



DBHDS Update

Joint Subcommittee to Study Mental Health
Services in the Commonwealth in the 21st Century

August 5, 2020

Alison Land, FACHE

Commissioner

Virginia Department of Behavioral Health
and Developmental Services

Agenda

- I. State Hospital Census Update
 - a. Hospital Census Status
 - b. Impact of COVID-19
 - c. EBL and Contracting Efforts

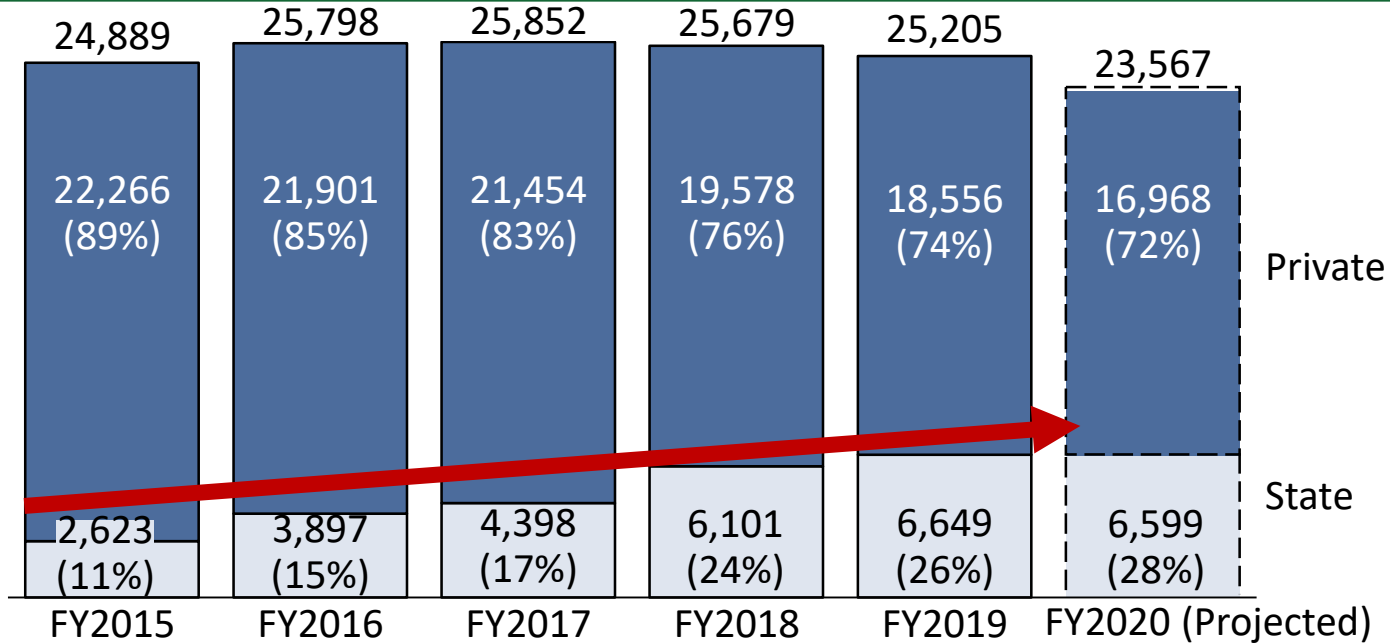
- II. CSBs, Providers, & Impact of COVID-19
 - a. CSB Funding Flexibility
 - b. STEP-VA Status
 - c. Private Provider Community Impact
 - d. Needs Assessment Status

- III. Updates after 2020 General Assembly Session
 - a. Workgroups and Studies
 - b. Legislation Implementation

- IV. Questions and discussion

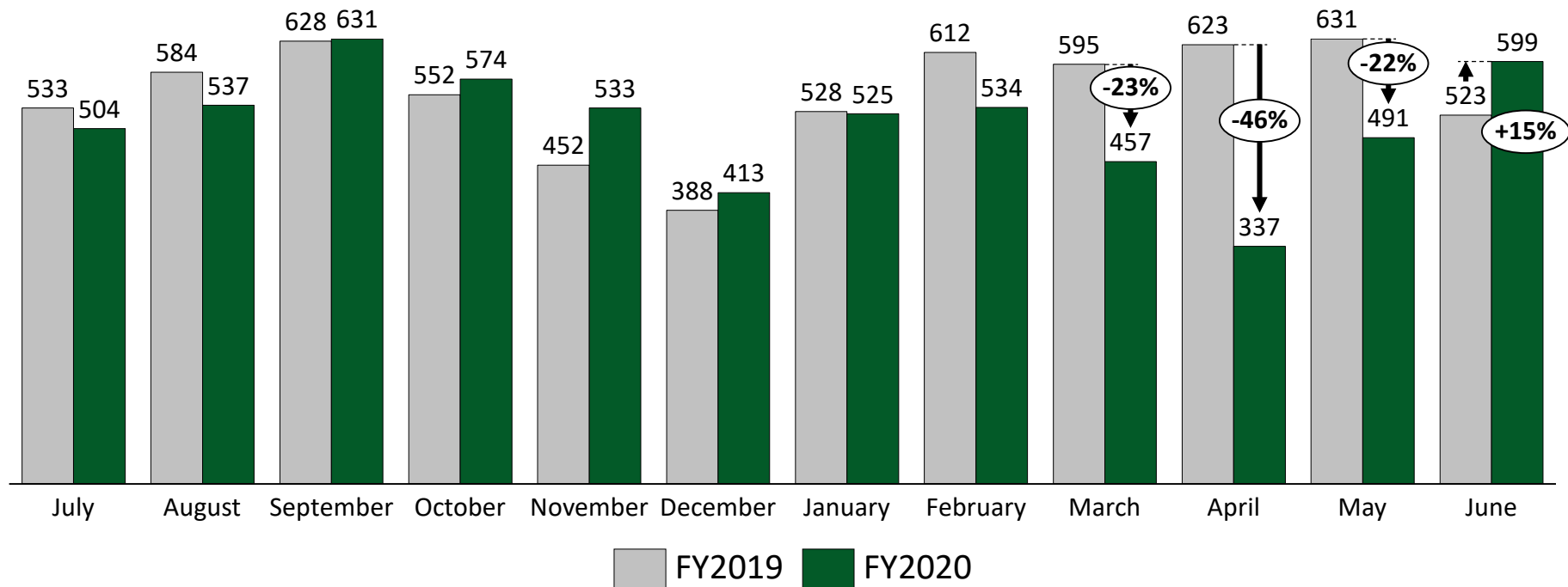
STATE HOSPITAL CENSUS

Statewide TDOs and Hospital Admission Trends



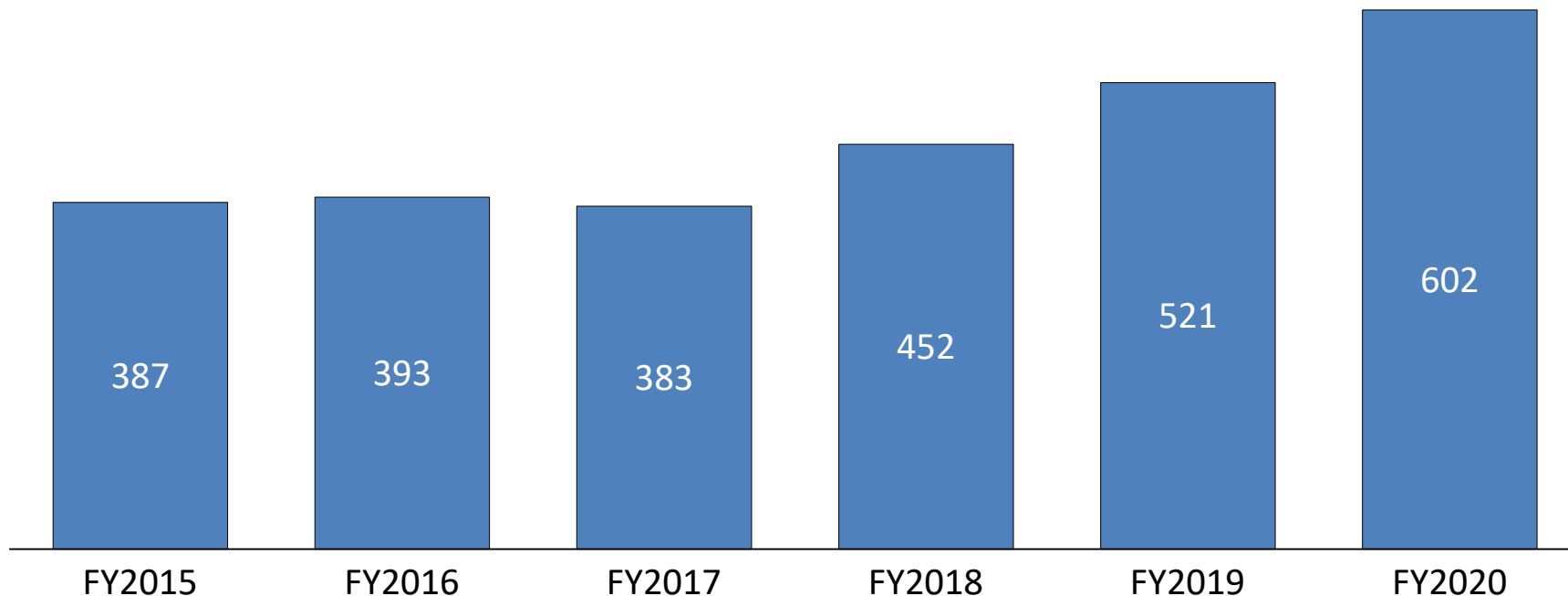
- State hospitals serve about **1,500** additional individuals per year.
- The number of TDOs issued has been fairly level for several years (around 25,000).
- Yet, state hospitals are experiencing increasing admissions of TDO patients.
- **81%** of TDO admissions to state hospitals are civil TDOs.

Temporary impact of covid-19 on TDO admissions to state hospitals



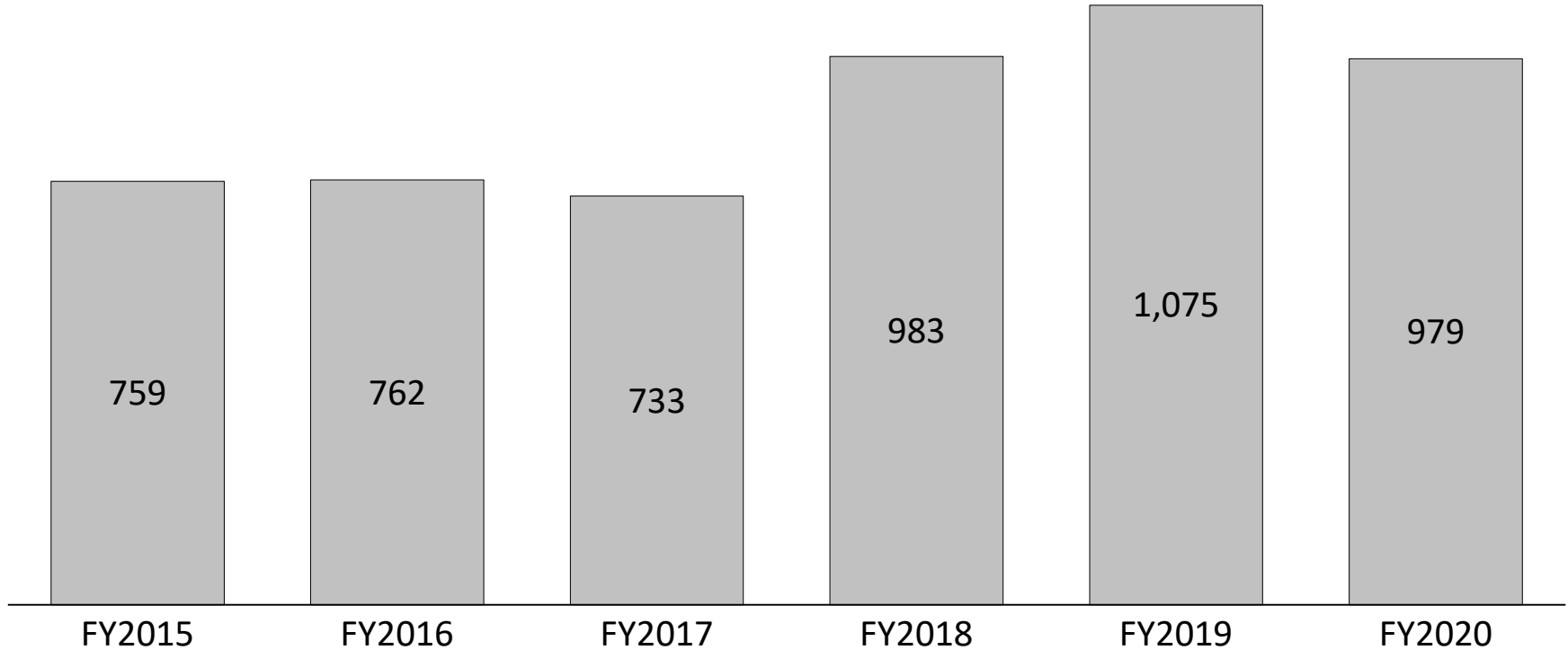
- Admissions were down in March, April, and May compared to the previous year
- In June, admissions were up compared to 2019

Number of patients age 65+ admitted to state hospitals



The number of patients 65 and older has increased, even with a temporary drop in April affecting the number for FY2020.

Number of admissions to CCCA



Without the drop in admissions related to COVID-19, admissions for FY 2020 would have been similar to FY 2019

Census on August 4, 2020

State Hospital	Total Capacity	Total Census	Adult Utilization	Geriatric Utilization	Total Utilization
Catawba (50 geriatric beds)	110	107	76%	115%	97%
Central State	166	165	99%	-	99%
Eastern State (117 geriatric beds)	302	295	95%	102%	98%
Piedmont (123 geriatric beds)	123	108	-	88%	HOLD 88%
Northern Virginia Mental Health Institute	134	135	101%		101%
Southern Virginia Mental Health Institute	72	53	74%		HOLD 74%
SW Virginia Mental Health Institute (41 geriatric beds)	175	180	100%	112%	103%
Western State	246	247	100%	-	100%
Commonwealth Center for Children & Adolescents	48	24	-	-	50%

Notes: State hospitals are funded to 90 percent capacity

PGH and SVMHI are closed to admission due to COVID-19; WSH and ESH each have one admissions unit quarantined

Utilization over 100% is in red

State Facility Response to COVID-19

- **Response Actions:**
 - Visitation restrictions are in place across the system.
 - Aggressive plans in place for infection control and isolation of presumed positive and positive cases.
 - Facilities holding weekly calls with Section Chiefs for continued collaboration and problem solving.
- **Guidance and Resource Needs:**
 - Current operational guidance is for diversion at 105% of maximum census or 75% of critical staffing levels. Census was at a crisis level before admission holds at PGH and SVMHI.
 - Current operational guidance is denial of admission for all positive patients.
 - PPE resources are tracked and are starting to stabilize.
 - Crisis Standards of Care planning is underway with system-side guidance coming soon.

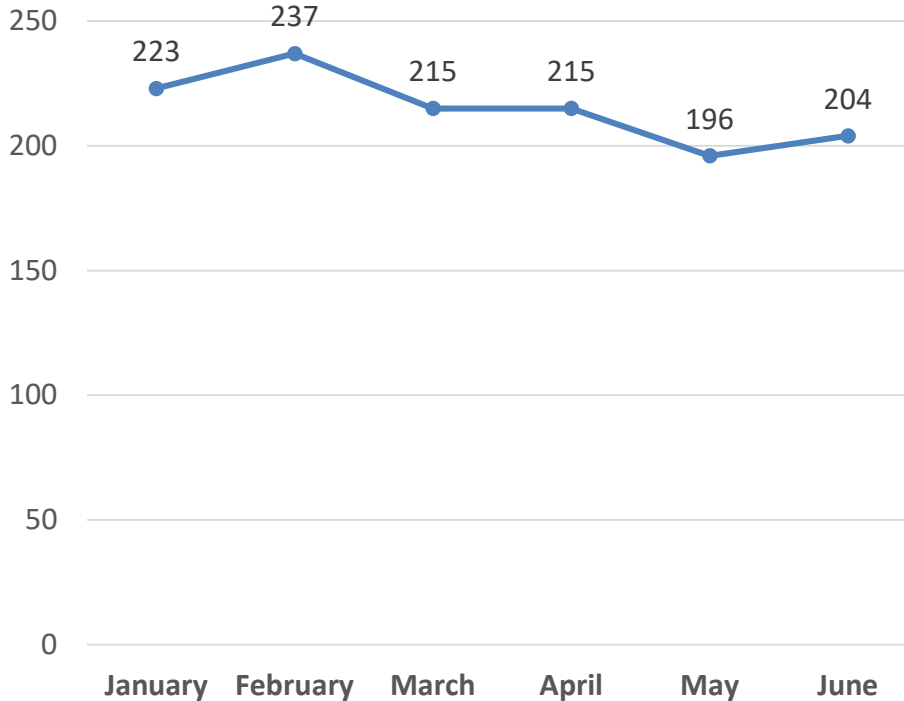
COVID-19 Impact on Facility Finances

Facility	COVID-19 Expenses as of June 30, 2020				Provider Relief Funds (Medicare)	Rural Provider Relief Funds (Medicare)	Unmet Need
	Personnel	Supplies	Equipment	Total			
Catawba	\$194,706	\$94,299	\$20,493	\$309,498	\$0	\$0	\$309,498
CCCA	\$95,206	\$20,127	\$0	\$115,333	\$0	\$0	\$115,333
Central Office		\$330,926	\$0	\$330,926	\$574,954	\$0	\$0
Central State	\$0	\$459,695	\$1,157	\$460,852	\$0	\$0	\$460,852
CVTC	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Eastern State		\$71,649	\$1,512	\$73,161	\$0	\$0	\$73,161
Hiram Davis		\$380	\$9,525	\$9,905	\$642,905	\$0	\$0
NVMHI	\$40,750	\$114,002	\$720	\$155,472	\$658,940	\$0	\$0
Piedmont		\$196,921	\$7,583	\$204,504	\$0	\$0	\$204,504
SEVTC	\$85,449	\$38,290	\$0	\$123,739	\$0	\$0	\$123,739
SVMHI	\$78,025	\$45,279	\$12,345	\$135,649	\$367,593	\$2,782,176	\$0
SWVMHI	\$274,303	\$163,880	\$13	\$438,196	\$289,665	\$2,434,850	\$0
VCBR		\$69,943	\$12,883	\$82,826	\$0	\$0	\$82,826
Western State	\$291,469	\$58,273	\$3,630	\$353,372	\$291,431	\$0	\$61,941
Total	\$1,059,908	\$1,663,664	\$69,861	\$2,793,433	\$2,825,488	\$5,217,026	\$1,431,854

- Five facilities (Medicare certified and designated rural) have received provider relief funds to support COVID related costs – unspent \$s are being re-appropriated for FY 2021.
- Remainder of the facilities are incurring eligible related expenses under the state portion of the CARES funding, but to date have not received any disbursements.

Extraordinary Barriers List (EBL)

2020 EBL by Month



Barriers (6/22/2020)

Primary barrier	# of patients
Awaiting discharge – date scheduled	25
Awaiting completion of CSB tasks (DAP contracts, scheduling appointments, etc.)	16
Guardian barriers (waiting on circuit court hearing)	11
NGRI process	48
No willing provider-ALF	41
No willing provider- DD services	7
No willing provider-nursing home	35
No willing provider-other (supervised residential)	7
No willing provider-PSH (waiting on apartment availability)	3
Patient/family resistant to discharge	6
Other barriers (3 forensic, 1 waiting on home repairs, 1 completing passes to discharge)	5
Total	204

EBL Successes and Challenges

Recent EBL Successes

- There have been 329 individuals discharged from the EBL since 4/1/20.
- Average number of discharges per month accelerated from 62 to 74 in last 4 months
- ALOS is declining from 86.1 days to 78.5 days
- On 5/29/20, the individual with the longest standing tenure on the EBL (1,148 days) was discharged as a result of the emergency contract with Commonwealth Senior Living.
- The specialized DBHDS discharge team at ESH that focuses on individuals with complicated barriers and long stays on the EBL has discharged five individuals in the past month with an average LOS on the EBL of 468 days.

Current EBL Challenges

- The continued restrictions on nursing home and ALF admissions is significantly hampering the ability of the CSBs and state hospitals to discharge individuals who require this level of care.
- The current limitations on CSB services is impacting the CSB's abilities to complete certain discharge planning tasks, placing more strain on the workload of the hospital social workers.
- **While we are working with CSB leadership regarding strategies for the ability to continue to use DAP for new state hospital discharges in FY21, there is a significant concern that lack of DAP funding may impact state hospital discharges of individuals on the EBL.**

DBHDS Strategies to Address Census

Continue to engage community providers in developing programs and services for BH/DD patients

Engage the CSBs and community/private hospitals regarding admissions to settings other than state hospitals

Maximize incentives, recruitment, and retention strategies to maintain workforce

Balance efforts for front and back door initiatives

New Agreements to Address Census/EBL

	Contract Name	Type of Contract	Description or Purpose of Contract	Date	Vendor Name	Projected Annual Cost
Emergency Contracts in response to COVID 19	Contract for ALF Services at Commonwealth Senior Living	Emergency	Reduce Geriatric Bed Census through diversion or step down of eligible patients to Assisted Living Facility	4/21/2020	Commonwealth Senior living	\$250,000
	Fellowship CSU	Emergency	Adult step-down beds from state facilities during COVID	April 2020	Fellowship CSU	\$350,000
Contracts that existed prior to COVID 19	Inpatient Psychiatric Beds for Adults and Geriatrics with Diamond Healthcare	Emergency	Reduce Adult Bed Census through diversion or step down of eligible TDOs and long term stays	3/20/2020	Diamond Health	\$500,000
	ALF and TGH	IFB	Assisted living facilities and Transitional Group Homes	1/23/2018	Gateway Homes	\$4,192,665
	Contract for Adolescent Group Home	Emergency	Transitional group home to relieve census pressure at CCCA	3/12/2020	Gateway Homes	\$822,880
	Poplar Springs	IFB	Reduce census through diversion of eligible TDOs	July 2019	Poplar Springs	\$900,000
	JFS/Guardianship	Emergency	Provide guardianship services for those discharged from state facilities	July 2019	Jewish Family Services	\$600,000

* All contracts have been funded with existing base GF appropriation. There are no remaining DAP funds to cover any new census related contracts other than the children's inpatient funding.

DBHDS Priorities to Address Census

Restore funds for statewide discharge assistance plans (Item 321 C.1.)

- Re-allot GF \$7.5 million in FY 2021 and \$12.5 million in FY 2022.
- Funding is needed to continue to discharge individuals from state hospitals, including the EBL

Restore funds for VHHA Provider Pilots (Item 320 CC.1.)

- Re-allot GF \$7.5 million in FY 2021 and \$7.5 million in FY 2022.
- Alternative inpatient options to state behavioral health hospital care are necessary to reduce bed census pressures in all state hospitals

Children's Outpatient Services (Item 321 G.)

- Retain current GF appropriation of \$6.3 million in FY 2021 and \$8.4 million in FY 2022.
- Modify current language to provide more flexibility to treat children who would otherwise be placed at CCCA.

CSBs & Providers: COVID-19 IMPACT

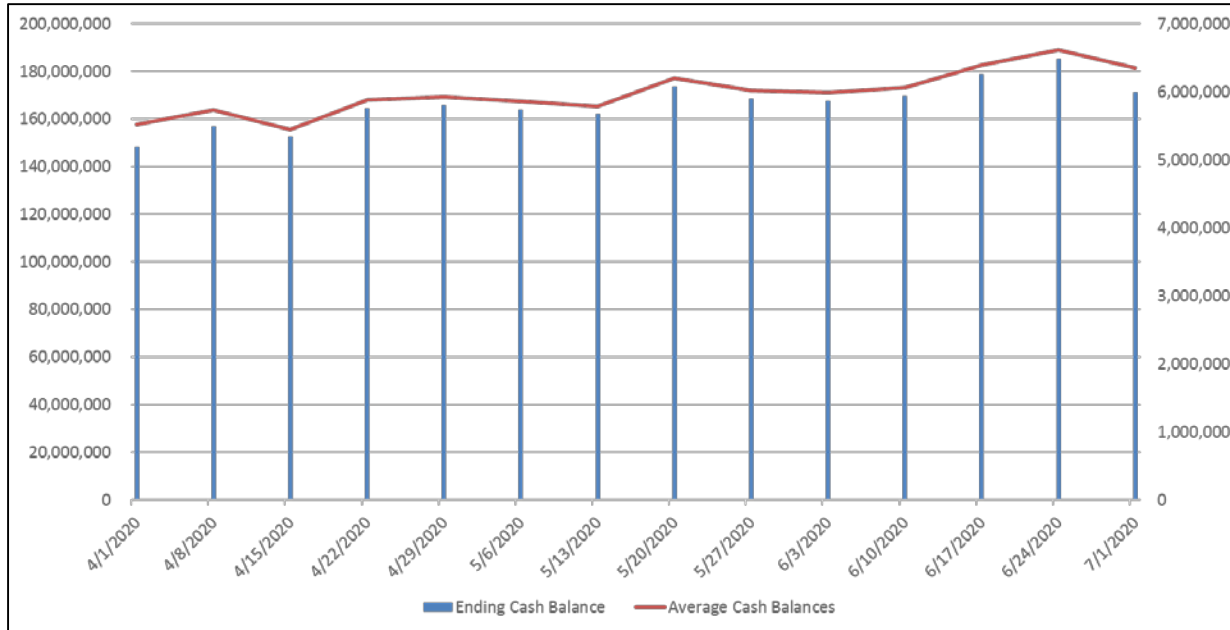
COVID-19 Impact on CSBs

- Throughout the pandemic, CSBs continue to provide all code-mandated services and are prioritizing essential services including pre-screening, pre-discharge planning, and diversion from inpatient hospitalization.
- They have quickly transitioned to substantial use of telehealth and other alternate arrangements in lieu of face-to-face visits when clinically appropriate.
- Still, increased expenses like PPE costs and reduced visit revenue means many have had to reduce capacity during the pandemic.
 - CSBs have reported that roughly 50% have undertaken some level of staff furlough between April and July, with some of the furloughs starting to lift around mid-June.
 - Roughly 25% of the CSBs engaged in some level of staff layoffs.
- Virginians are increasingly at risk of depression, anxiety, and substance misuse. New research estimates that the economic impact of the pandemic could result in 1,720 additional deaths of despair in the Commonwealth.

Source: Robert Graham Center, Wellbeing Trust, May 2020

COVID-19 Impact on CSBs

CSBs have remained financially stable by reducing staff to match program demand in programs affected by COVID-19 restrictions (Day Programs) and quickly transiting to tele-health for other programs.



COVID-19 STEP-VA Pivots

Same Day Access (SDA)

- Services are being provided using drive-up services, COVID-19 symptom screens, telehealth within the facility (e.g., in separate rooms), as well as telephone and telehealth-based assessments.
- Some modifications to the full assessment, which can take 2 hours or more, have been made.
- As demand increases or crisis standard of care is initiated, SDA will continue to provide the triage function.

Primary Care Screens

- Provided in person if the individual is presenting in person for another reason. Metabolic screens are conducted in person based on a clinical decision of urgency.
- Support for primary care needs and BMI screens are provided via telehealth as needed.

Outpatient Services

- Offered via telehealth platforms.
- Trainings are being transitioned to virtual trainings when possible (both those managed by DBHDS and those managed by each region)

DBHDS Activities to Address Mental Health Needs

Communication

- DBHDS and leadership of all 40 CSBs have met weekly since the start of the pandemic to maintain open communication and identify and troubleshoot challenges related to the state of emergency.
- DBHDS and the CSBs are engaged in ongoing dialogue with other agencies (DMAS, VDH, DHP, DSS) about issues related to provision of services.
 - Focus on identifying best practices and resources that balance clinical needs and public health guidance
 - Recently, agencies have been collaborating to align around a safe return to offering clinically appropriate services in a face-to-face setting

Flexibility

- To maximize flexibility, DBHDS identified various non-appropriated funding lines to help support CSBs through concerns with budget shortfalls including payroll requirements due to unexpected expenses and decreased revenue due to the COVID-19 pandemic.

Funding

- DBHDS has also been awarded the *SAMHSA Emergency Grant to Address Mental and Substance Use Disorders During COVID-19*, 80 percent of which will go to direct services, with three primary aims:
 - Increase capacity of statewide Community Services Boards (CSBs)
 - Improve wellness and decrease symptoms of stress and substance use for healthcare workers
 - Improve community behavioral health for individuals experiencing mental illness or substance use disorder as a result of COVID-19

VA COPES: COVID-19 Warm Line

- Virginia received a federal grant to help respond to the behavioral health impacts of COVID-19 by developing a crisis counseling program.
- DBHDS entered into an agreement with Mental Health America of Virginia to establish a warm line, VA COPES.
- VA COPES provides emotional support, listening and referrals for Virginians who struggle to cope during the pandemic.
- DBHDS plans to partner with VACSB to be the 2nd service provider as the program becomes more well-known and demand increases.
- The warm line hours are currently:
 - Monday – Friday, 9 a.m. - 9 p.m., and
 - Saturday and Sunday, 5 p.m. - 9 p.m.

**STRUGGLING
TO COPE
WITH COVID?**

VIRGINIA C.O.P.E.S. **WARMLINE**

877-349-MHAV (6428)

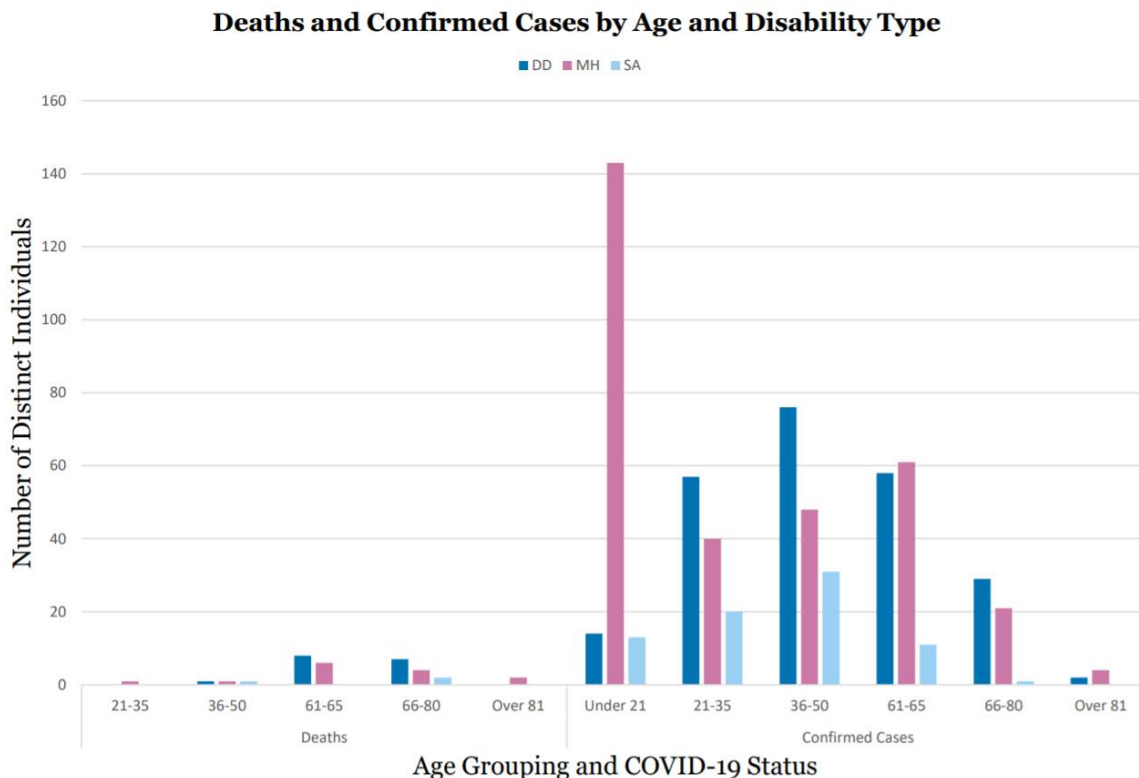
OPEN TO ALL VIRGINIANS | YOU ARE NOT ALONE



COVID-19 Cases, Outbreaks, and Deaths

DBHDS-licensed providers

- COVID-19 related deaths: 33 total
- Residential outbreaks reported: 55 total
- COVID-19 positive cases: 629 total



*Data as of 7/23/20

Community Delivery System Impact

- DBHDS is tracking the impact of COVID-19 on the delivery of behavioral health and developmental services.
- Both CSBs and private providers have reported significant changes to service delivery including implementing telehealth, temporarily suspending certain services, stopping new admissions, and more.
- The most widespread disruptions appear among day support and residential services.
 - 179 day support services are being temporarily suspended.
 - 36 residential and crisis stabilization services have stopped accepting new admissions or are temporarily suspending admissions.

Number of Impacted Services by CSB or Private Provider*

Type of Service Adjustment	CSBs	DBHDS-licensed providers
Implementing telehealth	494	296
Temporarily suspending operations	126	94
Not accepting any new admissions	63	6
Changing capacity	44	30
Changes to staffing	43	50
Temporarily suspending admissions	30	65
Modifying admissions policies	21	34
Moving or changing locations	12	17
Request to provide a licensed service in an unlicensed location	2	32
TOTAL	835	624

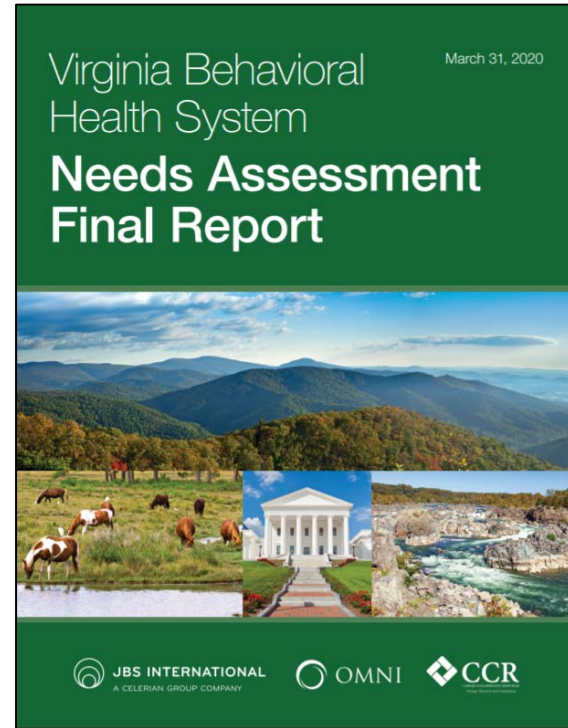
*Data as of 7/4/20

2020 VIRGINIA BEHAVIORAL HEALTH SYSTEM NEEDS ASSESSMENT

Submitted by JBS International

DBHDS Needs Assessment: Key Findings

1. STEP-VA has increased access to behavioral health services, but the degree of service penetration and fidelity to models must be considered in implementation.
2. Managed care will require CSBs to adopt new business acumen.
3. Communication between CSBs and DBHDS needs improvement.
4. Strong leadership and collaboration between CSBs and DBHDS is necessary for implementation and maximizing Medicaid benefit.
5. CSBs lack sufficient workforce capacity.
6. Funding is not adequate for STEP-VA implementation and delivery.
7. The prevention system uses a best practice, data-driven planning model.



Key Recommendations

Draft communication plan

Draft IT plan

Fund contractor to develop plans for capacity building

Work with stakeholders to develop requirements, expectations, and practices for managed care

Agree on set of performance measures

Invest in CSB adoption of IT and quality management systems

Support workforce development efforts at CSBs

Develop workforce development committee

Align goals among DBHDS, DMAS, and MCOs

Determine true costs for essential services at CSBs

Support community options that increase access to care and reduce trauma and hospitalization

Encourage use of telehealth and mid-level prescribers

Include representation from direct service providers and consumers in planning and implementation

Increase prevention funding and deliver broader range of prevention services

UPDATES FOLLOWING 2020 GENERAL ASSEMBLY SESSION

Medical TDO Workgroup (HB1452/SB738)

Key Goals

1. Understand changes to code regarding medical temporary detention orders (TDOs)
2. Gather input around and develop necessary policies and procedures for medical TDOs

Stakeholders

Department of Medical Assistance
Services
Virginia College of Emergency
Physicians
Office of the Executive Secretary
The Medical Society of Virginia
The Psychiatric Society of Virginia
Virginia Association of Police Chiefs
Virginia Sheriffs' Association
Virginia Association of Community
Services Boards
Virginia Hospital and Healthcare
Association

Status

6/25 meeting: Discussed changes to medical TDO code, received feedback on key issues to be addressed in policies and procedures

7/20 meeting: Reviewed Criteria for Medical Assessment Guidelines and draft policy framework and key components such as purpose of policy, definition of intoxication, and initial procedures

7/30 meeting: Reviewed edits to draft policy framework and discussed additional procedures

TDO Evaluator Workgroup (HB1699/SB768)

Key Goals

1. Review the current process for conducting TDO evaluations, including any challenges or barriers to timely completion
2. Develop a comprehensive plan to expand the individuals who may conduct TDO evaluations, and consider other states' experiences
3. Include specific recommendations for legislative or budget actions necessary to implement the plan

Stakeholders

Department of Medical Assistance Services
Virginia Association of Emergency
Room Physicians
Mental Health America Virginia
National Alliance on Mental Illness
VOCAL
Virginia Association of Community
Services Boards
Virginia Association of Counties
Virginia Association of Chiefs of Police
Virginia Hospital and Healthcare Association
Virginia Municipal League
Virginia Sheriffs' Association
Office of the Executive Secretary
Office of the Attorney General
Medical Society of Virginia
Psychiatric Society of Virginia
Voices for Virginia's Children

Status

6/25 meeting: Reviewed current process for TDO evaluations in Virginia and requirements for pre-screeners, models in other states including Oregon, Tennessee, and North Carolina, and results from workgroup survey around who should be able to conduct TDO evaluations in Virginia

Next meeting 8/11: Will review strengths and weaknesses of specific models for expanding the category of pre-screeners in Virginia

Bed Registry Workgroup (HB 1453/SB739)

Key Goals

1. Evaluate the role of the bed registry in providing information about bed availability and ensuring adequate oversight of the process by which individuals are referred for acute psychiatric services
2. Examine the structure of the registry and types of data to be reported to the registry
2. Make recommendations for improvement

Stakeholders

Virginia Association of Emergency
Room Physicians
Mental Health America Virginia
National Alliance on Mental Illness
VOCAL
Virginia Association of Community
Services Boards
Virginia Hospital and Healthcare
Association
Medical Society of Virginia
Psychiatric Society of Virginia
Department of Medical Assistance
Services

Status

7/31 meeting: Discussed current role of the bed registry, desired role and features of the registry, and what is needed to make the registry most effective

Next meeting (August): Will review and discuss possible specific recommendations

DAP Workgroup (321.C3)

Key Goals

1. Understand where DAP funds are going and key spending categories
2. Identify effectiveness of allocations for populations leaving state hospitals
3. Make recommendations for creating the services and housing for individuals leaving state hospitals

Stakeholders

DAP managers at Community Services Boards
Department of Medical Assistance Services
Department of Social Services
Department for Aging and Rehabilitative Services
Virginia Hospital and Healthcare Association

Status

5/29 meeting: Overview of DAP program and current spending areas, discussed suggestions as well as gaps in population needs

6/30 meeting: Reviewed additional DAP data including differences in cost per person, percent of people being stepped down from DAP by year, and saved bed days as well as Region 3's rate structure, memory care and traumatic brain injury, supervised residential settings,

7/30 meeting: Reviewed recommendations on housing, services, and administrative dollars

Supported Decision Making (SDM) Workgroup (SB585)

Key Goals

1. Convene stakeholders to study the use of SDM in Virginia
2. Make recommendations regarding SDM agreements as a less restrictive alternative to the appointment of a guardian or conservator for an incapacitated person

Stakeholders

Board for People with Disabilities
Department for Aging and Rehabilitative Services
Department of Education
Disability Law Center of Virginia
Joint Commission on Health Care
Office of the Executive Secretary
The ARC of Northern Virginia
The ARC of Virginia
Virginia Bar Association
Virginia Academy of Elder Law Attorneys
Virginia Association of Community Services Boards
Virginia Network of Private Providers
Virginia Poverty Law Center

Status

6/24 meeting: Reviewed SDM including its use in Virginia and in other states
7/22 meeting: Discussed previous studies of SDM in Virginia and developed subgroups to look at who SDM should apply to; protections for third parties; protections for supportees; and necessary training and education
Next meeting (9/3): Will review and discuss specific recommendations and unanswered questions

TDO Transportation Legislation (HB 1118/SB603)

Key Goals

1. Allow an alternative transportation provider to transfer custody to the local law enforcement agency if it is determined they can no longer safely transport the individual
2. Allow a magistrate to change the transportation provider noted on the Temporary Detention Order up until transportation is initiated

Stakeholders

Virginia Association of
Community Services Boards
National Alliance on Mental
Illness
Mental Health America
VOCAL
Office of the Executive Secretary
Virginia Sheriffs Association
Virginia Association of Chiefs of
Police

Status

- All Emergency Services Pre-screenerers have received training on implementing this new procedure.
- Guidelines on implementing this protocol will be added to the pre-screener certification module

Problem Gambling Treatment and Support Fund (HB896/SB384)

Key Goals

1. To establish a comprehensive program for the prevention and treatment of problem gambling in the Commonwealth
2. Administer the Problem Gambling Treatment and Support Fund

Stakeholders

Department of Medical Assistance Services
Community Services Boards and other DBHDS-licensed providers
Virginia Lottery Board
Virginia Council on Problem Gambling

Status

June: Met with Virginia Lottery Board to discuss current prevention programs in Virginia
July-August: Internal planning representing prevention, adult behavioral health, budget and policy to determine key needs to support a comprehensive program and administer the Fund
Next steps: Bring together stakeholders to review and discuss a possible program framework

Children's Inpatient Workgroup

The workgroup was charged with identifying systemic causes of the high census at the Commonwealth Center for Children and Adolescents (CCCA) and making recommendations for alternative private settings.

Key findings from the workgroup included:

- Need to invest in comprehensive set of services, not merely additional inpatient beds
- Adolescents presenting with acute behavioral aggression as well as children and adolescents with intellectual or developmental disabilities pose a challenge to private psychiatric hospitals
- Greater investment in a comprehensive continuum of child and adolescent behavioral health services
- Budget amendment requires more flexibility to address the diversion and step-down options

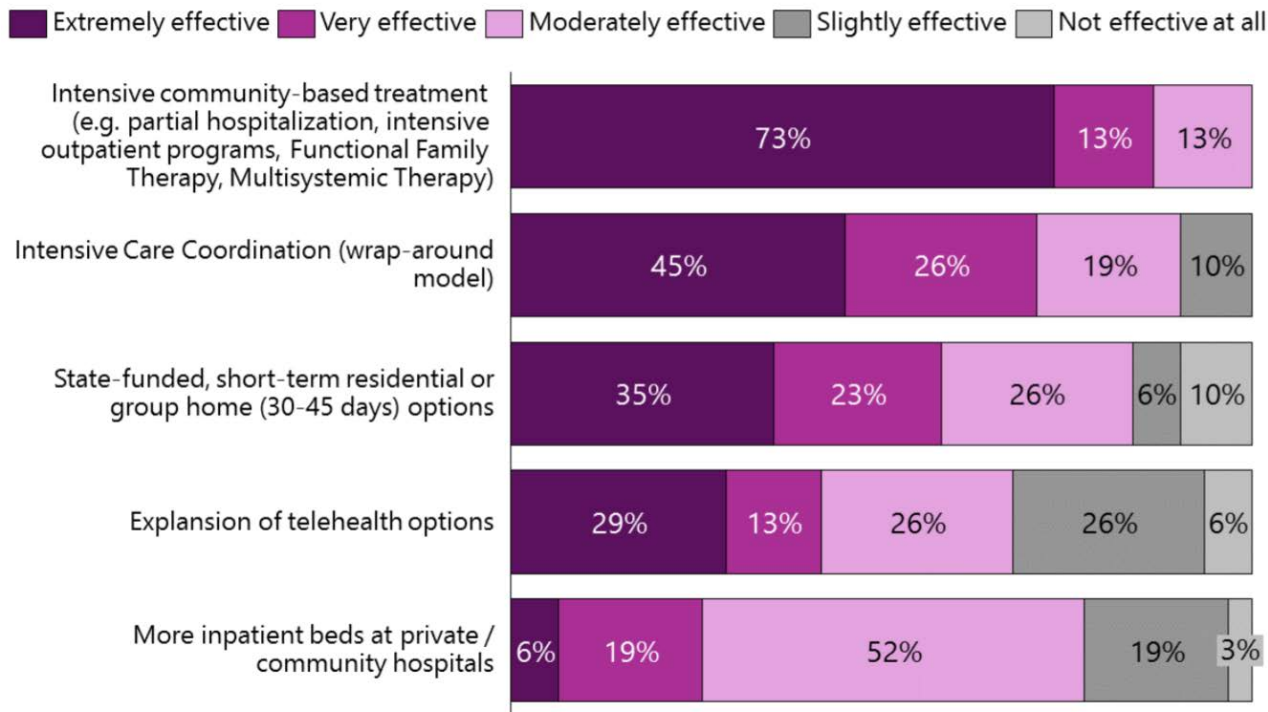
Most highly-rated diversion solutions:

- Community-based Mobile Crisis Services and intensive community-based treatment
- Crisis stabilization units
- Intensive care coordination using High Fidelity Wraparound

Most highly-rated step-down solutions:

- Intensive care coordination using High Fidelity Wraparound
- Short-term residential or group home settings
- Expansion of telehealth treatment modalities.

Potential Solutions for Reducing the CCCA Census



“CCCA should serve as a short-term acute psychiatric hospital for the foreseeable future. That will only work as part of a continuum of services that includes much more robust community-based alternatives that prevent many children from ever getting to CCCA and provides a step-down for those who do go when they get discharged.”

QUESTIONS?

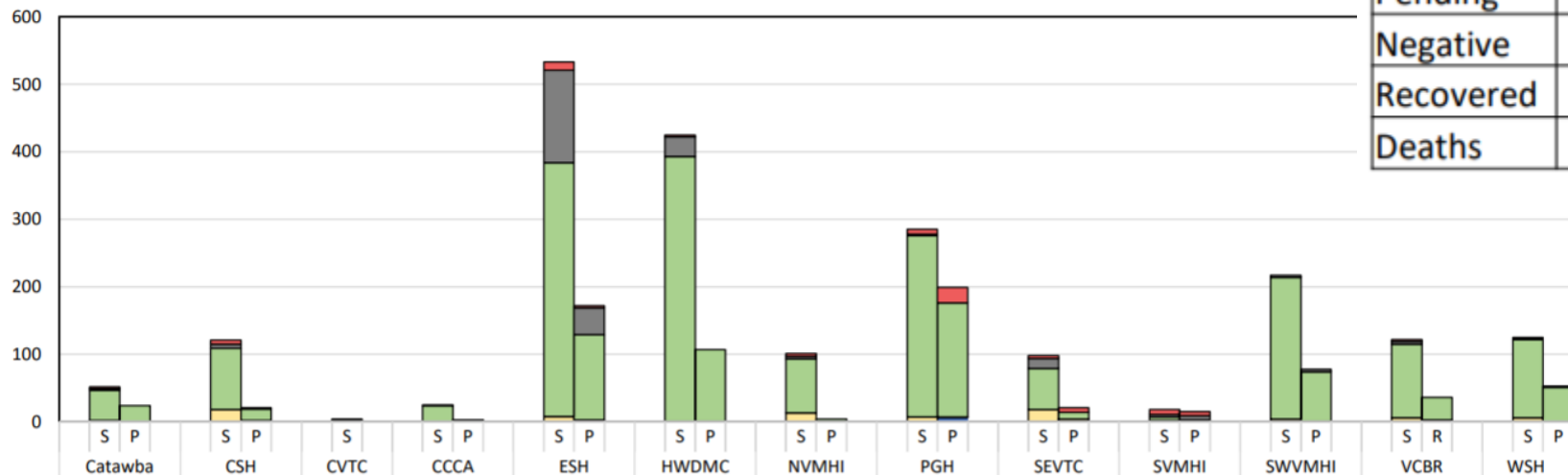
ADDITIONAL INFO

COVID-19 Cases in State Hospitals – August 3, 2020

DBHDS Facility COVID-19 Cases

S: Staff, P: Patient, R: Resident

■ Deceased ■ Recovered ■ Negative ■ Pending ■ Positive



Total	
Positive	90
Pending	262
Negative	2397
Recovered	104
Deaths	6

Positive	3	0	6	0	0	0	0	12	3	3	0	4	0	7	23	4	7	7	6	0	0	3	0	1	1
Pending	2	0	6	2	0	1	0	137	40	29	0	4	0	2	0	15	0	4	6	3	4	4	0	2	1
Negative	45	24	91	17	2	24	3	376	126	392	106	80	4	269	169	61	10	5	1	210	73	109	33	116	51
Recovered	2	0	18	2	2	0	0	8	3	1	1	13	0	7	1	18	4	2	2	4	1	6	3	6	0
Deceased	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0

UNALLOTTED ITEMS

Unallotted Amounts (All DBHDS Agencies)

Title	FY2021	FY2022
Additional DAP resources for statewide contracts	\$7.5 million	\$12.5 million
Pilot Programs to Reduce Census Pressures	\$7.5 million	\$7.5 million
VMAP	\$4.2 million	\$4.2 million
STEP-VA – Central Office (Agency 720)	\$726,807	\$1.2 million
Grants to Virginia Association of Recovery Residences	\$250,000	\$250,00
TDO Transportation Pilot	\$150,000	\$150,000
BH Wellness: Adverse Childhood Experiences	\$143,260	\$143,260
BH Redesign Workforce	\$129,253	\$129,253
Jewish Foundation for Group Homes Transitioning Youth Program	\$89,396	\$35,818
STEP-VA – Grants to Localities (Agency 790)	\$19.7 million	\$30.1 million
Permanent Supportive Housing: Capacity (790)	\$8.5 million	\$17 million
Expand Forensic Discharge Planning Funds	\$1.4 million	\$2.1 million
Increase Funding for Public Safety and Security in State Facilities	\$2.3 million	\$3.1 million
Provide funds for additional pharmacy costs	\$966,638	\$966,638
Provide funds for direct care and admissions staff at CCCA	\$765,428	\$765,428
Support VCBR Expansion and VCBR Increased Census	\$536,003	\$5.4 million

Unallotted DMAS Amounts (DOJ)

Title	FY2021	FY2022
Increase DD Waiver Provider Rates Using Updated Data	\$21.4 million	\$22 million
Increase rates for skilled and private duty nursing services	\$6.2 million	\$6.2 million
Fund costs of Medicaid-reimbursable STEP-VA services	\$486,951	\$2.3 million
Allow overtime for Personal Care Attendants	\$9,609,223	\$9,609,223
Increase DD waiver rates	\$3,639,663	\$3,748,853
Add 250 DD Waiver Slots in FY2022	\$0	\$4,133,500

CAPITAL PROJECTS

COVID-19 and Major Capital Projects

- Western State Hospital Expansion
 - No claims for delay have been received to date.
 - Compiling final packages for Fixtures, Furniture & Equipment (FF&E).
- VCBR Expansion
 - Topping out celebration held July 23 as last piece of structural steel was set.
 - Negotiating logistics contract for management of delivery & installation of FF&E. (12 month phased installation)

Central State Hospital Progress Continues

Proposed Buffer Zone/Surplus Property



Design Progress

- Preliminary Drawings phase in progress for submission in Fall 2020 (Sept. or Oct.)
- Cost review ongoing with DEB for proposed Value Engineering.
- Quarterly Update meeting with DGS & DBHDS August 21.