

Goochland Powhatan
COMMUNITY SERVICES
Connect. Grow. Thrive.



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MEMORANDUM

TO: Members of the Goochland Powhatan Community Services Board

FROM: Julie Franklin, Chair 

SUBJECT: Notification of Board Meeting

DATE: March 3, 2022

The Goochland Powhatan Community Services Board will meet on Monday, March 7, 2022. The meeting will begin at 4:30 p.m. at Virginia House. For those who can not attend in person the following zoom link is available:

<https://us06web.zoom.us/j/4567076416?pwd=T2ZYOEISZHZaUWowUmVMUIZ6RGpqQT09>

You will find attached the following documents for the February Board Packet:

1. March 2022 Agenda
2. Minutes from the February 7, 2022 Meeting
3. FY2022 January Budget Report
4. General Assembly Budget Update
5. Future CSB System Challenges Presentation
6. Unit Reports

Please review these materials prior to the meeting. We look forward to seeing you on the 7th. *****If you find that you are unable to attend a Board meeting, please let us know as soon as possible. This will let us assess whether we will have a quorum or not and reschedule if necessary. Les Saltzberg can be reached on his cell phone at 804-807-4335 (voice mail and text), or via email lsaltzberg@goochlandva.us.



GOOCHLAND POWHATAN COMMUNITY SERVICES
BOARD MEETING

March 7, 2022
4:30 P.M.
Virginia House

AGENDA

- I. Minutes of the February 7, 2022 Board Meeting
Pages: 1 - 4
***Action: Approve or amend February 2022 minutes.**

- II. FY2022 January Budget Report
Pages: 5 - 5
***Action: Approve or amend FY2022 January Budget Report**

- III. Covid Update
Pages: NA
***Informational**

- IV. Powhatan Space Planning
Pages: NA
***Informational**

- V. General Assembly Budget Update
Pages: 6 - 23
***Informational**

- VI. Future CSB System Challenges Presentation
Pages: 24 - 36
***Informational**

- VII. Reports
 - a. Board Chair
 - b. Senior Community Support Director
 - c. Senior Clinical Director
 - d. Senior Administrative Director
 - e. Executive Director
 - f. Other Reports
- Pages NA
***Informational**

IX. Adjourn

Next Meeting: April 4, 2022, 4:30 p.m. Location: TBD.

GOOCHLAND POWHATAN COMMUNITY SERVICES
MINUTES
February 7, 2022

Goochland Powhatan Community Services Board of Directors held its February 2022 meeting on Monday, February 7, 2022, virtually via a public zoom link.

Present

Jackie Cahill
Angela Cimmino
Parthenia Dinora
Julie Franklin
Erin Harnage
Mariah Leonard
GaElla Matthews
Crystal Neilsen-Hall
Renee Sottong
Yvette McDermott Thomas

Absent

Staff Attending

Les Saltzberg
Lateshia Brown
Carinne Kight
Cheryl Smith
Irene Temple
Setera Stevens
Cassidy Giles

Welcome

Les Saltzberg welcomed all attending Board members and thanked them for joining the meeting.

Minutes

January 2022 meeting minutes were reviewed for approval. There was one notation that the motion action on page 2 under COVID-19 policy included language for the FY21 audit. The motion needs editing to read "Motion carried by all, and Covid-19 policy as presented was approved".

ACTION: Motion to approve January 2022 meeting minutes with noted correction, was made by A. Cimmino, seconded by Y. McDermott Thomas. Motion carried by all, and December 2021 minutes were approved.

FY 2022 December Budget Report

Cheryl Smith, Finance Director, provided the December 2021 Budget Report to the Board. She noted that in expenses are where they are expected to be this time of year. The facility expenses are still significantly under for the year and that is due to the Taylor buildings not needing as many repairs as in

years prior. Additionally of note is the high expense in job advertisements. Unfortunately, this remains high due to the number of open positions that GPCS had during the year. There was discussion about where GPCS is advertising and if recruitment is down. Carinne Kight, Senior Director of Administration, explained that positions are being filled except for the hard to fill part time positions which ads are still running for. In addition, GPCS has created several positions this year which has required more consistent advertising than in years past.

ACTION: Motion to approve FY 2022 December Budget Report as presented, was made by C. Neilsen-Hall, seconded by P. Dinora. Motion carried by all, and FY 2022 December Budget Report was approved.

Agency Workgroup Update

Les explained to the Board that Leadership team is working on developing several work groups to address specific areas within the agency which require updating.

Lateshia Brown, Senior Director of Community Supports, updated the Board on the Performance Evaluation workgroup. She explained that the group will be meeting to modify and update the agency performance evaluation. This hasn't been done in many years and at this point the workgroup will be looking to update it to a merit-based evaluation.

Cheryl Smith, Finance Director, updated the Board on the pay scale workgroup. She explained that VACSB is doing a salary study, however in preparation for that coming up the agency needs to review the structure of pay bands and pay families. The workgroup will be looking to develop career ladders and possibly include in the structure increases based on credentials.

Carinne Kight, Senior Director of Administration, updated the Board on the recruitment, hiring, orientation workgroup. She explained that the workgroup will be looking at revamping the agency application and moving it to an online platform possibly. Also reviewing where applicants are being referred to the agency from using the application. In addition, the workgroup will review the current orientation process and see what improvements can be made, or training provided, to support supervisors.

Prescriber Update

Les reminded the Board that several months ago he let them know he was interested in finding a prescriber to do Medication Assisted Treatment (MAT) and the Board approved the agency working with company called Genoa to find one. Genoa has worked with several other CSBs and DBHDS to complete similar tasks. Les is pleased to say that on Friday he, Irene, and Pam Davis, Nurse Coordinator, met with a perspective prescriber, so this process is moving ahead. She will contract with GPCS for 16 hours per week to do MAT and psychiatric services for consumers ages 6 and up. She is already credentialed just need to get her under GPCS contracts so she should be fully onboard by mid to late March.

Conversion of Substance Use Disorder (SUD) Clinician into Mental Health (MH) Outpatient Clinician

Irene informed the Board that GPCS has had opening for about 9 months for a SUD clinician. Unfortunately, SUD clinicians are in high demand among all agencies and finding someone who wants to do that work who hasn't already landed where they want to be has been very difficult. Irene has found that often consumers come in and the SUD component is what they aren't as forthcoming with and usually is revealed through MH treatment. It is because of this that most times SUD treatment is woven throughout MH Outpatient services unless it is truly a case of acute SUD. Due to this, Irene would like

the opportunity to hire another MH Outpatient Clinician to serve the clients in this manner. To do this the agency would convert the current open SUD Clinician position to a MH outpatient clinician

ACTION: Motion to approve converting the current open SUD Clinician position to a MH Outpatient clinician, was made by G. Matthews, seconded by A. Cimmino. Motion carried by all; conversion of the position was approved.

ARPA Block Grant

Les introduced Setera Stevens, Emergency Services clinician. Les explained that Setera has taken the lead on applying for the ARPA grant and she was there to provide the Board with her proposed application. Setera reviewed her proposal, of note in the proposal is the creation of an advisory board which would include consumers that GPCS serves and provision of mentorship opportunities within the agency. Additionally, the funds could provide for attendance at conferences with highlight diversity, equity, and social justice within behavioral health. There was discussion among the Board about the advisory group including frequency of meetings, number of members, etc.

ACTION: Motion to approve application for the ARPA Grant as presented, was made by A. Cimmino, seconded by P. Dinora. Motion carried by all, and the ARPA application was approved.

Reports

Senior Community Supports Director –

GPCS just received its waiver slot allocation from the state. GPCS received one Community Living (CL) waiver slot (access to any services under the waiver), and 5 Family and Individual Support (FIS) slots. In total GPCS has 8 slots to allocate, as two slots will be reallocated due to consumer deaths. Currently, GPCS has 10 individuals on Priority One of the waiver wait list. The majority of those individuals will be offered a waiver.

The Psychosocial Rehabilitation program, Virginia House, has received new tables and chairs. Board members will notice the upgraded look at the next meeting. Consumers and staff are very pleased and excited about the fresh look.

Two social work students are starting with Community Supports. Virginia House has a BSW student from Longwood University, and PIEP/ Early Intervention has a MSW student from Virginia Commonwealth University. Both students will participate and observe other programs which will provide a well rounded experience.

Senior Clinical Director –

Irene introduced Cassidy Griles. Cassidy is currently a Mental Health Case Manager with the agency however is also a masters level student completing her required student time with the agency as well. A new MH Outpatient clinician has been hired and will be starting in March.

The unit has developed a chart review process to help with being more objective regarding performance evaluations etc.

Clinicians and case managers are going to trainings, including seeking safety training, in order to move towards more evidence-based practices

Senior Administrative Director –

There have been many positions filled recently, including the new PIEP Speech Pathologist and the MH Clinician position. The van driver and PRN DSP positions remain difficult to fill due to the varying schedules the positions require.

New lights have been installed throughout the Taylor and Annex buildings which have increased lighting while also being more economical.

Recently the front office staff recently made responsible for staff credentialing has moved out of the front office into a separate office. This should increase the agency getting the credentialing program off the ground and increase the speed with which new staff get credentialed. Given the increase in possible revenue from credentialed employees this move is necessary despite the current front office vacancy.

Executive Director –

There are currently a lot of bills in the General assembly and lots of budget amendments have been proposed which could have an effect on CSBs. A month from now CSBs should have a better sense of what would happen with many of the bills and amendments.

There was a JLARC memo that there will be another study of the CSBs to determine effectiveness and efficiency of them.

Currently working through a DBHDS administrative audit. The initial list of documents, policies, procedures requested is due next Wednesday. They will request more specific information following that submission.

Meeting was adjourned at 5:36 pm.

The next meeting is March 7, 2022. Location: TBD

Erin Harnage, Secretary

EH/ck

Date

GOOCHLAND POWHATAN COMMUNITY SERVICES
ALL PROGRAMS COMBINED
BUDGET REPORT
FY 2022

Account Description	FY 2021 Actual	FY 2022 Approved	Through 1/31/2022	% Expended	Over/(Under)	Note #
EXPENSE						
PERSONNEL						
Total Salaries and Wages	\$3,146,426	\$3,889,694	\$2,082,010	54%	(\$1,807,684)	
Total Fringe	\$859,263	\$962,052	\$524,453	55%	(\$437,598)	
Total Personnel Services	\$4,005,689	\$4,851,746	\$2,606,463	54%	(\$2,245,282)	
OPERATIONS						
Total Staff Development	\$29,768	\$29,294	\$7,304	25%	(\$21,989)	1
Total Facility Expense	\$187,645	\$195,133	\$90,005	46%	(\$105,128)	2
Total Supplies	\$129,093	\$144,110	\$79,465	55%	(\$64,645)	
Total Travel Expense	\$71,637	\$105,590	\$36,485	35%	(\$69,104)	1
Total Consult/Prof Servs	\$505,798	\$418,815	\$214,230	51%	(\$204,585)	
Total Special Funding			\$172,517			3
Total Misc Expense	\$125,062	\$57,514	\$67,504	117%	\$9,989	4
Total Operations	\$1,049,004	\$950,456	\$667,511	70%	(\$282,945)	
TOTAL EXPENDED	\$5,054,693	\$5,802,201	\$3,273,974	56%	(\$2,528,227)	
INCOME						
State Income - MH	\$1,686,019	\$1,927,408	\$1,169,504	61%	(\$757,904)	
State Income - DD/ID	\$397,648	\$397,517	\$231,882	58%	(\$165,635)	
State Income - SUD	\$468,162	\$476,643	\$278,040	58%	(\$198,603)	
Federal Income	\$595,872	\$380,872	\$662,545	174%	\$281,673	5
Goochland County	\$298,630	\$298,630	\$149,315	50%	(\$149,315)	6
Powhatan County	\$298,630	\$298,630	\$223,972	75%	(\$74,658)	
Fees:					\$0	
Medicaid SPO	\$943,059	\$763,760	\$505,284	66%	(\$258,476)	
Medicaid Waiver	\$414,563	\$517,100	\$273,865	53%	(\$243,235)	
Medicaid Transport	\$19,682	\$30,000	\$13,716	46%	(\$16,284)	
Schools	\$0	\$0	\$0	0%	\$0	
Direct & Third Party	\$244,298	\$310,366	\$117,367	38%	(\$192,999)	
Work Contracts	\$0	\$0	\$0	0%	\$0	
Program Activities	\$3,929	\$0	\$3,614	0%	\$3,614	
PIEP Part C	\$198,742	\$166,489	\$97,118	58%	(\$69,371)	
Reinvestment	\$162,640	\$177,425	\$118,283	67%	(\$59,142)	
Restricted-Grant	\$0	\$0	\$0	0%	\$0	
Reserves	\$0	\$0	\$0	0%	\$0	
Miscellaneous	\$191,906	\$57,362	\$35,126	61%	(\$22,236)	
Interest and Other	\$0	\$0	\$0	0%	\$0	
TOTAL INCOME	\$5,923,780	\$5,802,201	\$3,879,631	67%	(\$1,922,570)	
BALANCE	\$869,087	\$0	\$605,657			

Notes:

- 1 - Still feeling the effects of COVID - some conferences have still been virtual so cheaper and not much travel
- 2 - One month short of utility expenses compared to last YTD, not as many repairs as last year, cleaning expense coded to contracted services this year
- 3 - \$10K Annual Program License for 5 Bridges to Wellness, \$10.5K for Beth Macy, speaker at RSAAC's 8/21 Event, \$40K to Pinnacle for RSAAC 2021 Media, \$4K Locking Medicine Pouches, SOR Recovery \$16K, SARPOS \$8K \$2K Valpak, \$13K CADCA Expenses (we will get some of this back since most folks are now not going) \$5K True Recovery, \$7K EffectTV Ads, \$30K for 6 month contract with Emergency Services Solutions for the ROOT Program
- 4 - \$48K spent on Job Advertisements
- 5 - We received \$158K OT SUD FBG Prevention Funds, \$62K OT SUD FBG Alcohol/Drug Treatment Funds, \$10K for Marijuana Campaign, \$105K SOR Y4 Prevention OT Funds, \$12,560 OT Recovery Funds, \$72K SOR Y4 Recovery OT, and \$8K OT Treatment
- 6 - Goochland County's 3rd Qtr check was not deposited until 2/1

Once again, we had a positive income month, with expenses slightly lower than budgeted and revenues over budget quite a bit due to OT Federal Funding

2022 General Assembly Crossover Summary of Actions

February 22, 2022

The House Appropriations Committee and Senate Finance Committee have offered their respective amendments to the Introduced 2022–2024 Biennial Budget (HB30/SB30) and amendments to the FY2022 Budget (as part of the Caboose Bill). The House and Senate adopted most of the introduced budget, with some notable exceptions. Significant changes include:

House

- Reduces the proposed state employee compensation increase from **5% to 4%** but provides a bonus of 1% for each year of the biennium.
- Reduces compensation for facility direct care staff to the **50th** percentile and uses this savings to provide targeted compensation increases to Community Services Boards (both ARPA funds in FY 2023 and general fund (GF) support in FY 2024).
- Reduces funding by **\$12.6** million for DD waiver slots due to delayed release in FY 2022; however, provides an additional **\$81.2** million GF over the biennium to support the DD waiver rebase; also directs DBHDS and DMAS to complete a rate methodology analysis and report of by June 15, 2022 around waiver rebasing.
- Provides **\$2.0** million GF in FY 2023 to support alternative custody legislation.
- Adds **\$2.5** million for each in funding to set up Crisis Receiving Centers in Prince William and SWVA and a Crisis Response Center in Northwestern.
- Provides **\$3.1** million for Chesapeake Regional Healthcare – a 20-bed unit.
- Employs reductions or delays implementation of several initiatives: DBHDS licensing positions, marijuana campaign, recovery residencies, and Virginia Mental Health Assistance Program (VMAP).
- Reduces funding for Permanent Support Housing by **\$15.2** million over the biennium.
- Eliminates study of Behavioral Health System - reduces by **\$1.0** million in FY 2023 as well as **\$100.0** million earmarked for implementation in FY 2024 in central accounts.
- Moves several capital projects from DBHDS to the Department of General Services.
- Provides an additional **\$10.2** million GF for DBHDS maintenance reserve projects.

Senate

- On top of the **5%** annual compensation increase for state employees each year, provides a **\$1,000** bonus in FY 2023.
- Like the House, reduces funding around FY 2022 waiver slots due to delayed release; and modifies and increases funding for DD waiver rebasing.
- Establishes an HHR workgroup around DBHDS restructuring.
- Community Services Boards Recruitment and Retention Bonuses – Adds **\$37.8** million in FY 2023.
- Adds **\$5.0** million general funds for FY 2023 and FY 2024 for a school MH integration pilot.
- Provides an additional **\$2.9** million general fund each year for Early Intervention, Part C.
- Adds **\$2.7** million in FY 2023 to support alternative custody legislation, while reducing FY 2024 by \$700,000 from a base of **\$3.4** million to level set the funding.
- Reduces 11 new positions that were included in the Governor's introduced budget for various Central Office divisions. These reductions are identified the document.
- Inserts budget language around BH and DOJ program activities to include certified pre-screeners, forensic discharge planning, expanding MAT, CRCs, DOJ reporting, DD waiver rate oversight and the release of slots, Group Home size limits, and feasibility of adding DD waiver core services.

The following tables summarize the Governor's general fund recommendations related to the DBHDS system, along with the House and Senate general fund amendments to this budget. House and Senate amounts are incremental (additive to the Governor's Budget).

New General Fund by Activity

Area	Governor's Budget			House		Senate	
	FY 2022	FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
Appropriation	\$ -	\$ 1,000,000	\$ 100,000,000	\$ (1,000,000)	\$ (100,000,000)	\$ (1,000,000)	\$ (100,000,000)
Statewide Compensation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Bed Census Pressures	\$ 9,556,960	\$ 15,739,280	\$ 20,491,496	\$ 5,100,000	\$ -	\$ 2,679,708	\$ (679,708)
Facility Compensation	\$ 4,243,126	\$ 3,263,942	\$ 80,065,853	\$ -	\$ -	\$ -	\$ -
IT	\$ 561,875	\$ 6,735,665	\$ 5,432,557	\$ -	\$ -	\$ -	\$ -
Crisis/Marcus Alert	\$ 2,000,000	\$ 5,300,000	\$ 23,300,000	\$ 7,500,000	\$ -	\$ -	\$ -
STEP-VA	\$ -	\$ 22,245,501	\$ 28,302,800	\$ (22,245,501)	\$ -	\$ -	\$ -
Capital	\$ 5,170,000	\$ 19,639,000	\$ -	\$ -	\$ -	\$ -	\$ -
DD/DOJ Settlement Agreement	\$ -	\$ 1,594,063	\$ 1,466,402	\$ (1,330,681)	\$ (1,330,681)	\$ (851,175)	\$ (851,175)
Community Behavioral Health	\$ -	\$ 24,479,097	\$ 36,004,849	\$ (9,068,386)	\$ 13,516,449	\$ 45,710,000	\$ 7,900,000
Forensics	\$ 350,000	\$ 1,992,444	\$ 2,444,154	\$ -	\$ -	\$ -	\$ -
Central Account Actions	\$ -	\$ 24,917,480	\$ 24,917,480	\$ -	\$ -	\$ -	\$ -
Total	\$21,881,961	\$126,906,472	\$322,425,591	\$ (21,044,568)	\$ (87,814,232)	\$ 46,538,533	\$ (93,630,883)

*STEP-VA general funds are decreased in FY 2023 due to using ARPA dollars.

**No changes in FY 2022 for House or Senate for identified items above:

The following table details the number of new positions added to each agency code:

New Positions by Agency

#	Agency	Governor's Budget		House		Senate	
		FY 2023	FY 2024	FY 2023	FY 2024	FY 2023	FY 2024
720	Central Office	62	62	-15	-15	-11	-11
790	Grants to Localities	0	0	0	0	0	0
792	Mental Health Facilities	77	77	0	0	0	0
793	Training Centers	1	1	0	0	0	0
794	VCBR	0	0	0	0	0	0
	Total	140	140	-15	-15	-11	-11

Mental Health Study and Behavioral Health Services

- **Fund comprehensive study of state behavioral health system** – Provides \$1,000,000 general fund in FY 2023 for a comprehensive study of the state and local public behavioral healthcare system. Additional funds for implementing the study's recommendations are appropriated in the second year in Central Appropriations.
 - **House:** Removes funding and budget language proposed in the introduced budget for the comprehensive study of the state and local behavioral health systems. The newly created Behavioral Health Commission with full-time staff will have the opportunity to assess behavioral health issues and make recommendations for the General Assembly's consideration during 2022.
 - **Senate:** This amendment eliminates \$1.0 million the first year from the general fund for a study of the behavioral health system.
- **Funding for Study Recommendations** – The administration has provided \$100,000,000 general fund in FY 2024 to support the recommendations from the study in FY 2023. Below is the exact language from the appropriation bill "Out of this appropriation, \$100,000,000 the second year from the general fund is provided for implementation of approved funding recommendations arising from a study of the Commonwealth's system of behavioral health services, as defined by § 37.2-100, Code of Virginia. Funding for the comprehensive study is included in Item 311 of this Act, in the first year."
 - **House:** Eliminates \$100 million from the general fund in the second year for unidentified behavioral health services based on a study included in the introduced budget. A companion amendment in Item 311 eliminates funding and language for the study. The newly created Behavioral Health Commission with full-time staff will have the opportunity to assess behavioral health issues and make recommendations for the General Assembly's consideration during 2022.
 - **Senate:** Eliminates \$100 million from the general fund in the second year for unidentified behavioral health services based on a study included in the introduced budget.

Compensation

- **Increase salaries for state employees and state-supported local employees** – Provides funding for a five percent salary increase effective June 10, 2022, and an additional five percent salary increase effective June 10, 2023, for state employees. State-supported local employees, including CSBs, will receive a five percent salary increase effective July 1, 2022, and an additional five percent salary increase effective July 1, 2023.
 - **House:** Amends introduced budget for a four percent increase and one percent bonus in each year of the biennium for all employee groups
 - **Senate:** Adds a \$1,000 bonus to be paid of June first of this year.

House Actions

- **Increase salaries for direct care staff** – Adds \$25.4 million the first year from ARPA funds and \$25.4 million the second year in the general fund for targeted salary increases for direct care staff working for Community Services Boards

Senate Actions

- **Recruitment and retention bonuses for Community Service Boards** – Adds \$37.7 million the first year for recruitment and retention bonuses for Community Services Board staff. "CSBs and BHAs shall be provided an amount of funding necessary for a \$1,000 quarterly retention bonus for their existing full-time staff based on the number of staff employed on the first day of the quarter. Such bonus shall be paid out at the end of each quarter for those staff still employed by the CSB or BHA. In addition, for each new full-time recruit hired during a quarter a \$1,000 recruitment bonus shall be paid at the end of each quarter while the full-time employee is still employed by the CSB or BHA."

Facility Compensation

- **Fund direct care salary increases (792)** – Provides funds of \$71,474,792 million general fund in FY 2024 to increase direct care staff salary to the 75th percentile. The first year of salary increases is funded in central appropriations using revenues from the federal American Rescue Plan Act.
 - **House:** Reduces funding by \$23.4 million and moves the salary increase to be at the 50th percentile
 - **Senate:** No change.
- **Fund direct care salary increases (794)** – Provides funds of \$7,540,684 general fund in FY 2024 to increase direct care staff salary to the 75th percentile. The first year of salary increases is funded in central appropriations using revenues from the federal American Rescue Plan Act.
 - **House:** Reduces funding by \$1.9 million and moves the salary increase to be at the 50th percentile.
 - **Senate:** No change.
- **Fund direct care salary increases (793)** – Provides funds in Medicaid’s budget for salary increases at the training centers due to higher reimbursements.
 - **House:** Reduces funding at DMAS and DBHDS to adjust salaries to the 50th percentile
 - **Senate:** No change.
- **Fund increased overtime costs at state facilities (792)** – Appropriates \$4,243,126 in FY 2022 and \$3,263,942 in FY 2023 of additional funding for the costs of overtime at state behavioral health facilities.
 - **House:** No change.
 - **Senate:** No change.

Bed Census Pressures

Central Office

- **Provide funds for additional discharge planning and modernize tracking system** – Increases funding for discharge assistance planning services. Additionally, funds are included for a rate study and for the costs of moving tracking and monitoring of discharge assistance planning funds and Local Inpatient Purchase of Service funds to an internet-based solution in the amount of \$3,670,000 in FY 2023 and \$3,270,000 in FY 2024.
 - **House:** No change.
 - **Senate:** No change.
- **Expand discharge transportation program to all state facilities** – Expand a pilot program to transport individuals discharged from state facilities to their home or community-based service placement. Amounts include \$1,000,000 in general fund support in each FY 2023 and FY 2024.
 - **House:** No change.
 - **Senate:** No change.
- **Fully fund alternative transportation project** – Funds remaining costs of implementing the existing contract for alternative transportation of individuals under a temporary detention order to ensure 24/7 coverage on a statewide basis in the amount of \$1,929,216 in general fund support in each FY 2023 and FY 2024.
 - **House:** No change.
 - **Senate:** No change.
- **Expand alternative custody options for individuals under temporary detention orders** – Requires DBHDS to create a plan, including a draft of any necessary legislation, to increase alternative custody options for individuals under a temporary detention order who are awaiting transport to an inpatient bed. General fund support in the amount of \$3,359,416 is included in FY 2024 to implement the program.
 - **House:** Adds \$2 million from the general fund the first year to implement a program of alternative custody for individuals subject to a TDO, who are awaiting transport to an inpatient bed.
 - **Senate:** Moves \$1.7 million the second year from the general fund, included in the introduced budget, to the first year to make available \$1.7 million each year to support a program of alternative custody for

individuals under a temporary detention order (TDO) who are awaiting transport to an inpatient bed. In addition, the amendment provides \$1.0 million each year from the general fund to provide reimbursement to local law enforcement agencies that utilize auxiliary police officers as alternative custody options for emergency custody orders or TDOs.

- **Reduce census in forensic units at state facilities through highly trained forensic evaluators** – Provides funds for three clinical psychologists who will be tasked with completing evaluations of competency to stand trial, sanity at the time of the offense, pretrial psychosexual evaluations, and various not guilty by reason of insanity acquittee evaluations. Resources include \$467,982 general fund in FY 2023 and \$460,782 general fund in FY 2024 to support three positions.
 - **House:** No change.
 - **Senate:** No change.

State Facilities

- **Provide additional security staff at Eastern State Hospital and Northern Virginia Mental Health Institute** – Provides funds of \$1,798,410 general fund in FY 2023 and FY 2024 for 29 additional security staff at Eastern State Hospital and Northern Virginia Mental Health Institute in order to improve patient and staff safety.
 - **House:** No change.
 - **Senate:** No change.
- **Fund benefit positions at state hospitals** – Provides funds of \$734,670 general fund dollars in FY 2023 and FY 2024 for eight benefits coordinator positions at state facilities. These positions will be responsible for identifying and aiding in the application for any benefit programs that would assist in an individual being discharged from a state facility.
 - **House:** No change.
 - **Senate:** No change.
- **Fund benefit positions at Hiram Davis Medical Center** – Provides funds of \$99,345 general fund in FY 2023 and FY 2024 for one benefits coordinator position at state facilities. This position will be responsible for identifying and aiding in the application for any benefit programs that would assist in an individual being discharged from a state facility.
 - **House:** No change.
 - **Senate:** No change.
- **Fund pilot program to expand discharge and therapeutic intervention to seven days a week** – Provides funds of \$5,052,489 general fund in FY 2023 and FY 2024 for 40 new positions to expand discharge planning and therapeutic intervention services from five to seven days a week at Central State Hospital and Southern Virginia Mental Health Institute.
 - **House:** No change.
 - **Senate:** No change.
- **Expand telehealth capability at state facilities** – Provides \$150,000 general fund in FY 2024 for the ongoing costs of expanded telehealth at state facilities. A corresponding amendment is included in central accounts for one-time costs in the first year from revenue received from the federal American Rescue Plan Act.
 - **House:** No change.
 - **Senate:** No change.
- **Fund Contract Staff at Facilities** – Provides \$9,015,174 general fund in one-time FY 2022 support for the costs of temporary staffing contracts to address staffing shortages at state facilities.
 - **House:** No change.
 - **Senate:** No change.

Grants to Localities

- **Increase the availability of outpatient restoration services for adults in order to prevent unnecessary inpatient hospitalizations** – Provides \$83,500 general fund in FY 2023 and FY 2024 to Community Services Boards for outpatient restoration services.
 - **House:** No change.
 - **Senate:** No change.

House Actions

- **Fund 20 Bed Inpatient Unit at Chesapeake** – Provides \$3.1 million the first year for a 20-bed unit at Chesapeake. The funding is contingent upon an agreement to maintain this unit for 10 years. The department shall work with Chesapeake Regional Authority to guarantee that 50 percent of the total day shall be used to divert state hospital admissions

Mental Health Facilities

- **Provide for increased pharmacy costs at state facilities** – Provides general fund support of \$541,786 in FY 2022, FY 2023, and FY 2024 for the rising costs of pharmaceuticals at state facilities.
 - **House:** No change.
 - **Senate:** No change.

Crisis/Marcus Alert

Central Office

- **Appropriate 988 funds for crisis call center** – Appropriates \$1,671,214 in nongeneral Crisis Call Center Funds for the operation and maintenance costs of the 988 Crisis Call Center. Funds for staffing the call center are appropriated in Grants to Localities.
 - **House:** No change.
 - **Senate:** No change.
- **Fund administrative support for crisis services** – Provides \$300,000 general fund in each FY 2023 and FY 2024 for two administrative positions to manage the agency's growing crisis services system.
 - **House:** No change.
 - **Senate:** Removes one administrative position for crisis services.

Grants to Localities

- **Continue implementation of crisis system transformation** – Provides \$2,000,000 general fund in FY 2022 and FY 2023 and \$22,000,000 in FY 2024 for the continued implementation of the crisis system transformation. In addition to the funds appropriated in this adjustment, \$20.0 million in funding from the American Rescue Plan Act - State Local Recovery is appropriated in central accounts for FY 2023.
 - **House:** No change.
 - **Senate:** No change.
- **Support for 988 call center staff** – Appropriate non general fund of \$4,732,000 in FY 2023 and \$7,453,798 in FY 2024 (with a reduction of \$2,000,000 in general fund in FY 2024) to be deposited into the Crisis Call Center Fund, which receives funds from surcharges on wireless services. These funds will be used to support the costs of call center staff.
 - **House:** No change.
 - **Senate:** No change.

- **Continue Implementation of local Marcus Alert systems** – Provides \$3,000,000 in general fund in FY 2023 and FY 2024 for an additional five localities to implement a local Marcus Alert System. This adjustment will bring total state support of local systems to \$6 million per year.
 - **House:** No change.
 - **Senate:** No change.

House Actions

- **Crisis Receiving Center in Prince William** – Provides \$2.5 million from the general fund in fiscal year 2023 only to establish a crisis receiving center (CRC) in Prince William County. CRCs provide a more comprehensive response than crisis assessment centers or crisis stabilization units, because they operate on a 23/7 basis to avert behavioral health crises thus decreasing the role of the law enforcement and reducing overreliance on institutional care including state hospitals.
- **Crisis Receiving Center in Southwest Virginia** – Provides \$2.5 million from the general fund the first year for start-up costs to establish a crisis receiving center (CRC) in Southwest Virginia for people with serious mental illness. CRCs provide a more comprehensive response than crisis assessment centers or crisis stabilization units, because they operate on a 23/7 basis to avert behavioral health crises thus decreasing the role of the law enforcement and reducing overreliance on institutional care including state hospitals.
- **Crisis Response Center in Northwestern Virginia** – Provides \$2.5 million the first year from the general fund for crisis response center services in northwest Virginia (Winchester). The CRS will be located in the Winchester Medical Center to provide a safe space necessary for oversight of patients having a mental health crisis while also keeping these patients out of the emergency department.

Senate Actions

- **Voluntary Mental Health Check-In Option** – This amendment provides \$2.3 million each year from the Crisis Call Center Fund for the Department of Behavioral Health and Developmental Services to implement a voluntary mental health check-in option as part of the 988 Crisis Call Center. The department must report by November 1, 2022, to the Governor and the Chairmen of the House Committees on Appropriations and Health, Welfare and Institutions and the Senate Committees on Education and Health and Finance and Appropriations regarding its progress in implementing such program.

STEP – Virginia

Grants to Localities

- **Fund STEP VA – services and local infrastructure needs** – Provides \$22,245,501 general fund in FY 2023 and \$28,302,800 general fund in FY 2024 for the implementation of the remaining three services required by STEP–VA. Additionally, funds are provided for local infrastructure and regional management of STEP–VA services. The additional crisis services for STEP-VA were listed above in the Crisis/Marcus Alert section.
 - **House:** This amendment replaces general fund support for STEP-Virginia with American Rescue Plan Act (ARP A) funds the first year, resulting in general fund savings of \$22.2 million in the fiscal year 2023. This change only affects the fund source for STEP-Virginia and has no impact on the implementation of the program.
 - **Senate:** No change

Step	Governor’s Budget	
	FY 2023	FY 2024
Ancillary Costs	\$7,762,375	\$7,762,375
Psychological Rehab & Skills	\$2,190,000	\$3,820,000
Care Coordination Services	\$6,514,625	\$6,514,625
Case Management Services	\$3,178,500	\$4,078,500
Regional Management Services	-	\$937,300
Transitioning Data Systems and Clinical Processes	\$2,600,000	\$5,190,000
790 Total	\$22,245,500	\$28,302,800

Capital Outlay

- **Replace access control and security systems at state facilities** – Provides \$5.8 million in funds to replace and upgrade security and access systems at Piedmont Geriatric Hospital, Southwestern Virginia Mental Health Institute, and Catawba Hospital.
 - **House:** Transfers authority and funding associated with this project to DGS. Reduces the overall budget of this project to \$4 million (reduction of \$1.8 million)
 - **Senate:** No change.
- **Replace fire alarm systems at state facilities** – Provides \$6.8 million in funds for the installation of new fire alarm systems, including annunciator panels and all devices, to improve safety at state facilities
 - **House:** Transfers authority and funding associated with this project to DGS. Reduces the overall budget of this project to \$5 million (reduction of \$1.8 million)
 - **Senate:** No change.
- **Replace windows at state facilities** – Provides \$7.0 million in funds for the installation of new security windows in inpatient areas at state facilities to prevent elopement and provide greater patient safety.
 - **House:** Transfers authority and funding associated with this project to DGS. Reduces the overall budget of this project to \$4 million (reduction of \$3.0 million)
 - **Senate:** No change.

- **Pool Projects Pre Planning Only – Renovate SVMHI** – The requested funds for this project were for renovations to SVMHI to bring it into compliance with current TJC standards, best practices for the provision of behavioral health services, and to improve safety and security for both staff and residents. This includes the addition of semi-private bathrooms adjacent to the patient rooms, renovation of the admissions unit, and replacement of the access control system, construction of a new security vestibule, window replacement, and limited renewal of finishes. DPB has communicated to us that this is for preplanning funds only.
 - **House:** No change.
 - **Senate:** No change.
- **Pool Projects Planning for Replacement of NVMHI** – The requested funds for this project were for funds to start the pre-planning for this project.
 - **House:** No change.
 - **Senate:** No change.
- **Pool Projects Renovate ESH** – Renovate ESH Funds were requested for the renovation of buildings 1, Hancock Geriatric Treatment Center (HGTC), and 2, the Adult Mental Health Treatment Center (AMHTC) at Eastern State Hospital.
 - **House:** No change.
 - **Senate:** No change.
- **Provide funds for Eastern State Hospital emergency kitchen in FY 2022** - Provides \$5,170,000 in funds for the costs of a temporary kitchen and other correlated space as a result of a sewer leak in the permanent kitchen. These funds will be allotted as necessary, and any balances will be reappropriated in the next fiscal year.
 - **House:** No change.
 - **Senate:** No change.

House Actions

- **Planning to Transform Catawba Hospital** - Adds \$1,000,000 to DGS for Catawba to plan for the transformation of Catawba hospital
- **Adds additional maintenance reserve funding** – Adds \$10,272,283 general fund in the fiscal year 2023 and 2024 for maintenance reserve for the DBHDS facilities

Senate Actions

- Adds funds (\$50 million) to overall state pool to account for anticipated cost increase related to inflationary pressures related to construction

DD/DOJ Settlement Agreement

- **Add licensing positions to comply with federal DOJ settlement agreement** – Provides funds for 15 additional full-time staff within the Office of Licensing to meet the oversight requirements of the settlement agreement with the federal Department of Justice in the amount of \$1,330,681 general fund, \$433,560 nongeneral fund, and 15 positions in each FY 2023 and FY 2024.
 - **House:** Defers action on providing \$1.3 million from the general fund and \$433,650 from the nongeneral fund each year for additional licensing staff related to Developmental Disability services until a review of the licensing division is complete. Funding for twenty-eight additional staff in the DD area was added in the department in the fiscal year 2021, including eleven licensing staff, nine quality assurance and risk management staff, five human rights advocates, two behavioral analysts, and one individual and family services staff.
 - **Senate:** Reduces 8 positions from Division of Licensing.

- **Fund customized rate staff and senior data analyst for Waiver Management System** – Provides funding for two positions required for compliance with the DOJ settlement agreement, including \$263,382 general fund and two positions in FY 2023 and \$135,872 general fund, \$132,661 nongeneral fund, and two positions in FY 2024.
 - **House:** No change.
 - **Senate:** No change.
- **Increase reimbursement rates for developmental disability waiver services (FY 2023 – \$278.0 million, FY 2024 – \$319.0 million (DMAS) all funds)** – Increases Medicaid reimbursement rates for those developmental disability waiver services necessary to promote compliance with the settlement agreement.
 - **House:** No change.
 - **Senate:** No change.
- **Fund 1,200 developmental disability waiver slots (FY 2023 – \$26.0 million, FY 2024 \$52.0 million (DMAS) all funds)** – Provides support for the creation of 100 Community Living (CL) and 500 Family and Individual Support (FIS) waiver slots in FY 2023. An additional 100 CL and 500 FIS waiver slots are created in FY 2024. The total number of additional slots funded by this package over the 2022-2024 biennium is 1,200.
 - **House:** No change.
 - **Senate:** No change.

Information Technology / Data Management

- **Replace the accounts receivable billing system** – Provides funds for the replacement of DBHDS facility billing system. The upgraded system will interface with the electronic health records system and will manage patient registration, eligibility verification, utilization review, coding claims for reimbursement, and operational reporting at all DBHDS facilities. The one-time costs for the purchase of the system are funded with the agency's nongeneral fund balances. Includes \$1,479,724 general fund, \$2,600,000 nongeneral fund, and three positions in FY 2023 and \$1,410,526 general fund, \$5,200,000 nongeneral fund, to continue three positions in FY 2024.
 - **House:** No change.
 - **Senate:** No change.
- **Increase electronic health record (EHR) support staff and system enhancements** – Provides resources to support upgrades and additions to the facility EHR system including the integration of clinical peripheral devices, and additional staff to manage the now fully implemented program in the amount of \$2,927,660 general fund and four positions in FY 2023 and \$1,225,000 general fund to continue the four positions in FY 2024.
 - **House:** No change.
 - **Senate:** No change.
- **Support EHR informatics manager** – Provides \$192,611 general fund and one position in each FY 2023 and FY 2024 for an HER informatics manager who will serve as the subject matter expert for clinical processes and workflow, as well as ensure the EHR is fully integrated into facility operations.
 - **House:** No change.
 - **Senate:** No change.
- **Improve information technology security** – Provides \$117,500 general fund support in each FY 2023 and FY 2024 to improve the security of agency applications, including the de-identification of sensitive data.
 - **House:** House moves this funding to central accounts. This funding will NOT come to the agency
 - **Senate:** No change.
- **Modernize critical information technology systems** – Provides funding for critical IT infrastructure to support STEP-VA implementation, Department of Justice compliance requirements, and continued modernization of data analytics capabilities in the amount of \$561,875 in FY 2022; \$2,018,170 general fund and five positions in FY 2023; and \$2,486,920 general fund to continue five positions in FY 2024.
 - **House:** No change.
 - **Senate:** No change.

Community Behavioral Health

Central Office

- **Provide grants to support recovery residences** – Provides additional funds to support the expansion of recovery support services provided by the Virginia Association of Recovery Residences in the amount of \$2,200,000 general fund in each FY 2023 and FY 2024.
 - **House:** Reduces new funding contained in the introduced budget by \$1.0 million each year, resulting in an increase of \$1.2 million from the general fund each year for recovery residences.
 - **Senate:** No change.
- **Support supervision contract with Department of Corrections** – Provides funds for a contract with the Department of Corrections for the supervision and monitoring of sexually violent predators on conditional release. Amounts include \$350,000 general fund in FY 2022, \$1,342,444 general fund in FY 2023, and \$1,794,154 general fund in FY 2024.
 - **House:** No change.
 - **Senate:** No change.
- **Increase dementia expertise by supporting regional dementia specialists** – Funds regional specialist positions to provide crisis and diversion services targeted to individuals with dementia who are at risk of institutionalization. Amounts include \$1,026,000 in general fund and 6 positions in each FY 2023 and FY 2024.
 - **House:** No change.
 - **Senate:** No change.
- **Sustain dementia/older adult pilot program for individuals who would otherwise be served by state hospitals** – Provides \$1,650,000 general fund in FY 2024 to continue a pilot program for individuals with dementia who are at risk of institutionalization in a state facility. This program is funded in central accounts with federal American Rescue Plan Act State and Local Recovery funds in the first year.
 - **House:** No change.
 - **Senate:** No change.
- **Continue funding for underage marijuana use prevention** – Provides resources to support state oversight and coordination for evidence-based prevention and youth media campaign and educational efforts related to marijuana legalization. Language provides for a contract with the Virginia Foundation for Healthy Youth to head the campaign. Amounts include \$1,012,286 general fund and one position in each FY 2023 and FY 2024.
 - **House:** Delays funding for a statewide marijuana and cannabis use prevention campaign until the fiscal year 2024.
 - **Senate:** Removes one position for administering marijuana prevention efforts.
- **Fund behavioral health on-call administrators** – Funds three central office positions to assist with critical consultation and coordination for state and private hospitals for individuals awaiting placement under an emergency custody order or temporary detention order. Resources include \$360,882 in general fund support and three positions in both FY 2023 and FY 2024.
 - **House:** No change.
 - **Senate:** Removes one Behavioral Health on-call administrator.
- **Fund oversight position for permanent supportive housing programs** – Provides \$109,155 in general fund support and one position in each FY 2023 and FY 2024 to increase the oversight and management of permanent supportive housing programs.
 - **House:** No change.
 - **Senate:** No change.
- **Increase retail tobacco outlet compliance checks to prevent underage tobacco sales** – Provides \$101,970 general fund in each FY 2023 and FY 2024 for tobacco retailer compliance checks through a contract with the Alcoholic Beverage Control Authority (ABC). Language also requires that DBHDS and ABC collaborate to develop a plan to increase the number of compliance checks statewide to reduce incidences of retailer violations.
 - **House:** No change.
 - **Senate:** No change.

- **Expand the Virginia Mental Health Access Program** – Provides funds to expand the Virginia Mental Health Access Program to include training for early intervention and emergency departments and urgent care providers in the amount of \$2,862,200 general fund in both FY 2023 and FY 2024.
 - **House:** Reduces general funds in the introduced budget by \$1.4 million each year for the Virginia Mental Health Access Program, increasing overall funding for the initiative to \$6.9 million annually. This represents a 26 percent increase in funding for this program over the fiscal year 2022 appropriation.
 - **Senate:** No change.
- **Fund a pilot project to remove barriers to Virginia’s mental health workforce** – Provides one-time funds for a contract with the Virginia Health Care Foundation to pay for the costs of supervisory hours needed for licensure for individuals seeking advanced degrees in social work or counseling. Additionally, funds are provided for the costs of certification for licensed social workers or counselors who wish to become eligible to provide supervision services to others seeking licensure. \$3,012,750 general fund are included in FY 2023.
 - **House:** No change.
 - **Senate:** No change.
- **Increase clinical support for mortality review and quality oversight** – Provides \$139,191 general fund and one position for an additional clinical nurse reviewer in the mortality review Office.
 - **House:** No change.
 - **Senate:** No change.

Grants to Localities

- **Increase funding for permanent supportive housing for individuals with serious mental illness** – Provides \$11,250,000 general fund in FY 2023 and \$19,050,000 general fund in FY 2024 for permanent supportive housing. Of the amounts included, \$2.5 million is earmarked for housing in the Northern Virginia region.
 - **House:** Reduces by \$5.3 million the first year and \$9.5 million the second year.
 - **Senate:** No change.
- **Provide additional permanent supportive housing for pregnant or parenting women with substance use disorder** – Provides general fund of \$1,715,545 in FY 2023 and \$1,781,327 in FY 2024 for rental subsidies and support services for 75 additional pregnant or parenting women.
 - **House:** No change.
 - **Senate:** No change.
- **Sustain funding for substance use disorder treatment** – Provides \$5,000,000 in nongeneral fund in FY 2024 to continue the expansion of substance use disorder workforce training and innovation programs. These programs are funded with federal American Rescue Plan Act funds in the first year.
 - **House:** No change.
 - **Senate:** No change.
- **Increase funding for the State Rental Assistance Program** – Provides \$1,050,000 in FY 2023 and \$2,722,720 in FY 2024 in the general fund to increase rental subsidies for individuals with an intellectual or developmental disability. The provided funding will serve an additional 75 individuals per year.
 - **House:** No change.
 - **Senate:** No change.
- **Provide additional funding for mental health dockets** – Increases general funding for the existing mental health dockets in the Commonwealth to increase the availability of clinically appropriate services to a greater number of eligible individuals. Amounts to \$650,000 general funding in both FY 2023 and FY 2024.
 - **House:** No change.
 - **Senate:** No change.

Senate Actions

- **Contract with Restoration and Hope House** – This amendment provides \$50,000 in FY 2023 from the general fund for Restoration and Hope House to provide housing and programs for nonviolent offenders looking to transition back into the community.
- **School-Based Mental Health Integration Pilot** – Provides \$5,000,000 in each FY 2023 and FY 2024 from the general fund for DBHDS and partners to provide technical assistance to school divisions seeking guidance on integrating mental health services, and to make grants to school divisions to contract for community-based mental health services for students from public or private community-based providers. These funds can enhance the current school-based mental health services by offering more flexible clinical capacity for service and programming needs that are beyond the scope of school-based personnel. The funds can also be used to continue new programs and interventions supported by federal recovery funds. The pilot programs will report back to DBHDS and the Behavioral Health Commission on the success factors for integrating behavioral health in education settings and identify funding recommendations and resources needed to continue these efforts.
- **Part C Early Intervention** – This amendment provides \$2.9 million from the general fund each year to support Community Services Boards commensurate with the 12.5 percent increase in Medicaid reimbursement for Part C Early Intervention services for children that have Medicaid. This amendment accounts for Part C Early Intervention services provided to infants and toddlers who do not have Medicaid as a funding source.

Forensics

- **Support supervision contract with Department of Corrections** – Provides funds for \$1,342,444 general fund for FY 2023 and \$1,794,154 in FY 2024 for a contract with the Department of Corrections for the supervision and monitoring of sexually violent predators on conditional release.
 - **House:** No change.
 - **Senate:** No change.

Department of Medical Assistance

- **Fund 1,200 developmental disability waiver slots** – Provides support for the creation of 100 Community Living (CL) and 500 Family and Individual Support (FIS) waiver slots in FY 2023. An additional 100 CL and 500 FIS waiver slots are created in FY 2024. The total number of additional slots funded by this package over biennium is 1,200.
 - **House:** No change.
 - **Senate:** This amendment directs DBHDS to, in any fiscal year that new developmental disability waiver slots are authorized, allocate such slots to the Community Services Boards and a Behavioral Health Authority by the first day of the fiscal year, so that the slots can be assigned to eligible individuals on the Priority One waiting list to access services as soon as possible. In the fiscal year 2022, the department delayed the allocation of 890 waiver slots pending a review of individuals on the waiting list, which resulted in a nearly seven-month delay in releasing the slots.
- **Increase reimbursement rates for developmental disability waiver services** - Increases Medicaid reimbursement rates for those developmental disability waiver services necessary to promote compliance with the settlement agreement.
 - **House:** Adds \$76 million the first year and \$88 million the second to allow for additional waiver rate increases. Instructs the Department to work with the Department of Medical assistance to review the rate methodology. Gives DMAS the authority to implement the new rates before any type of regulatory changes that might be needed.
 - **Senate:** Modify Development Disability Waiver Service Rate Increases - This amendment provides \$13.5 million the first year from the general fund and \$13.8 million from nongeneral funds the first year and \$15.4 million from the general fund and \$15.9 million from nongeneral funds the second year to fund

rate increases for all Developmental Disability waiver services, consistent with the rate study conducted by DBHDS. The introduced budget only included funding for select services. Specific language: *“DMAS shall increase the rates for services based on the most recent rebasing estimates as follows: Group Home Residential services shall be increased on average by 29.7%; Sponsored Residential shall be increased on average by 12.8%; Supported Living shall be increased on average by 61.6%; Independent Living Supports shall be increased on average by 52.2%; In-home Supports shall be increased on average by 33.2%; Community Engagement shall be increased on average by 30.5%; Community Coaching shall be increased on average by 23.9%; Group Supported Employment shall be increased on average by 21.3%; Group Day Support shall be increased on average by 25.6%; Workplace Assistance shall be increased on average by 26.4%; Community Guide shall be increased on average by 30.5%; Benefits Planning shall be increased on average by 18.8%; and Private Duty and Skilled Nursing shall be increased on average by 41.4%. The rate increases are averages and the department shall increase the rates consistent with the October 2021 rebasing study by tiers or size, depending on the service, such that the rate increases are consistent with those recommended by the rate study except that for Private Duty and Skilled Nursing the rates for each service shall be set at 80 percent of the recommended rates, consistent with paragraph FFF. in this item, and for Group Home Residential services the rates shall be set at 97.25 percent of the recommended rates. “*

House Actions

- **Extend Temporary 12.5 percent for Community Mental Health Providers** – The amendment extends the 12.5 percent for home and community mental health providers for FY 2023 only.

Senate Actions

- **Reduces funding FY 2022 (\$8 million) as a result of the delays in waiver slots not being distributed** – Reflects a delay in adding developmental disability waiver slots. The introduced budget includes 600 new slots each year. This amendment reflects maintaining 600 slots in the second year. The COVID-19 pandemic and resulting labor shortages have resulted in significant provider disruption and another amendment provides rate increases to stabilize the provider network. After the provider network is stabilized and capacity exists to absorb additional slots, the General Assembly will consider adding the additional slots in the 2023 Session.
- **Continue 12.5 percent increase for certain HBCS services** – Adds funding and language to continue the temporary FY 2021 rate increase that was provided to most Medicaid home and community-based providers with exceptions for developmental disability waiver services and personal care, respite, and companion care.
- **Establish Behavioral Health Homes** – Provides funding to establish behavioral health homes in Medicaid to provide more support to individuals that are high utilizers of emergency room departments due to behavioral health conditions. The health home model is eligible for an enhanced 90 percent federal match rate for the first two years for the additional services provided as part of the model, that includes: comprehensive care management, care coordination, health promotion, comprehensive transitional care and follow-up, individual and family support, and referral to community and social services.
- **Psychiatric Residency Slots** – Adds \$500,000 from the general fund and \$500,000 in nongeneral funds each year to fund 10 new psychiatric residency slots using Medicaid supplemental payments.
- **Peer and Family Support Rate Increase** – Adds funding and language each year to require the Department of Medical Assistance Services to increase Medicaid reimbursement rates for certified peer recovery and family support services. Research demonstrates that these services provide successful interventions for individuals in crises and overcoming addiction.
- **Provide Inflation for Psychiatric Residential Treatment Facilities** – Adds funding and language to provide an inflation adjustment in the first year to reflect the change in costs for psychiatric residential treatment facilities since 2018. In the fiscal year 2022, the rates for these facilities were increased based on certified 2018 cost reports, however, the rates did not recognize any inflation in those costs since 2018. This amendment also combines two separate paragraphs related to reimbursement for these facilities into one paragraph.

Central Account Actions

House – No changes to Governors introduced for technical central account actions.

Senate – No changes to Governors introduced for technical central account actions.

Technical Adjustments

Central Office

- **Increase position level associated with federal grants** – Increases nongeneral fund position levels by 15 positions in FY 2023 and FY 2024 to account for restricted positions hired using supplemental grant funds the agency has received through the various federal COVID-19 related pieces of legislation.
 - **House:** No change.
 - **Senate:** No change.
- **Align program amounts into correct program areas** – Move funds between program areas in the central office to align appropriation with anticipated expenditure. Most of this zero-sum transfer is moving funds into the licensing program from general administration.
 - **House:** No change.
 - **Senate:** No change.
- **Move pilot program funding and associated language** – Moves funding and associated language between programs in the central office. This zero-sum transfer has no fiscal impact.
 - **House:** No change.
 - **Senate:** No change.
- **Increase Appropriation for Problem Gambling Fund** – Provides non-general fund appropriation of \$2,000,378 in each FY 2023 and FY 2024 in expected payments to be made to the Program Gambling and Treatment Support Fund in order to support efforts to prevent gambling addiction.
 - **House:** No change.
 - **Senate:** No change.
- **Move position funding for clinical director** – Transfers appropriation between programs in order to fund a Clinical Director position in the central office. This position will be responsible for, among other things, the Developmental Disability Health Support Network program.
 - **House:** No change.
 - **Senate:** No change.
- **Transfer funds from Commonwealth Center for Children and Adolescents to support Gateway contract** – Transfers \$713,000 in general fund and oversight to the central office of a contract currently managed by the Commonwealth Center for Children and Adolescents. This zero-sum transfer has no fiscal impact.
 - **House:** No change.
 - **Senate:** No change.
- **Align Community Integration Team funding** – Transfers administrative funding to the proper program area to align with anticipated expenditures. This zero-sum transfer has no fiscal impact.
 - **House:** No change.
 - **Senate:** No change.

State Facilities

MH Hospitals

- **Transfer funds from Commonwealth Center for Children and Adolescents to support Gateway contract** – Transfers (-\$713,000) in general fund and oversight to the central office of a contract currently managed by the Commonwealth Center for Children and Adolescents. This zero-sum transfer has no fiscal impact.
 - **House:** No change.
 - **Senate:** No change.
- **Align appropriation to reflect anticipated expenditures** – Moves funds between programs to align with anticipated expenditures. This zero-sum transfer has no fiscal impact.
 - **House:** No change.
 - **Senate:** No change.

VCBR

- **Align appropriation to reflect anticipated expenditures (792 & 794)** – Moves funds between programs to align with anticipated expenditures. This zero-sum transfer has no fiscal impact.
 - **House:** No change.
 - **Senate:** No change.

Other Noteworthy Actions

- **Provide psychiatric residential treatment facilities with rebasing and annualized inflation** – Requires the agency to implement annual inflation and triennial rebasing methodology for psychiatric residential treatment facilities.
 - **House:** No change.
 - **Senate:** No change.

House Actions

- **Establish a Pilot Program** – Provide \$250,000 in FY22 to establish a pilot program at Carilion Clinic to study, operationalize, and determine barriers for Opioid Education and Naloxone Distribution (OEND) in the emergency department to high-risk opioid use disorder and opioid overdose patients who present in the emergency department. The pilot program will examine the following items: 1) OEND naloxone kit design to meet appropriate Virginia Board of Pharmacy and federal regulatory requirements for dispensing medications from the hospital; 2) cost of such OEND kits, including the reimbursement for such kits; 3) specific naloxone dispensation requirements including a naloxone encounter form; 4) OEND kit storage in the ED; 5) education for pharmacy, ED physicians, nurses and other pertinent ED staff; 6) the role of the Peer Recovery Specialists in the OEND process in the ED; and 7) outcomes to be assessed to evaluate the downstream effects of the OEND program regarding lives saved by direct dispensation after acute overdose. The department shall submit a report on the findings of the pilot including policy recommendations to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees no later than September 1, 2023.

Senate Actions

- **Preserve Historic Records at Central State Hospital** – Provides \$150,000 from the general fund in FY 2023 to digitize historic microfiche records of Central State Hospital to be added to the Central State Hospital Digital Library and Archives Project.

Language Only

Grants to Localities

- **Clarify language around 24 equal installments to Community Services Boards** – Amends language to clarify the method and timing of distribution of funds to Community Services Boards.
 - **House:** No change.
 - **Senate:** No change.
- **Addresses outdated budget language for Mental Health Initiative funds** – Updates language to clarify how Mental Health Initiative funds may be used for children at risk of out of home placements.
 - **House:** No change.
 - **Senate:** No change.
- **Provide emergency regulatory authority for the Individual and Family Supports Program** – Allows DBHDS to promulgate emergency regulations related to structure of the Individual and Family Supports Program.
 - **House:** No change.
 - **Senate:** No change.

House Actions

- **Monitor Credential Recovery Homes** – Requires DBHDS to monitor credential recovery homes for regulatory compliance and consult with the Virginia Association of Recovery Residences to keep the agency's public website's list of credentialed recovery homes up to date.
- **Expand MAT Funding Use to Substance Use Disorder** – Removes language "those addicted to opioids" allowing for all substance use disorders.
- **Jail Discharge Planning for Persons with Serious Mental Illness** – Changes language to allow for emergency client assistance resources.

Senate Actions

- **Early Psychosis Intervention and Coordinated Specialty Care Board** – Directs DBHDS to use existing staff to support the Early Psychosis Intervention and Coordinated Specialty Care Program Advisory Board.
- **Problem Gambling Fund** – This amendment directs DBHDS to establish a workgroup of relevant stakeholders to examine the Problem Gambling Treatment and Support Fund and to report annually on the fund.
- **Certified Pre-screener Clinicians Policy** – Requires DBHDS to continue to abide by the requirements of 2016 guidance, allowing experienced staff not meeting the new Certified Pre-screener Clinicians requirements to continue to practice.
- **Forensic Discharge Planning** – This amendment modifies budget language to allow DBHDS the ability to allocate funds to a greater number of Community Services Boards and jails for the purpose of providing discharge planning and resources. The introduced bill limits the funding to only five jails.
- **Expand MAT Funding Use to Substance Use Disorder** – Removes language that limits the use of the \$5.0 million each year from the general fund provided for medication assisted treatment to individuals with opioid addiction and makes the funding available for the treatment of individuals with substance use disorders.
- **Crisis Receiving Centers** – Designates from the funding included in the introduced budget an allocation for the Lynchburg area to implement a 23-hour crisis receiving center and requires an advisory board of local law enforcement to oversee such center. In addition, language clarifies that a variety of community organizations are eligible to establish 23-hour crisis receiving or observation centers.
- **Department of Justice Settlement Agreement Reporting and Accountability** – Removes the mandatory carryforward language related to the settlement agreement with the United States Department of Justice pursuant to civil action no: 3:12cv059-JAG. Any balances at year end will be discretionary and subject to the Governor's authority for reappropriation of year end balances. In addition, DBHDS is directed to report quarterly on its compliance with the provisions of the settlement agreement.

- **Transfer DD Waiver Provider Rate Setting Oversight to DMAS** – This amendment transfers the authority and oversight of all Developmental Disability waiver services from the Department for Behavioral Health and Developmental Services to the Department of Medical Assistance Services, which is the more appropriate agency to oversee Medicaid rate setting.
- **Developmental Disability Waiver Release of Slots Requirements** – This amendment directs DBHDS to, in any fiscal year that new developmental disability waiver slots are authorized, allocate such slots to the Community Services Boards and a Behavioral Health Authority by the first day of the fiscal year, so that the slots can be assigned to eligible individuals on the Priority One waiting list to access services as soon as possible. In fiscal year 2022 the department delayed the allocation of 890 waiver slots pending a review of individuals on the waiting list, which resulted in a nearly seven-month delay in releasing the slots.
- **Chesapeake Regional Medical Center Psychiatric Beds** – Directs DBHDS to enter into a Memorandum of Understanding (MOU) for use of up to eight beds of a 20-bed acute, inpatient psychiatric unit at Chesapeake Regional Healthcare for state purposes to increase diversion from state mental health hospitals, after construction of the 20-bed unit is initiated. The MOU will not be executed until an appropriation is provided by the General Assembly.
- **Modify Limitation on Group Home Size (DMAS)** – Directs DMAS to amend the Home and Community-based Services Transition Plan and 12VAC30-122-390 to modify the provision which specifically requires that group homes larger than six beds are not able to enter the Virginia Home and Community Based System program. The agency is directed to change the provision to allow group homes of up to eight beds through June 30, 2024.
- **DBHDS Restructuring Workgroup (HHR)** - “The workgroup shall include representatives of DBHDS, the Department of Medical Assistance Services, the Department of Planning and Budget, and other entities as deemed necessary by the Secretary to complete the tasks of the workgroup. Specifically, the workgroup shall evaluate: (i) whether responsibility for developmental disability services is more appropriate in another state agency; (ii) whether community-based behavioral health services and the operations of the state mental health hospitals should be divided split into separate entities; (iii) whether a different structure or model, such as public-private partnerships, is appropriate for the operation of state mental health hospitals; and (iv) whether the current structure for community-based services can be enhanced to better deliver services.”

Collaborating towards a Modern CSB Funding Structure

Initial Discussion, VACSB
2/24/2022
Presented by: Lisa Jobe-Shields



Virginia Department of
Behavioral Health &
Developmental Services

1

Overview of Briefing



- Work to date
- The dilemma
- Possible future solutions

2

Findings of Recent Studies



Report	Date and Origin	Link
Systems Transformation ("Financial Realignment")	2017- legislative	https://rga.lis.virginia.gov/Published/2017/RD600/PDF This report described a path for Virginia to invest in a community-based continuum of care and decrease the state hospital footprint using managed care principles and regional utilization management.
JLARC CSB Funding Study	2019 - legislative	http://jlarc.virginia.gov/landing-2019-csb-funding.asp This study summarized that large scale changes to how CSBs are funded can and should be considered, but only after the scope and domain of the CSBs in the post-Expansion/Carve in landscape is clarified.
"Right-sizing" Report	2019 - legislative	https://rga.lis.virginia.gov/Published/2020/RD4/PDF This study determined it would likely be feasible to decrease from 9 institutions to 5 regional institutions for a total of approximately 1200 beds. The report concluded that that will be feasible after the implementation of STEP-VA, Behavioral Health Redesign (now known as Project BRAVO), and other targeted investments in community based care.
Farley Center Report (Virginia Medicaid Continuum of Behavioral Health Services)	2018- agency (DMAS)	https://www.dmas.virginia.gov/media/1414/2019-continuum-proposal-report.pdf This report detailed the continuum of services which are needed in Virginia, but concluded that if the systemic issues are not addressed first, then access to any services built may still be limited.
JBS Comprehensive Needs Assessment	2020- agency (DBHDS)	The report from the 18-months comprehensive needs assessment was received in January, 2020. Highlights included conclusion that the "STEP-by-STEP" approach will build much needed capacity and have positive impacts, but does not include fundamental changes to underlying systems; a need to focus on modernizing data sharing and health information technology (which is also part of the CCBHC model); infrastructure at CSBs to enable them to work with MCOs and begin relying on MCOs for utilization management; a need to decrease paperwork, coordinate requests and processes across agencies and MCOs, including potentially using a core set of metrics; and invest in a range of workforce supports to recruit and retain high quality clinical staff.

3

In Summary...

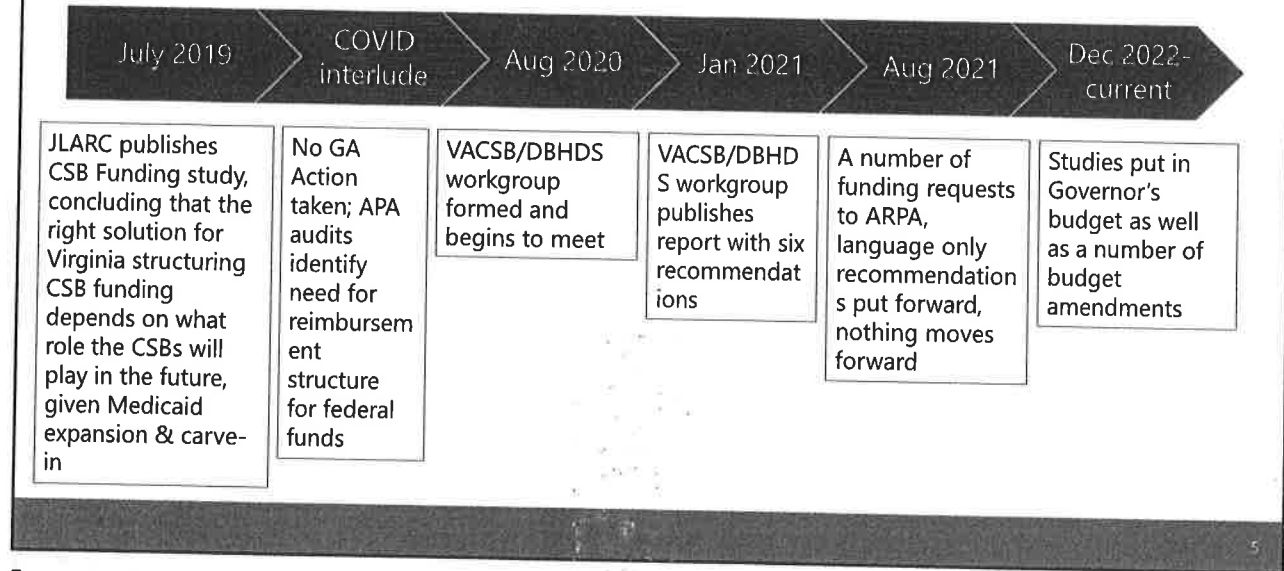


Investing in the build out of community based services is required as a first step towards any "right sizing" of Virginia's state hospital footprint

The success of any investment/build out community based services in Virginia will be severely compromised if systems issues are not addressed as part of that investment/ build out

4

Follow Up to JLARC Study



5

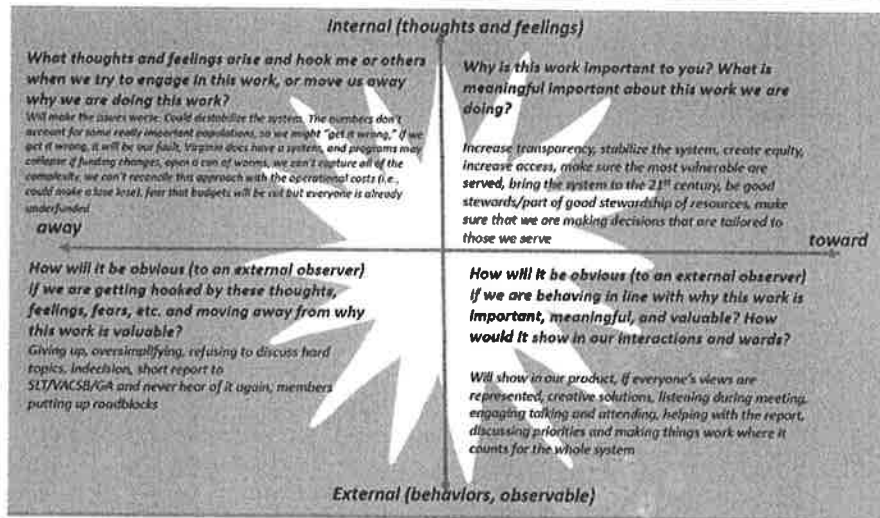
Illustrious Workgroup Members



- VACSB (Jennifer Faison)
- Region 1 (Ingrid Barber)
- Region 2 (Daryl Washington)
- Region 3 (Debbie Coughlan)
- Region 4 (John Lindstrom)
- Region 5 (David Coe)
- DBHDS Finance, Programs, OMS/PC
- New members (FY 2022): Natale Christian, DBHDS Quality

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Group Matrix



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Six Recommendations of Workgroup



Recommendation 1: Short term use of a needs based formula including BHEI for new dollars being distributed

Recommendation 2: Update structure of funding relationship between DBHDS and CSBs with a focus on differentiating between programs/initiatives and core clinical services

Recommendation 3: Focus effort on replacing both CCS3 and CARS and moving to transactional data exchange between CSBs and DBHDS

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Six Recommendations of Workgroup



Recommendation 4: Adopt a set of core performance metrics that will be used to monitor the success of STEP-VA and to identify system needs and a process for technical assistance and quality improvement

Recommendation 5: Initiate planning for integrated reimbursement structures. Small changes include invoicing for federal funds (quasi-reimbursement model). Target BRAVO services for pilot projects/arrangements.

Recommendation 6: Initiate planning for a stable system solution.

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The Dilemma



- Virginia has no agreed upon modern safety net solution
- STEP-VA was planned prior to expansion and carve ins
- STEP-VA was passed without the CCBHC cornerstone of a prospective payment system

CCBHC = Certified Community Behavioral Health Center; the SAMHSA model that STEP-VA was based on. Virginia completed a CCBHC planning grant before embarking on STEP-VA.

Prospective payment system = Method of reimbursement in which a payment is made based on a predetermined fixed amount, contingent on specific quality measures. The CCBHC model has two options, a per member per month or per member per visit.

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The Dilemma



- Virginia has no agreed upon modern safety net solution
- STEP-VA was planned prior to expansion and carve ins
- STEP-VA was passed without the CCBHC cornerstone of a prospective payment system
- Addressing this is everyone and no one's job

What does Systems Transformation Mean?



CMHC, Olmstead, ADA	Affordable Care Act/Parity
<p>Significant downsizing of large congregate, inpatient, long term care facilities</p> <p>Least restrictive services, services in community</p> <p>DOJ enforcement typically includes ACT team benchmarks, Permanent Supportive Housing benchmarks, and community crisis care benchmarks (and much more)</p> <p>Funding structures that allow for funding from large institutions to be slowly "diverted" to less restrictive/more integrated settings and high intensity community supports</p>	<p>Medicaid expansion – population served by behavioral health specialty/safety net system has significantly more Medicaid access</p> <p>Associated with changes to scope and domain of county based mental health systems</p> <p>"Behavioral healthcare is healthcare" (parity), decreasing stigma through "just another health service" message</p> <p>States place a value on efficiency of public behavioral health services; articulate additional values</p>

Broad Implications of CSB Funding Structure



- "Systems transformation" in other states leads to:
 - Changes to scope of county based MH
 - Changes to domain of county based MH
 - Privatization of more segments of system
 - State BH authorities no longer "one big carve out" (services and people)
 - Changes to scope and domain of state agencies (e.g., DBHDS, DMAS)
 - County based MH agencies become providers of choice in some circumstances
 - States must articulate values beyond efficiency

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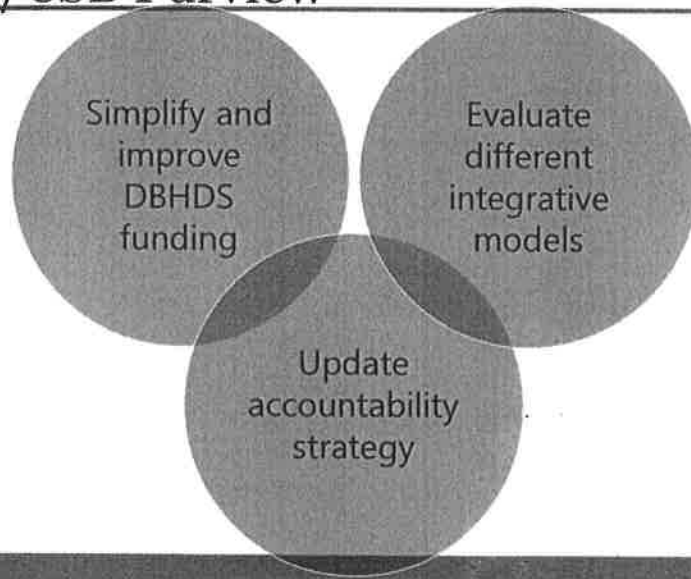
The Thing About Evolution



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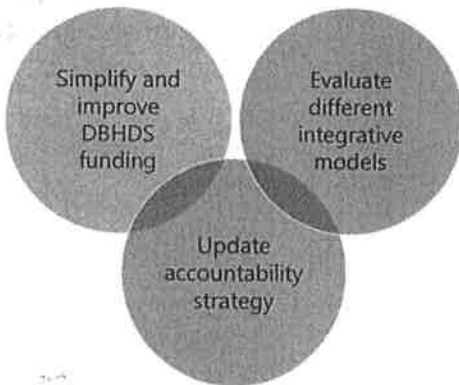
14

Areas of Impact (partially) within DBHDS/CSB Purview



15

Areas of Impact (partially) within DBHDS/CSB Purview



Balance increased flexibility with new demands (e.g., federal audit)

Identify fewest number of cost codes possible while meeting federal and state reporting requirements

Reimbursement (or quasi-reimbursement) based system for grant projects

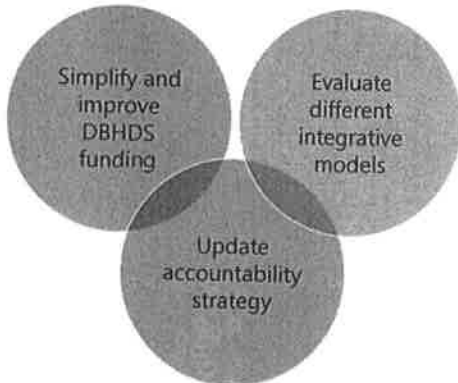
Put forth ideas for restructuring appropriations for efficiency

Flexible funding and/or prospective payment hand-in-hand with transparent accountability measures

Broad base functions covered by body of contract and exhibit B

16

Areas of Impact (partially) within DBHDS/CSB Purview



Analyze old vs. new (STEP-VA) scope, tensions between the two, and plans to integrate

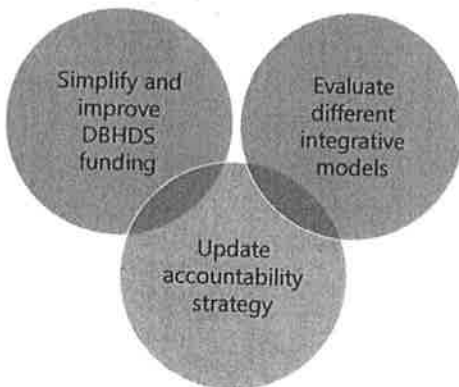
Evaluate options/different models:

- No specific county based MH model
- CCBHC
- Behavioral Health Homes
- FQHC type arrangements (also PPS)

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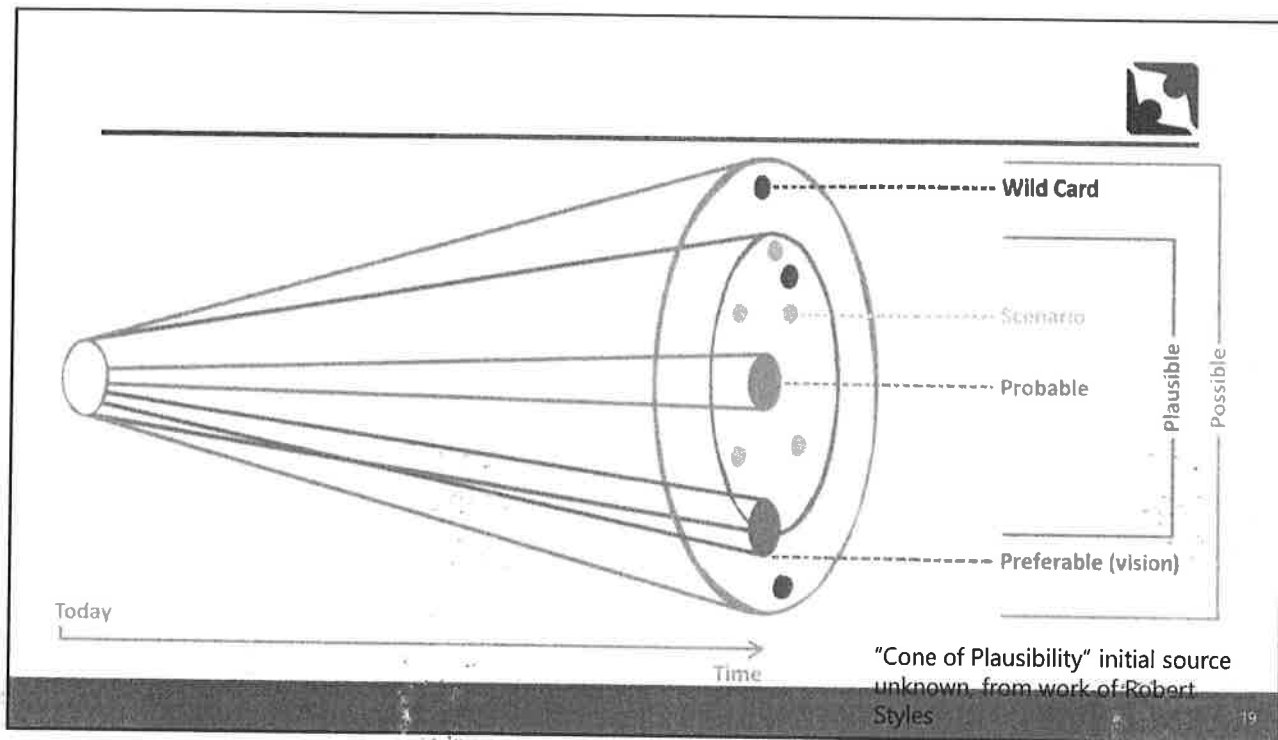
Update Accountability Structure



- Update 2017 plan for new context (Expansion/Carve Ins)
- Defining regional entities/authorities (accountability at scale)
- Articulating concepts of one-size fits all vs. different approaches across state
- Accountability for "managing care"

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Studies

- 10+ studies across Governor's budget, Senate and House bills, and budget amendments
 - Some under DBHDS
 - Some under Secretary
 - JLARC, Behavioral Health Commission
 - Some workgroup driven, some contractor studies

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Discussion



- Why might it be important for us to move our work forward this year, even in the context of all this uncertainty?
- What would be difficult about moving our work forward this year?

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Thank you!



A life of possibilities for all Virginians



Virginia Department of
Behavioral Health &
Developmental Services

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Example Future State



BRAVO rates (for everyone)

Utilization managed by MCOs. Uninsured folks billed to SGF using same cost in FFS proxy. All reported to APCD.

Wrap Around Payments

Prospective payments made based on predicted "base funding" needed to fill gap between BRAVO rates and cost of care (due to case mix of CSB and Virginia's value of access). TA to ensure vast majority if not all CSBs are able to evolve

Grants for Specific Initiatives

True grants for specific initiatives that are not Medicaid funded (yet!) Reimbursement model for grants overall (with start up costs considered, etc.)

And if/when structures are in place, passing wrap around/PPS through MCO contracts and drawing down Medicaid (modified CCBHC PPS)

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Simplifying DBHDS Funding- Structure



Current Structure

91 different cost codes associated with funding that goes from DBHDS to CSBs.

Every dollar distributed by DBHDS comes from one of three discrete buckets: Mental Health, Substance Abuse, or Developmental Services. Services in the community mimic these silos to match funding structure.

34 appropriations in current Code, some which are meant to fund services for individuals without a payer, some to focus on special populations, and some that fund DBHDS-led initiatives. This requires the same level of monitoring/reporting for activities that are overseen by DBHDS licensing and DMAS as it does for DBHDS-led initiatives.

Funding must be categorized as restricted or unrestricted; fewer unrestricted dollars over time in response to calls for greater accountability, which leads to a lack of flexible funding

Considerations for a Modern Solution

Fewest number of cost codes possible while meeting federal and state reporting requirements

Restructured appropriations which allow for cross-disability services to be funded efficiently

Updated appropriations language

Flexible funding hand-in-hand with transparent accountability measures, as needed in a dynamic healthcare environment

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Improving DBHDS Funding-Process



Current Process	Considerations for a Modern Solution
24 equal warrant payments	Prospective payment system with quality measures
High number of Exhibit Ds	Broad base functions (code mandated) covered by body of contract (or super-exhibit) and Exhibit B
No difference in DBHDS oversight of services (defined elsewhere) and grant programs	Reimbursement (or quasi-reimbursement) based system for grant projects
CARS report mid year and end of year; different "language" than Medicaid services	Single, shared language (technical) and reporting closer to real time

COMMUNITY SUPPORT SERVICES
March 2022 Board Report

Parent-Infant Education Program (PIEP)

We had 9 referrals in January and 6 children were discharged. We served 45 families with active IFSPs.

In January, PIEP and all the other early intervention systems across the state began preparations for changing to a new cloud-based data system provided by DBHDS. This new system, Trac-It, replaces ITOTS but is also far more encompassing than ITOTS, essentially a full electronic health record (EHR). The only thing missing is the automated billing capabilities.

DBHDS plans to build a "patient portal" into Trac-It in the future so that parents and caregivers can access their child's treatment plan, assessment, joint-planning strategies, and copies of every form they ever signed in the system. This will be helpful for parents/caregivers who didn't attend a session to see what they should be working on in the interim.

On the administrative side, Trac-It will automate 99% of the annual audit we do for DBHDS and create reports for system management, like tracking caseloads and billing opportunities based on frequency and intensity of visits (something we have to do by hand right now).

Submitted by Jeanine Vassar, PIEP Supervisor

Psychosocial Rehabilitation Services

Virginia House

At Virginia House, we started the year with a fresh look. The program has new furniture and consumers love it.

The program was closed 1/27/22-2/4/22, due to a potential COVID exposure. Consumers were still able to receive services via telehealth. Two Zoom groups were offered per day.

In February, we welcomed 1 new consumer, had 2 referrals, and 1 discharge. Our staff and consumers continue to volunteer at the GoochlandCares Clothes Closet, and at the Goochland Animal Shelter.

We continue to maintain CDC recommended practices to keep everyone as safe as possible.

Submitted by Jess Childress, Psychosocial Rehabilitation Supervisor

In Home Support Services

Direct Support Professionals (DSPs) supported individuals in their homes and community utilizing a person-centered approach.

IHSS Supervisor completed monthly visits and observations. IHSS Support Coordinator facilitated regular contact with consumers and their families via visits in the home and community, and phone calls.

We did not receive any referrals during January. Currently, we have two individuals in Hanover and one in Goochland in need of direct support staff.

Hanover County		Goochland and Powhatan Counties	
Consumers	11	Consumers	1
DSPs	12	DSPs	1

The recruitment process for part-time Direct Support Professionals (DSPs) for Hanover, Goochland, and Powhatan counties. The GPCS employment application and DSP job description is posted on our website www.gpcsb.org.

Submitted by Veneda Scott, In Home Support Services Supervisor

Day Support Services

Monacan Services

January was a month full of weather delays and closings. Consumers are hopeful for less icy and snowy weather in the upcoming months.

Monacan Services was able to start back volunteering at Backpacks of Love. The mission of Backpacks of Love is to eliminate hunger in school-age children in Central Virginia by providing food for their weekends. Backpacks of Love was a favorite volunteer activity before the pandemic, consumers were very excited to get back to volunteering there. The consumers go every Tuesday morning to help out and have had a wonderful time. It is now an activity that the consumers look forward to doing weekly.

We continue recruitment efforts for PRN Direct Support Professionals. The GPCS employment application and DSP job description is posted on our website www.gpcsb.org.

Submitted by Maitlin Ware, Monacan Services Day Support Supervisor

Developmental Services Case Management (ID/DD)

The Developmental Services Case Management program is currently serving 86 consumers with waivers and 5 consumers without a DD waiver. Case Managers facilitate meetings to develop Individual Support Plans (ISP) and assist individuals with gaining access to needed supports identified in their ISP. Case Managers completed assessments, conducted face to face visits to monitor supports, and made additional referrals for services as needed.

Individuals actively enrolled in case management services are contacted each month. We complete face to face visits every 30 to 90 days based on the need of the individual. Individuals receiving enhanced case management services are seen face to face to every 30 days.

Individuals in both communities are assessed for the Developmental Disabilities Waiver Waitlist using priority criteria based on the needs of the individual. Currently, GPCS has 65 individuals on the Waiver Waitlist:

County	Number of residents on Waiver Waitlist
Powhatan County	43
Goochland County	20
Other (waiting for transfer)	2

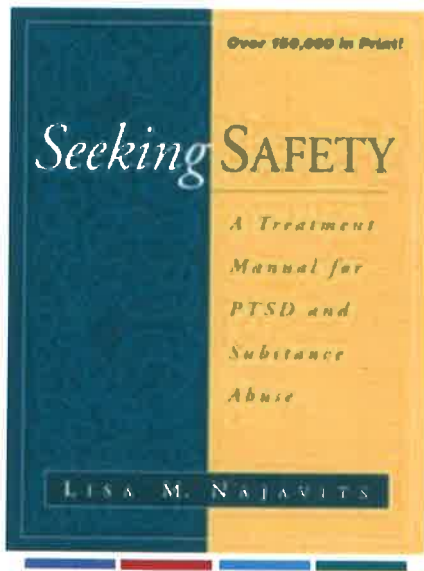
Below shows numbers based on Priority Criteria:

Priority Status	Number of individuals
Priority 1	12
Priority 2	23
Priority 3	30

Submitted by LaTasha Brown, Developmental Services Case Management Supervisor

Outpatient Services

In January 2022, we served 24 new clients, closed 27 cases and saw 134 clients. We have 2 clinicians based in Powhatan (an additional therapist will start on 3/16/22 in Powhatan) and 3 based in Goochland. Several of our staff attended the VACSB conference. We are piloting a 12-week Anger Management treatment approach with an adolescent referred by Probation and Parole. Most of our MHOP/SAOP clinicians attended the Seeking Safety training and plan on starting a women's group on 3/16/22. We are working to use 2 new scales to track outcomes and session engagement with MHOP clients. Using direct service reports and tracking calendars has given us new tools to increase capacity to manage cases efficiently and serve more clients.



Substance Use Disorder Treatment

In January 2022, we served 13 new clients, closed 53 cases and saw 22 clients. Currently we have one clinician and one peer serving both counties. ROOT, in Powhatan, had no calls in January and 4 calls in February for outreach in response to use of Naltrexone by EMTs in the field. In SAOP, we have reconsidered our workflows and begun to use reports to increase our capacity to serve adults and teens. SAOP anticipates an increase in demand when our new NP is onboard, prescribing suboxone by mid-March.

Prevention

In January 2022, RSAAC elected a new Board. The coalition is in the early stages of planning awareness events, reviewing bylaws, and taking inventory of current processes. Hanover Cares provided technical assistance in assessing onboarding and monitoring of coalition achievements that will be modified in 2022 to organize coalition efforts. The coalition joined the Goochland and Powhatan Chambers of Commerce. This partnership will expand the coalition's relationships with local businesses.

RSAAC Youth Leadership committee members continue working with both school systems and our contracted media company to set goals for the Youth-led media campaign. School staff were identified to facilitate the youth partnership and collect student-driven input into campaign objectives.

In February 2022, RSAAC launched a Spanish Facebook page and hired a community partner to manage the page and create posts. The goal of this project is to engage the Spanish speaking community and build new partnerships while spreading awareness of Prevention, Treatment, and Recovery resources.

Four members of RSAAC represented Goochland and Powhatan at the National CADCA conference. During the February meeting, the coalition immediately began disseminating the newest ideas generated by the conference and started looking for ways to integrate new practices into our coalition's plans for expansion and operations.

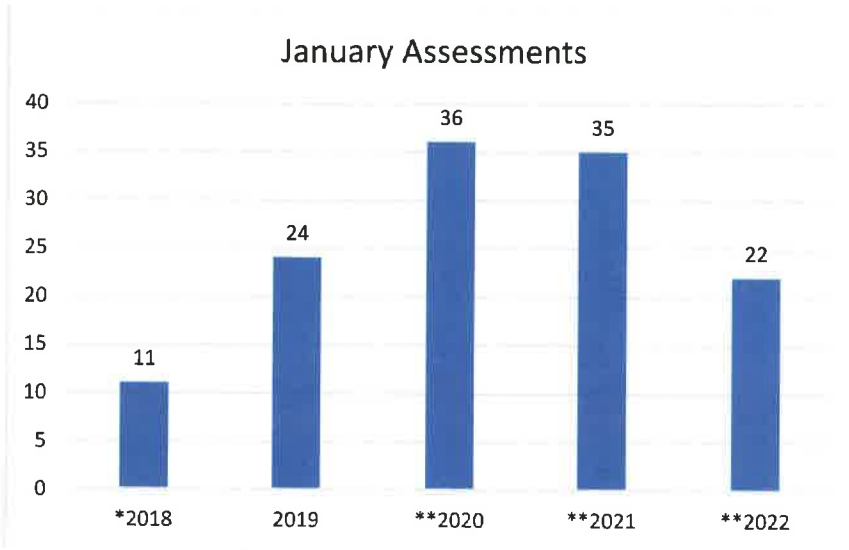
GPCS, DBHDS, and SMVF partnered to represent Region IV at the Yellow Ribbon Event in Richmond. The goal of the event was to spread awareness of suicide prevention materials to veterans, service members, and their families.

GPCS and VCU continued a partnership to do a needs assessment for gambling, gaming, and marijuana. 10 youth and 10 adults are being recruited to report how often they are hearing and seeing gambling advertisements. Stakeholders are being identified and interviewed about our community's readiness for gambling and marijuana prevention efforts.

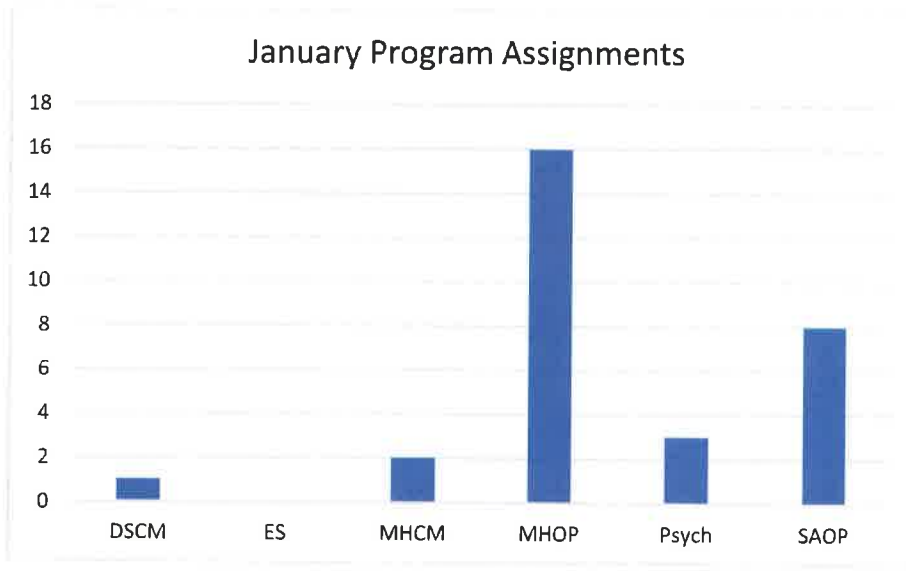
Below is a link to the new Spanish Facebook page for RSAAC. <https://www.facebook.com/SalvandoVidasGP> We used the Spanish version of the over-the-counter video we created last year and have multiple posts with engagement already!

ACCESS

SDA: SDA in January saw lower volume, compared to the last 2 years. During this time, the Powhatan office continued to refer youth seeking afternoon and evening services to community providers. This was due to MHOP clinician caseload capacity. However, when including alternate paths to begin services, the overall numbers were closer together, with 30 people total. During this month, the substance use evaluation started transitioning into the SAOP program, which impacted some of the program assignment numbers.

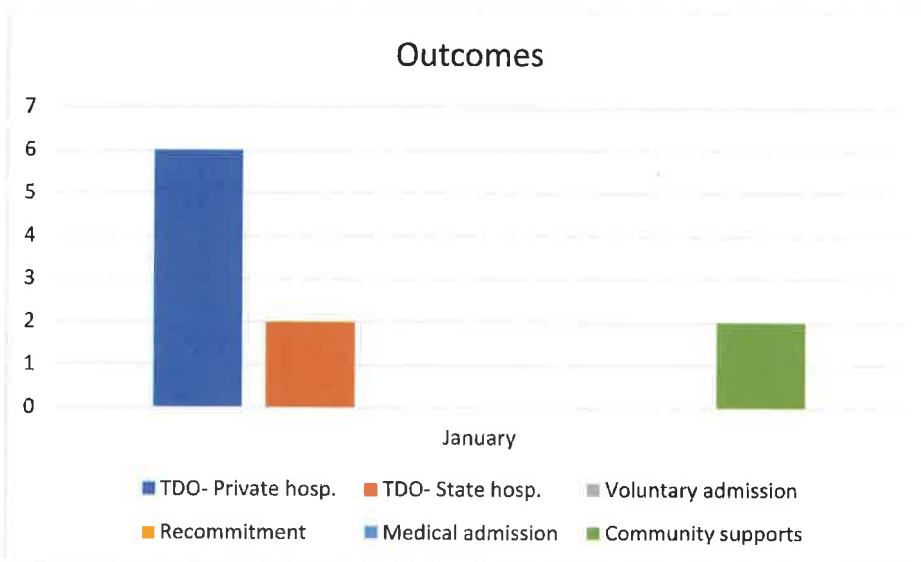
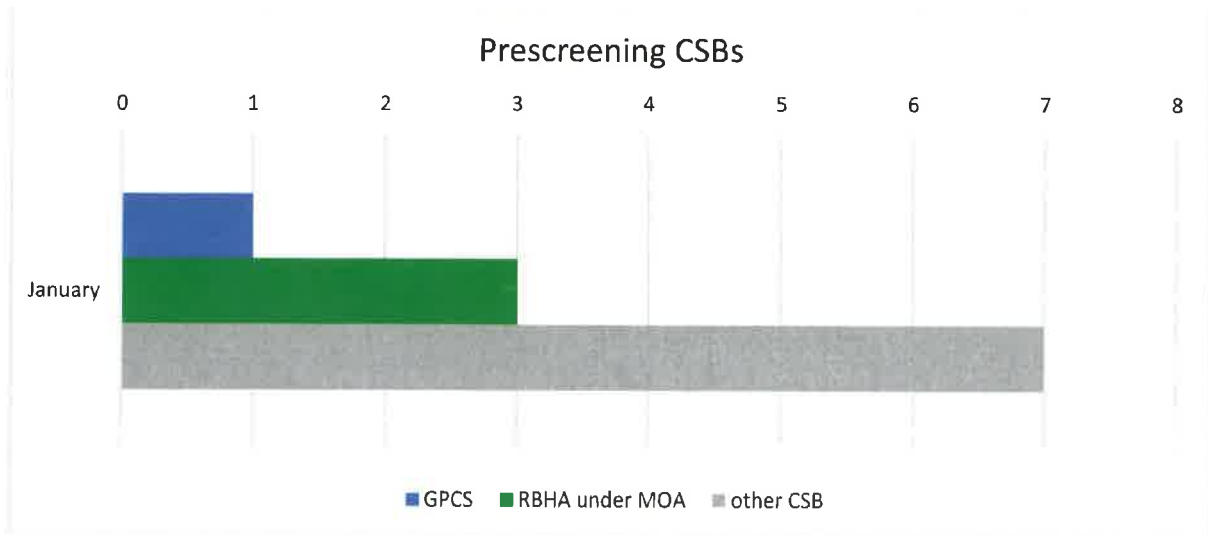


*9.18- SDA Lite
 **Covid 19- 3.20 ceased SDA; 4.20 resumed SDA with an updated SDA Lite process



Eligibility Services: Our Engagement Specialist continues to be flexible in assisting others within the agency.

Emergency Services: Emergency Services continues to manage within a strained system. While the state has been expanding mobile crisis response, we have not seen an expansion in providers that serve our area. In January, CSBs were added to the crisis data platform, which is undergoing near daily changes. CSBs are expected to engage with the platform for Medicaid billing of prescreenings at this time. Consumers continue to see delays in hospital admission at both state and private hospital facilities. The state hospitals continue their statewide wait list. Some state hospital liaising duties are being transitioned to MHCM, depending on the need of the consumer and admission type.



Mental Health Case Management

In **January 2022**, The Mental Health Case Management Unit was staffed with six case managers and a supervisor. A Peer Support Specialist position remained open. No applications were received for the position during January. The unit served 108 consumers to include 3 admissions and 4 discharges for the month. One referral for case management was received from outpatient services. Outreach attempts to engage consumers in services were continued during throughout month even as face to face services were suspended and we resorted to telehealth at the start of January due to COVID-19 concerns. Mental Health Case Managers began meeting with consumers again in person in the community once the agency re-opened for in person contact. The Veterans Case Manager provided support to 4 veterans in

the agency to connect them to benefits and services in collaboration with clinicians/case managers in addition to continuing to maintain relationships with community partners.

MONTHLY VEHICLE UTILIZATION AND EXPENSE REPORT (FY-22)

Dec-21

MONTH OF

VEHICLE

Program

Auto ID (last four VIN)

Pate #

MILEAGE

MILES DRIVEN

Van	Van	Van	Van	Van	Van	Van	Van	Van	Van	Van	Van	Van	Van	Van	Van
Ops	Ops	Ops	Ops	Ops	Ops	Ops	Ops	Ops	Ops	Ops	Ops	Ops	Ops	Ops	Ops
2236	2508	2450	0089	7202	6021	3364	3044	3044	0908	8586	8578	5388	3695	Monacan	Monacan
145-507L	176-819L	37-534L	117-954L	167-233L	197-521	167-212L	161-538L	161-538L	106-432L	144-819L	144-820L	118-010L	116-907L	Monacan	Monacan
159,278	193,174	263,035	169,500	193,139	62,656	249,794	82,901	82,901	152,896	46,198	46,490	109,889	144,779	Monacan	Monacan
1,108	0	0	0	543	321	1,171	110	110	0	843	764	0	1,257	Monacan	Monacan

VEHICLE

Program

Auto ID (last four VIN)

Pate #

MILEAGE

MILES DRIVEN

Van	Van	Car	Car	Car	Car	Car	Car	Car	Car	Car	Car	Car	Car	Car	Car
Va House	Va House	MH CM	ID CM	ID CM	ID CM	ID CM	Monacan	MH CM	Va House	Ops	MH CM	Ops	MH CM	IHSS	Car
6691	0967	9585	0090	9825	9824	4489	1990	1990	0654	7980	1369	6635	2890	PIEP	PIEP
205-951	118-003L	106-406L	47-572L	167-221L	167-220L	197-518L	140-018L	140-018L	156-857L	140-004L	106-442L	146-867L	167-222L	PIEP	PIEP
3,359	110,878	104,307	107,778	52,960	91,771	47,116	114,276	114,276	173,994	246,776	103,997	55,241	53,709	PIEP	PIEP
0	18	10	584	0	0	644	323	323	569	0	0	393	0	Car	Car

VEHICLE

Program

Auto ID (last four VIN)

Pate #

MILEAGE

MILES DRIVEN

Car	Car
PIEP	PIEP
2281	5887
39-337L	39-324L
101,828	85,119
0	0

TOTAL MILEAGE & PROGRAM UTILIZATION

TOTAL # MILES DRIVEN

Operations (Transportation)

Monacan Services & Va. House

Parent Infant Education Program, ID/MH Services, In Home Support

services

TOTAL MONTH	TOTAL YTD
8,658	68,674
3,253	33,713
4,095	22,618
1,310	12,343

GASOLINE FOR:

NUMBER OF GALLONS PURCHASED

COST OF GASOLINE PURCHASED

** Gas reported Goochland 11/15/2021-11/23/2021 and Powhatan November 2021

459.77	4,062
\$1,519.84	\$10,642

REPAIRS & MAINTENANCE

COST OF REPAIRS & MAINTENANCE

\$586.43	\$12,048
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DRIVERS HOURS & SALARIES

NUMBER OF HOURS DRIVERS WORKED

DRIVERS SALARIES

206.25	1,500
\$2,911.91	\$17,348

MONTHLY VEHICLE UTILIZATION AND EXPENSE REPORT (FY-22)

Jan-22

MONTH OF

VEHICLE	Program	Auto ID (last four VIN)	Pate #	MILEAGE	MILES DRIVEN	Van	Ops	Van	Ops	Van	Ops	Van	Ops	Van	Ops	Van	Ops	Van	Ops
						2236	2508	2450	0089	7202	6021	3364	3044	0908	106-432L	144-819L	144-820L	118-010L	116-907L
						145-507L	176-819L	37-534L	117-954L	167-233L	197-521	167-212L	161-538L	106-432L	144-819L	144-820L	118-010L	116-907L	
						159,822	193,174	263,035	169,500	194,060	62,838	251,839	83,080	152,896	46,800	46,929	109,946	145,182	
						544	0	0	0	921	182	2,045	179	0	602	439	57	403	

VEHICLE	Program	Auto ID (last four VIN)	Pate #	MILEAGE	MILES DRIVEN	Van	Ops	Van	Ops	Van	Ops	Van	Ops	Van	Ops	Van	Ops	Van	Ops
						6691	0967	9585	0090	9825	9824	4489	1990	0654	7980	1369	6635	2890	
						205-951	118-003L	106-406L	47-572L	167-220L	167-220L	197-518L	140-018L	156-857L	140-004L	106-442L	146-867L	167-222L	
						3,359	110,878	104,297	108,121	52,960	91,771	47,604	114,417	173,994	246,776	103,997	55,518	53,709	
						0	18	0	343	0	0	488	141	0	0	0	277	0	

VEHICLE	Program	Auto ID (last four VIN)	Pate #	MILEAGE	MILES DRIVEN	Car	Car	Car	Car	Car	Car	Car	Car	Car	Car	Car	Car	Car	Car
						PIEP	PIEP												
						2281	5887												
						39-337L	39-324L												
						101,828	85,119												
						0	0												

TOTAL MILEAGE & PROGRAM UTILIZATION	TOTAL # MILES DRIVEN	TOTAL YTD
Operations (Transportation)	6,639	75,313
Monacan Services & Va. House	3,871	37,584
Parent Infant Education Program, ID/MH Services, In Home Support	2,007	24,625
services	761	13,104

GASOLINE FOR:	TOTAL MONTH	TOTAL YTD
NUMBER OF GALLONS PURCHASED	574.17	4,637
COST OF GASOLINE PURCHASED	\$1,271.13	\$11,913

REPAIRS & MAINTENANCE	TOTAL MONTH	TOTAL YTD
COST OF REPAIRS & MAINTENANCE	\$1,645.49	\$13,693

DRIVERS HOURS & SALARIES	TOTAL MONTH	TOTAL YTD
NUMBER OF HOURS DRIVERS WORKED	160.25	1,661
DRIVERS SALARIES	\$2,284.24	\$19,632

** Gas reported Goochland 12/14/2021-1/17/2022 and Powhatan December 2021