

## VACSB ARPA Proposal

The American Rescue Plan Act and its associated funding represent a “once in a generation” opportunity to build critical infrastructure and capacity in our behavioral health and developmental disability services system.

**Virginia’s CSBs are uniquely situated to ensure that these funds are used to bring access to care to vulnerable individuals and that they are in support of the public health goals outlined by the Governor and the General Assembly.** In addition, the CSB system is the only statewide network for service delivery, reaching every corner of the Commonwealth, and the CSBs are the only providers held directly accountable to the state through their Performance Contracts with DBHDS. This relationship guarantees that the General Assembly will have a full view of how the funds are being spent and the data to determine efficacy.

### GUIDING PRINCIPLES

The public behavioral health system has been starved for funding for decades and needs a large infusion of dollars to make up for lost time.

The VACSB recognizes that these funds are essentially one-time funds with some flexibility for use over a period of 3 years or less. The plan outlined below takes this into account.

The funds need to be as flexible as possible so that they can be spent within the appropriate timeframe and targeted in ways that meet local priorities as well as advance statewide goals such as STEP-VA. As such, no additional restrictions should be placed on the funds by the state, beyond what is required by the federal government. The interpretation of the federal requirements should also be as broad as possible.

**The funds would support system enhancements in 4 major areas and include a carve-out for pilot programs:**

- **Workforce development**
- **State hospital diversion/discharge**
- **Physical infrastructure**
- **IT and administrative infrastructure**

### MEETING LOCAL NEEDS IN SUPPORT OF STATEWIDE GOALS

The VACSB requests an allocation in Grants to Localities of **\$80M in each of two fiscal years so that CSBs can flexibly bolster their local systems of care.** The funding would be allocated using a “base plus” formula where each CSB would receive a base level of funding of \$1M per year and the remaining \$40M in that year would be distributed using a short-term, needs based formula. The formula would be similar to one currently being used to distribute STEP-VA funding but also takes into account the state general fund cuts CSBs took as a result of Medicaid expansion.

Note that many of the local priorities would overlap with the statewide priorities listed below. Localities may need to take different pathways to achieve the stated goals.

## **SUPPORTING PREVIOUSLY IDENTIFIED STATEWIDE GOALS**

The VACSB requests **\$40M in each of two fiscal years in Grants to Localities so that CSBs continue to partner with DBHDS to support and enhance existing statewide priorities** including:

- workforce development
- STEP-VA
- crisis system enhancements
- system enhancements to support state hospital diversion
- system enhancements to support state hospital discharges
- system enhancements to support more efficient information exchange both within the public behavioral health system and with the broader healthcare community
- community support and integration for individuals with I/DD and their families

## **IDENTIFIED NEEDS THAT CAN BE SUPPORTED USING ONE-TIME OR SHORT-TERM FUNDING**

**Note that enhancements to state hospital diversion programs and discharges are not listed separately as ALL of the below initiatives will positively impact the state's goals in those areas.** We would anticipate accountability measures to incorporate some evidence of that.

DBHDS and the CSBs would work together to develop a comprehensive, statewide approach in each of these areas.

- Improvements to the public behavioral health system will not be possible without funds for **WORKFORCE DEVELOPMENT:**
  - signing bonuses
  - retention bonuses
  - scholarships and loan repayment for increased educational attainment such as Master and Doctoral Level education in Counseling, Social Work, Psychology, Psychiatry, and related fields
  - recruitment and retention of bilingual clinicians
  - support employees to provide clinical supervision
  - support evidence-based training requirements such as those mandated within Project BRAVO
  - training and staff development in the area of social/emotional development in infants and toddlers
  - support the development of a standardized core training program offered free of charge to public behavioral health employees to be certified as a Direct Support Professional (DSP), Qualified Mental Health Professional (QMHP) Qualified Intellectual Disability Professional (QIDP), or Peer Recovery Specialist
  - Clinical training in general
- Funds for **PHYSICAL INFRASTRUCTURE** to buy or build:
  - 23-hour crisis observation units
  - Crisis stabilization units
  - Detox units
  - Transitional housing units
  - Expansion of CITACs and/or Crisis Receiving Centers

- Space for onsite pharmacy
  - Supervised housing units
  - Vehicles for DD transportation
  - Vehicles for mobile crisis teams
- Funds for **IT AND ADMINISTRATIVE INFRASTRUCTURE** to realize efficiencies and support transparency in our system:
    - Invest in developing a strategy for the integration of data systems in use in the public health system, with priority given to public behavioral health and the integration between the Department of Behavioral Health and Developmental Services, the Department of Medical Assistance, and Community Services Boards. This may require a pause and re-alignment of projects underway at DBHDS, including replacement of CCS and CARS.
      - This project should focus on reduced administrative burden and cost at all levels of the public system including direct care providers, CSB administrative and IT Staff, Data Analysts at DBHDS, DMAS, and CSBs, DMAS Claims/Authorization Processing Staff, DBHDS Program Staff, and CSB and DBHDS Executive Leadership. Current major data systems in place just to manage Public Behavioral Health and Developmental Services data include:
        - CCS 3
        - WaMS
        - Crisis Data Platform (in procurement)
        - PACT Database
        - EI Online
        - REACH Data Store
        - CHRIS
    - EHR upgrades
    - Statewide consulting to align Licensure and Payer regulation to reduce the overhead associated with managing disparate systems and auditing processes
    - Statewide consulting to assess cost savings realized in other areas of the state budget as a result of investments in CSB services
    - Statewide consulting on Virginia's burdensome documentation requirements
    - Funding for a learning management system that provides centralized access and required trainings and provides reminders for all users for renewal and recertification.
    - Telehealth hardware and software, including for remote patient monitoring
    - Cover the cost of accreditation requirements such as those placed on intensive outpatient services as part of Project BRAVO
    - Pool of funds that can be added to state general fund dollars to support administrative costs as new initiatives come online
  - Funds for **PILOT PROGRAMS:**

The VACSB recognizes that there are some special populations for whom appropriate supports and services are very limited in the community. Virginia has a robust history of using pilot programs to determine efficacy and scalability of services. The below are examples of pilot programs that could help us determine appropriate pathways for these populations.

    - Behavioral health and dementia care integration pilot
    - Behavioral health and I/DD integration pilot

- Pilot for developing entrepreneurial and micro-business skills for individuals with I/DD and/or behavioral health diagnoses

### **ACCOUNTABILITY**

CSBs are held accountable to the state through their relationship with DBHDS, which is governed by the Performance Contract. Provisions to ensure accountability and transparency include:

- Ensures through distribution of available state and federal funding that an individually focused and community-based system of care, supported by community and state facility resources, exists for the delivery of publicly funded services and supports to individuals with mental health or substance use disorders or developmental disabilities.
- Promotes at all locations of the public mental health, developmental, and substance use disorder service delivery system (including the Central Office) quality improvement efforts that focus on individual outcome and provider performance measures designed to enhance service quality, accessibility, and availability, and provides assistance to the greatest extent practicable with Department-initiated surveys and data requests.
- Ensures fiscal accountability that is required in applicable provisions of the Code, relevant state and federal regulations, and policies of the State Board.
- Serves as the single point of accountability to the Governor and the General Assembly for the public system of mental health, developmental, and substance use disorder services.

CSBs are the only entities required to maintain this level of connection, transparency and accountability to the state. The private sector is governed by licensing, regulation and audits, all of which CSBs are also subject to in addition to the Performance Contract.