide their own transportation.

Name: Joseph Wickens
Title: Executive Director
Date: 12/07/2023

Accordingly, the Commissioner respectfully requests that you send comments and compliance information directly to jamie.ball@dbhds.virginia.gov in the Office of Licensing no later than December 8, 2023. Should you have any questions, or if you need additional information, please call me directly at (804) 393-3419 or at the main number (804) 786-1747.

Sincerely,

Jamie Ball
Policy Review Specialist

Office of Licensing

cc: Diane Oehl, Office of Substance Abuse Services, DBHDS

Veronica Davis, Associate Director for State Licensure, Office of Licensing, DBHDS

Jordan Hyde, ASAM Regional Manager, DBHDS

Provider #: 7784