



Virginia Association of Community Services Boards Budget Priorities 2022-2024 Biennium

ALL OF US FIRST

The VACSB requests that policy makers, including the Governor and the General Assembly, put **ALL OF US FIRST**. This means that the entire public system for behavioral health and developmental disability services needs to be prioritized, as well as the individuals served in the system.

Putting **ALL OF US FIRST** means that for every dollar the Governor and the General Assembly decide to invest in state psychiatric facilities and training centers, at least an equal investment needs to be made in community-based care.

The individuals served in this system cannot continue to suffer due to the perpetual “zero sum” thinking where what one side of the system gains comes at the expense of the other side of the system. **Mutual gain should be the goal if we want to benefit the individuals we serve.**

Addressing the CSB Workforce Crisis

In order to continue and enhance community-based care, CSBs must have funding to provide recruitment and retention incentives for their staff. **VACSB’s top priority is a \$167.5M investment in recruitment and retention initiatives for CSBs including quarterly recruitment and retention bonuses, funds to create a path to licensure by paying for clinical supervision hours and funding for loan repayments and scholarships.**

Continued STEP-VA Funding

STEP-VA is a long-term approach to creating a baseline level of supports and services in every CSB catchment area. There is a need for funding to enhance services that are in the late phases of implementation as well as funding to support the implementation of services slated for implementation according to the mandate in the Code of Virginia.

As such, VACSB is advocating for **\$9M** in ongoing general funds to fully fund the outpatient step of STEP-VA, the funding for which was reduced by that amount due to false assumptions that CSBs would be made whole through billing for this service with Medicaid expansion. VACSB believes additional funding is needed in this step to enhance CSBs’ ability to meet their Same Day Access (SDA) metrics regarding first offered appointment and to account for the increase in assessments through SDA that have resulted in a greater demand for this service.

VACSB is also advocating for **\$25M** in ongoing general funds to fully fund the case management and care coordination steps of STEP-VA.

Developmental Disability Waiver Provider Rebase for Reimbursement Rates

The Waiver rate rebase is intended to account for costs that have increased since 2014 and added costs for the Department of Justice (DOJ) quality assurance requirements. As well, the planned minimum wage increases in the next five years should also be accounted for and worked into the rebase rates. Without this rebase, CSBs and other providers will face additional workforce shortages which may put these services at risk.

The VACSB requests funding equal to the increases proposed in the Burns and Associates rate study.

Priority One Wait List for DD Waiver Services

VACSB requests **\$12M** (GF only) to decrease the priority one wait list by approximately 1,350 individuals. Roughly 13,800 people with DD are on the Waiver wait list for community-based services. Receiving a Waiver slot enables an individual who needs DD services and supports to live a life that is fully integrated in the community.

Permanent Supportive Housing

VACSB is requesting an additional **\$20M** to support Permanent Supportive Housing (PSH) in the 4 DBHDS regions not funded in the special session budget.

Adequate housing and a range of community behavioral health and developmental disability service options are vital to keeping individuals stable in the community, rather than cycling back into the hospital system. Appropriate housing is a significant barrier to discharge from state psychiatric hospitals. Increased funding for PSH will reduce the hospital census pressures by having the ability to discharge individuals from the hospital as soon as they are clinically ready. 87% of individuals served in PSH remained stably housed for at least one year, according to DBHDS data, which saved \$12.2M in state psychiatric bed day costs.