AMENDMENT 3
AMENDED AND RESTATED
FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT
MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT
Exhibit G: Community Services Boards Master Programs Services Requirements
Contract No. P1636.3

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Purpose
The Community Services Board or Behavioral Health Authority (the "CSB") shall comply with certain program service requirements for those community services it provides and the Department of Behavioral Health and Developmental Services ("DBHDS" or " Department") funds under this Exhibit G (the "Exhibit"). All terms, provisions and agreements set forth in the most current version of the Community Services Performance Contract remain in effect, except to the extent expressly modified herein. If the terms set forth in this Exhibit are inconsistent with the most current version of the Community Services Performance Contract, the terms set forth in this Exhibit shall apply.

Notification of Award
For program services under this Exhibit, the Department's Fiscal Services and Grants Management Office (the "FSGMO") and Budget Development Office works with the program offices to provide notification of federal and state grant awards, and baseline funding allocations to the CSB prior to funding disbursement and/or reimbursement. The notice will provide applicable federal and state grant specific information such as: award amounts, period of performance, reconciliation and close out.

See ATTACHMENT 1 of this Exhibit for additional information regarding all state funded program services.

Billing And Payment Terms and Conditions
CSB shall comply with Section 9 of the performance contract.

Use of Funds
Funds provided under this agreement shall not be used for any purpose other than as described herein and/or outlined in Exhibit F: Federal Grant Requirements, ~~a~~nd other federal and state laws or regulations.

CSB agrees that if it does not fully implement, maintain, or meet established terms and conditions as established herein or as subsequently modified by agreement of the Parties, the Department shall be able to recover part or all the disbursed funds as allowable under the terms and conditions of the performance contract.

Limitations on Reimbursements
CSB shall not be reimbursed or otherwise compensated for any expenditures incurred or services provided following the end of the period of performance.

Reporting Requirements
CSB shall comply and collaborate with the Department regarding all standard and additional reporting requirements pursuant to but not limited to the Reporting and Data Quality Requirements of the performance contract, established data processes and procedures, Exhibit E: Performance Contract Schedule and Process, this Exhibit, and by the Department as required by its funding authorities.

Monitoring, Review, and Audit
The Department may monitor and review the use of the funds, performance of the Program or Service, and compliance with this agreement, which may include onsite visits to assess the CSB's governance, management and operations, and review relevant financial and other records and materials. In addition, the Department may conduct audits, including onsite audits, at any time during the term of this agreement with advance notification to the CSB.

Technical Assistance
The CSB and the Department shall work in partnership to address technical assistance needs to provide the program services herein.

Other Terms and Conditions

This exhibit may be amended pursuant to Section 5 of the performance contract.

Federal Funded Program Services
This section describes certain program services that have a primary funding source of federal funds but there may also be other sources of funding provided by the Department for these services.

10.1 Children's Mental Health Block Grant

Scope of Services and Deliverables
Children's Mental Health Block Grant funds are to be used to reduce states' reliance on hospitalization and develop effective community-based mental health services for children with Serious Emotional Disturbance (SED). Children with SED includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). The state MHBG allotments are used to support community programs, expanded children's services, home-based crisis intervention, school-based support services, family and parenting support/education, and outreach to special populations

The purpose of these funds is to provide community-based services to youth (up to age 18), who have serious emotional disturbance with the goal of keeping youth in the community and reducing reliance on out-of-home placements. Services may include assessments and evaluations, outpatient or office-based treatment, case management, community-based crisis services, intensive community-based supports, community-based home services, and special populations of youth with SED such as juvenile justice, child welfare, and/other under-served populations. Services cannot be used for residential or inpatient care.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall use the Children's Mental Health Block Grant funds to reduce states' reliance on hospitalization and develop effective community-based mental health services for children with Serious Emotional Disturbance (SED). Children with SED includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities.
2. The CSB shall comply with the additional uses or restrictions for this grant pursuant to Exhibit F of the performance contract.

B. The Department Responsibilities: The Department agrees to comply with the following requirements. The Department will periodically review case files through regional consultant block grant reviews to ensure funds are being spent accordingly.

10.2. Assertive Community Treatment (ACT) Program Services

Scope of Services and Deliverables
Assertive Community Treatment (ACT) provides long term needed treatment, rehabilitation, and support services to identified individuals with severe and persistent mental illness especially those who have severe symptoms that are not effectively remedied by available treatments or who because of reasons related to their mental illness resist or avoid involvement with mental health services in the community. ACT services are offered to outpatients outside of clinic, hospital, or program office settings for individuals who are best served in the community.

ACT is a highly coordinated set of services offered by a group of medical, behavioral health, peer recovery support providers and rehabilitation professionals in the community who work as a team to meet the complex needs of individuals with severe and persistent mental illness. An individual who is appropriate for ACT requires this comprehensive, coordinated approach as opposed to participating in services across multiple, disconnected providers, to minimize risk of hospitalization, homelessness, substance use, victimization, and incarceration. An ACT team provides person-centered services addressing the breadth of individuals' needs and is oriented around individuals' personal goals. A fundamental charge of ACT is to be the first line (and generally sole provider) of all the services that an individual receiving ACT needs. Being the single point of responsibility necessitates a higher frequency and intensity of community-based contacts between the team and individual, and a very low individual-to-staff ratio. ACT services are flexible; teams offer personalized levels of care for all individuals participating in ACT, adjusting service levels to reflect needs as they change over time.

An ACT team assists individuals in advancing toward personal goals with a focus on enhancing community integration and regaining valued roles (e.g. worker, daughter, resident, spouse, tenant, or friend). Because an ACT team often works with individuals who may demonstrate passive or active resistance to participation in services, an ACT team must carry out thoughtfully planned assertive engagement techniques including rapport-building strategies, facilitating the individual in meeting basic needs, and motivational interviewing interventions. The team uses these techniques to identify and focus on individuals' life goals and motivations to change. Likewise, it is the team's responsibility to monitor individuals' mental status and provide needed supports in a manner consistent with their level of need and functioning. The ACT team delivers all services according to a recovery-based philosophy of care. Individuals receiving ACT should also be engaged in a shared decision-making model, assistance with accessing medication, medication education, and assistance in medication to support skills in taking medication with greater independence. The team promotes self-determination, respects the person participating in ACT as an individual in their own right, and engages registered peer recovery specialists to promote hope that recovery from mental illness and regaining meaningful roles and relationships in the community are possible.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall design and implement its ACT program in accordance with requirements in the Department's Licensing Regulations for ACT in *12 VAC 35-105-1360 through 1410*, *Department of Medical Assistance Services Regulations and Provider Manual Appendix E*, and in accordance with best practice as outlined in the Tool Measurement of Assertive Community Treatment (TMACT). The final ratings of a TMACT review are used to set the reimbursement rate with DMAS.
2. The CSB shall reserve any restricted state mental health funds earmarked for ACT that remain unspent only for ACT program services unless otherwise authorized by the Department in writing.
3. The CSB shall prioritize admission to ACT for adults with serious mental illnesses who are currently residing in state hospitals, have histories of frequent use of state or local psychiatric inpatient services, or are homeless.
4. The CSB shall participate in ACT fidelity monitoring (TMACT review) every 12-18 months and assist Department staff as requested with any case-level utilization review activities, making records of individuals receiving ACT services available and providing access to individuals receiving ACT services for interviews.
5. The CSB shall follow the Tool for Measurement of ACT (TMACT) review process.

6. CSB ACT staff shall participate in ACT network meetings with other ACT teams as requested by the Department.
7. New ACT programs shall obtain and provide documentation of individual team-level training and technical assistance at least quarterly for the first two years of operation from recognized experts approved by the Department.
8. Each new ACT team staff shall successfully complete an introductory ACT 101 training. The Department recommends the University of North Carolina's Institute for Best Practices (or an equivalent training as approved by DBHDS) within the first 120 calendar days of the team member's date of hire.
9. For each year of employment thereafter, each ACT team member (excluding the program assistant) shall receive an additional three hours of training in an area that is fitting with their area of expertise and role within the team. This additional training may be in the form of locally provided training, online workshops, or regional or national conferences. The CSB shall maintain documentation of completed training activities.

B. The Department Responsibilities: The Department agrees to comply with the following requirements.

1. The Department shall monitor ACT implementation progress of new ACT programs through quarterly reports submitted to the Department's Office of Adult Community Behavioral Health by the CSB. This will be a 2-year monitoring process for new ACT programs.
2. The Department shall monitor ACT fidelity using the Tool for Measurement of Assertive Community Treatment (TMACT).
3. The Department shall provide the process for the Tool for Measurement of ACT (TMACT) review.
4. The Department shall provide the data collection and additional reporting database, submission due dates, and reporting protocols to the CSB.

C. Reporting Requirements: To provide a standardized mechanism for ACT teams to track everyone's outcomes, which can then guide their own performance initiatives; teams will be required to regularly submit data through the current ACT Monitoring Application or subsequent iterations approved and implemented by the Department.

10.3. Services to Pregnant Women and Women with Dependent Children

Scopes and Deliverable Services

The Substance Use Prevention, Treatment, and Recovery Block Grant (SUBG) has numerous requirements for services for the Pregnant Women and Women with Dependent Children (PPW). Per CFR, Title 45, Subtitle A, Subchapter A, Part 96, Subpart L, 596.124 Certain allocations mandate that all programs providing such services will treat the family as a unit and therefore will admit both women and their children into treatment services, if appropriate. Community Services Board, at a minimum, treatment programs receiving funding for such services also provide or arrange for the provision of the following services to pregnant women and women with dependent children, including women who are attempting to regain custody of their children.

A. The CSB Responsibilities

1. The CSB shall admit pregnant women into services within 48 hours of request and provide interim services (per SUBG) if unable to provide services; and notify the Department's designee, Women's Services, and Specialty Population Manager.
2. The CSB shall adhere to the following federal guidelines for the PPW population and utilize the earmarked funds to provide or refer to the following services:

a. primary medical care for women, including referral for prenatal care and, while the women are receiving such services, childcare.
b. Refer the children of women enrolled in services to primary pediatric care, including immunization, for their children.
c. Gender-specific substance use treatment and other therapeutic interventions for women which may address issues of relationships, sexual and physical abuse and parenting, and childcare while the women are receiving these services.

3. Therapeutic interventions for children in the custody of women in treatment which
4. may, among other things, address their developmental needs, their issues of sexual and physical abuse, and neglect; and sufficient case management and transportation to ensure women attend treatment appointments.
5. Collaboration with local birthing hospitals per VA Code 32.1-127 B6 for individuals who deliver Substance Exposed Infants (SEIs) and coordinate discharge planning.

B. The Department Responsibilities

1. The Department shall monitor the utilization of the federal and state general funds for the PPW population.
2. The Department shall be responsible for conducting physical site visits and federal block grant reviews biennially and can increase in frequency based upon the technical needs of the CSB.

10.4 Project Link Program

Scope of Services and Deliverables

Project LINK is a specialized program that provides intensive case management, home visiting, treatment, prevention, and recovery services as well as linkage to said services for women of childbearing age (14-44 years old), pregnant, and parenting women impacted by substance use disorders or co-occurring disorders. The CSB is responsible for maintaining a Project LINK supervisor to manage the requirements of the program. Additionally, each site is responsible for collaboration with birthing hospitals to coordinate discharge planning with individuals who deliver Substance Exposed Infants (SEI) per VA Code 32.127.B6. Each program is responsible for advisory meetings with agencies in its catchment, to integrate and coordinate additional service needs with community stakeholders.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall work collaboratively with the DBHDS Office of Substance Use Services Women's Services Coordinator and Specialty Population Manager to fulfill the SUBG Woman set aside requirement.
2. The program will provide the Evidence-Based Program (EBP) Nurturing Program for Families in Substance Abuse Treatment and Recovery and a trauma program such as Seeking Safety, Beyond Trauma, Trauma Recovery and Empowerment Model, or Eye Movement Desensitization and Reprocessing (EMDR).
3. Submit Project LINK Service Delivery and Outcomes at Discharge, narrative, and financial reports bi-annually.

B. The Department Responsibilities: The Department agrees to comply with the following requirements.

1. Provide oversight and monitor the Project LINK program to ensure the scope and deliverables are met as well as provide technical assistance as required.

2. Communicate in a timely manner about changes to the program and funding allocations
3. Facilitate quarterly Project LINK Managers and Directors meeting as well as virtual and onsite program visits.

C. Reporting Requirements: The CSB shall electronically submit all required Project LINK reports per the following scheduled listed below.

1st Report	April 30th
Reporting period: October 1 - April 30th	(Service Delivery and Outcomes at Discharge Report)
2nd Report	October 30th
Reporting Period May 1 -October 30th	(Annual Service Delivery and Outcomes Discharge Report; Narrative Report; Project LINK Budget)

10.5. State Opioid Response Program Services (SOR)

SOR Prevention Program - The SOR grant was awarded to Virginia to combat the opioid epidemic and build upon programs started with State Targeted Response R/OPT-R and SOR. The purpose of the SOR program is to address the public health crisis caused by escalating opioid misuse, opioid use disorder (OUD), and opioid-related overdose across the nation. States and territories are expected to use the resources to: increase access to U.S. Food and Drug Administration (FDA)-approved medications for the treatment of opioid use disorder (MOUD); support the continuum of prevention, harm reduction, treatment, and recovery support services for OUD and other concurrent substance use disorders; and support the continuum of care for stimulant misuse and use disorders, including those involving cocaine and methamphetamine.

The SOR prevention grant awards support the implementation of effective strategies identified by the Virginia Evidence-Based Outcomes Workgroup. The categories of approved strategies include: coalition development, heightening community awareness/education, supply reduction/environmental, tracking and monitoring, and community education as part of harm reduction efforts. A portion of SOR Prevention funds are approved for the ACEs Project and Behavioral Health Equity Mini Grants.

1. Adverse Childhood Experiences (ACEs) Project

Scope of Services and Deliverables

SOR Prevention grant funds for the Adverse Childhood Experiences (ACEs) Project must be used to fund prevention strategies that have a demonstrated evidence-base, and that are appropriate for the population(s) of focus.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall work collaboratively with DBHDS and OMNI Institute technical assistance team to fulfill requirements of the grant. This collaboration includes responding to information requests in a timely fashion, entering data in the Performance Based Prevention System (PBPS), submitting reports by established deadlines.

2. CSB understands that SOR prevention funds are restricted and shall be used only for approved SOR prevention strategies (from the CSB's approved SOR Logic Model).
3. CSB understands that changes to the budget (greater than a variance of 25 percent among approved budget items) and/or requests for additional funding must be sent via an email to the SOR Prevention Coordinator.

B. The Department Responsibilities: The Department agrees to comply with the following requirements.

1. The Department shall adhere to SOR grant guidelines established by the Substance Abuse and Mental Health Services Administration (SAMHSA), including reporting on statewide and CSB-specific data, accomplishments, and challenges.
2. The Department's Behavioral Health Wellness Consultant/ACEs Lead shall maintain regular monthly communication with the CSB and monitor SOR ACEs Project performance.
3. The Department, particularly the SOR Prevention Coordinator and ACEs Lead, will respond to inquiries in a timely manner, fulfill requests for training and share regular updates regarding the grant. Every effort will be made to provide at least two weeks lead time prior to report deadlines.
4. The Department will provide a budget template for annual budget submission.

2. SOR Prevention Program - Behavioral Health Equity (BHE) Mini-Grant Project

Scope of Services and Deliverables

A portion of SOR Prevention funds were approved for the BHE Mini-Grant Project. BHE Mini-Grants provide CSB an award of funds to perform equity-oriented activities and programing throughout their agency and community. Funds can be used in innovative ways to meet the professional development and community needs of the populations being served. Grants recognize that minority communities may require interventions tailored to their unique needs. Grants should explicitly work to address the needs of marginalized populations.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall use the SOR Prevention grant funds for the Behavioral Health Equity (BHE) Mini-Grant Project to fund strategies that have a demonstrated evidence-base and are appropriate for the population(s) of focus.
2. The CSB shall work collaboratively with DBHDS and the Behavioral Health Equity Consultant, to complete all approved objectives from the BHE Mini-Grant application. This collaboration includes participating in a mid-grant check-in, completing a final grant report.

B. The Department Responsibilities: The Department agrees to comply with the following requirements.

1. The Department shall adhere to SOR grant guidelines established by the Substance Abuse and Mental Health Services Administration (SAMHSA), including reporting on statewide and CSB-specific data, accomplishments, and challenges.
2. The Department's Behavioral Health Equity Consultant will perform a mid-grant check-in and will provide the format and collect the final grant report.

3. SOR - Treatment and Recovery Services

Scope of Services and Deliverables

1. Develop and provide opioid misuse prevention, treatment, and recovery support services for the purposes of addressing the opioid and stimulant misuse and overdose crisis.
2. Implement service delivery models that enable the full spectrum of treatment and recovery support services facilitating positive treatment outcomes.
3. Implement community recovery support services such as peer supports, recovery coaches, and recovery housing. certified facilities.
4. Increase the number of Opioid Treatment Programs (OTP). Expand Medication-Assisted Treatment (MAT) for justice-involved individuals.
5. Create pathways for new treatment and recovery providers/organizations. Increase treatment for pregnant and post-partum women.
6. Support Peer Support Services in emergency departments.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall comply with the Department's approved budget plan for services.
2. The CSB may employ SA MAT treatment personnel and recovery personnel
3. The CSB may provide treatment and recovery services to include drug/medical supplies, drug screens, lab work, medical services, residential treatment, childcare services, client transportation, contingency management, recruitment services and treatment materials, employment resources, recovery wellness planning resources, harm reduction materials, and temporary recovery housing.
4. The CSB shall collect GPRA data for each person receiving services at intake, discharge, and 6-month time points. This data must be submitted to OMNI Institute within five business days of survey completion.
5. All the GPRA reporting must be submitted to OMNI Institute within five business days of survey completion.
6. CSB receiving treatment or recovery funding under the SOR grant must complete a treatment or recovery Quarterly Survey every quarter of the grant.
7. The Quarterly Survey must be submitted to OMNI Institute within two weeks of request by OMNI Institute.

B. The Department Responsibilities: The Department agrees to comply with the following requirements.

1. The Department shall be responsible for submitting required reporting to SAMHSA in accordance with the SOR Notice of Award.
2. The Department shall conduct physical and/or virtual site visits on an annual basis, or more frequently, if necessary. Each site visit will be documented in a written report submitted to the Director of Adult Community Behavioral Health.
3. The SOR team will provide quarterly reports to internal and external stakeholders.

C. Reporting Requirements: The CSB shall submit the Quarterly Treatment and Recovery Reporting Surveys through the online survey link that will be provided by OMNI Institute each quarter. All surveys must be submitted no later than the following dates:

Quarter 1	January 20
Quarter 2	April 15
Quarter 3	July 15

Quarter 4	October 14

The CSB shall collect GPRA data for each person receiving services at intake, discharge, and 6-month time points. This data must be submitted to OMNI Institute within five business days of survey completion.

10.6. Regional Suicide Prevention Initiative

Scope of Services and Deliverables
To increase capacity to address suicide prevention and promote mental health wellness, the Department funding for regional suicide prevention plans that implement evidenced based initiatives and strategies that promote a comprehensive approach to suicide prevention across the lifespan in the Commonwealth.

The regional or sub regional initiatives are intended to extend the reach and impact of suicide prevention efforts, afford greater access to suicide prevention resources by affected communities, and leverage and reduce costs for individual localities related to training or other suicide prevention action strategies.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.
1. The CSB shall provide an action plan that includes (but not limited to) the following strategies and activities:
   a. mental health wellness and suicide prevention trainings based on community need and capacity to provide.
   b. activities for September Suicide Prevention Awareness Month and May Mental Health Awareness Month.
   c. identification of anticipated measurable outcomes.
   d. a logic model; and
   e. a budget and budget narrative.
2. These funds shall be used only for the implementation of the Regional Suicide Prevention Initiative described in the Regional Suicide Prevention plan (and or supplement plan) approved by the Department.
3. Any restricted state funds that remain unexpended or unencumbered at the end of the fiscal year may be carried over to the following year to be used only for Regional Suicide Prevention Initiative expenses authorized by the Department in consultation with the participating regional CSB.
4. Any federal funds that remain unexpended or unencumbered by the end of the Performance Period the CSB must contact the Department at least 30 days prior to the end of the Performance Period to discuss permissible purposes to expend or encumber those funds.

B. The Department Responsibilities: The Department agrees to comply with the following requirement.
1. The Department shall monitor Regional Suicide Prevention Initiative program implementation progress through a semi-annual report and annual report submitted by the Regional Suicide Prevention Initiative Lead CSB, other data gathering and analysis, periodic visits to the region to meet with Regional Suicide Prevention Initiative partners, and other written and oral communications with Regional Suicide Prevention Initiative team members.
2. The Department may adjust the CSB's allocation of continued state funds for the Regional Suicide Prevention Initiative based on the CSB's compliance with its responsibilities, including the requirements for maximizing resources from other sources.

3. The Department will provide guidelines for the annual plan and a template for the semi-annual and annual report for the CSB to use.

C. Reporting Requirements:

1. Mental Health First Aid and Suicide Prevention activities shall be included in each CSB's Prevention data system.
2. The Regional Suicide Prevention Initiative CSB shall submit its quarterly report to the Department per the schedule below.

Report Due Date		Reporting Time Frame
1st Quarter Report	October 15, 2024	July 1, 2024 – September 30, 2024
2nd Quarter Report	January 15, 2025	October 1, 2024 – December 31, 2024
3rd Quarter Report	April 15, 2025	January 1, 2025 – March 31, 2025
4th Quarter Report	July 15, 2025	April 1, 2025 – June 30, 2025

10.7. Supplemental Substance Abuse Block Grant Funded Program Services - (Prevention and Treatment)

Scope of Services and Deliverables

This allocation provides supplemental funding to support additional allowable uses of Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant funding. This funding source is designated to plan, implement, and evaluate activities that prevent or treat substance use disorder. The priorities for the use of these funds include: the funding of substance use disorder treatment and support services for the uninsured or for whom coverage is terminated for short periods of time; the treatment and support services that demonstrate success in improving outcomes and/or supporting recovery that are not covered by Medicaid, Medicare, or private insurance; primary prevention by providing universal, selective, and indicated prevention activities; prevention services for persons not identified as needing treatment; and the collection of performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services. SUPTRS funds are to be the funds of last resort: Medicaid and private insurance, if available, must be used first. Target and priority populations are pregnant and parenting women, and intravenous (IV) drug users, to include those in need of interim services.

Any treatment services provided with SABG funds must follow treatment preferences established in 45 CFR 96.131(a):

1. Pregnant injecting drug users
2. Pregnant substance abusers
3. Injecting drug users
4. All others

Complete details of allowable services can be found in Exhibit F of the performance contract.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements

1. The CSB shall prioritize SUPTRS priority populations including the uninsured, pregnant women and women with dependent children, and people who inject drugs
2. The CSB shall follow all other federal requirements pursuant to Exhibit F.

B. The Department Responsibilities: The CSB agrees to comply with the following requirements. The Department shall monitor uses of these supplemental funds in the same manner it monitors uses of SUPTRS treatment and recovery base funding, including SAMHSA measures and on-site or virtual reviews. These funds will be monitored as part of existing review processes.

10.8. Substance Use Prevention, Treatment and Recovery Block Grant (SUPTR) Prevention Set Aside Services

Scope of Services and Deliverables

Access to Substance Abuse Treatment for Opioid Use Disorder (OUD)The CSB shall ensure that individuals requesting treatment for opioid use disorder drug abuse, including prescription pain medications, regardless of the route of administration, receive rapid access to appropriate treatment services, as defined in 45 CFR § 96.126, within 14 days of making the request for treatment or 120 days after making the request if the CSB has no capacity to admit the individual on the date of the request and within 48 hours of the request it makes interim services, as defined in 45 CFR § 96.121, available until the individual is admitted.

The SUPTRS BG Prevention Set aside is intended to prevent Substance Use Disorders (SUD) by implementing an array of strategies including information dissemination, education, alternatives, problem ID and referral, community capacity building and environmental approaches that target individuals, communities and the environment, guided by the Strategic Prevention Framework (SPF) planning model.

The CSB shall use the Institute of Medicine (IOM) model to identify target populations based on levels of risk: universal, selective, and indicated. The CSB shall utilize the Center for Substance Abuse Prevention (CSAP)s evidenced- based strategies: information dissemination, education and skill building, alternatives, problem identification and referral, community-based process, and environmental approaches. Community-based process/coalitions and environmental approaches that impact the population as a whole are keys to achieving successful outcomes and are Department priorities.

Substance abuse prevention services may not be delivered to persons who have substance use disorders to prevent continued substance use as mandated by the federal Substance Abuse Block grant.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. **General Capacity Requirements**
   Each CSB shall work collaboratively with the DBHDS Office of Behavioral Health Wellness (OBHW) team and the OMNI Institute technical assistance team to fulfill requirements of the grant. This collaboration includes responding to information requests in a timely fashion, entering data in the Performance Based Prevention System (PBPS), submitting reports by established deadlines.
   a. Each CSB must complete an evaluation plan, in collaboration with the OMNI Institute technical assistance team, which is revised and approved annually and includes:
      i. A logic model which includes all the required priority strategies all CSBs must implement and any discretionary strategies the CSB has elected to implement.
      ii. A measurement plan documenting how all required metrics will be tracked and reported.

b. All prevention programs, practices, and strategies must be evidence-based or evidence-informed and approved by the DBHDS OBHW team. Only strategies that align with the state-identified priorities and/or the CSB's logic model outcomes will be approved.
c. Each CSB must maintain a license(s) for the Performance-Based Prevention System (PBPS) and record all implemented strategies in the PBPS. The resources to support this have been added to the CSB base allocation.
d. Each CSB must maintain a minimum of 1 FTE Prevention Lead position. This position leads and ensures compliance and implementation of all Prevention priority strategies.
e. Prevention funding should be used for prevention staff to attend at least one national prevention-related conference per year. Any national conferences outside of the NPN Prevention Research Conference, NATCON, CADCA National or Mid-Year Conferences must have prior DBHDS approval. Each CSB receives $3000 in their base allocation to help support this capacity building effort.
f. Submit an annual budget for SUPTR Prevention Set Aside utilizing DBHDS' template.
g. CSBs must enter all report data into PBPS by the 15th of the month for the month prior.

2. Counter Tools

a. The CSB shall conduct store audits of and merchant education with 100 percent of tobacco/nicotine retailers in its service area over a two-year period. Any retailer to be found in violation in the previous year is to be given priority for merchant education.
b. The CSB also must maintain and update a list of tobacco/nicotine retailers in its catchment area over the two-year period.
c. Data must be entered into the Counter Tools and PBPS systems.
d. The CSB base allocation includes $10,000 for these strategies.
e. Tobacco education programs for youth with the goal of reducing prevalence of use are not to be identified as SYNAR activities.

3. ACEs Trainings

a. All CSBs should ensure there are at least 1ACE Interface presenter or Master Trainer either on staff or available to them through their community partners.
b. All CSBs must conduct at least 6 ACEs trainings annually that focus on either/or the implications of early childhood adversity, resilience, or healing centered relationships. These can all be reported as ACEs trainings.
c. All ACEs training data (including number of trainings held and number of people trained) must be reported in PBPS.
d. CSBs which are designated as Self-Healing Communities and are receiving additional funding to address ACEs must complete all items noted above and the following:
    i. Submit a quarterly narrative report on all ACEs strategies and measures.
    ii. Engage in a local Trauma-Informed Community Network (TICN) or other trauma-centered coalition

4. Community Coalition Development

a. The CSB shall support or lead at least one community coalition and be involved in a minimum of 6-10 coalition meetings a year.
b. The CSB should maintain membership in CADCA and/or CCoVA each year.
c. The CSB and its associated coalition should ensure youth engagement in the coalition either as a sub-group of the coalition or a separate youth coalition.
d. The CSB should maintain a social media presence to publicize prevention/coalition activities and messaging (Facebook page, Instagram, website, etc.) Websites should be updated monthly at a minimum and social media bi-weekly to ensure information and resources remain relevant and engages the community.

e. Every 2 years, each CSB must complete a coalition readiness assessment and an assessment of representation in the coalition of the following 12 sectors: youth; parents; businesses; media; school; youth-serving organizations; law enforcement; religious/fraternal organizations; civic and volunteer organizations; healthcare professionals; state, local and tribal governments; and other organizations involved in reducing illicit substance use.

5. Mental Health First Aid

a. Each CSB must have at least one staff trained to deliver MHFA courses.
b. Each CSB trained MHFA trainer must provide a minimum of 3 Youth and/or Adult MHFA trainings annually to the population catchment area to maintain certification. (Example: Two CSB trained staff can co-facilitate and provide 3 trainings per year.) Residents of other catchment areas may attend, but the primary target audience needs to be the CSB's catchment area.
c. Ensure a minimum of 45 community participants are trained annually in MHFA (across all trainers at the CSB; no minimum number per trainer.
d. If a CSB receives more than 3 requests for MHFA training, they may use RSPI funds to contract with another provider if they are unable to fulfill this community need due to staff capacity. CSBs are still responsible for capturing evaluation data from these trainings and entering them in the data system. An MOU must be established with the subcontractor that indicates the CSB be allowed to capture the data from the training, including number participants and, when appropriate, evaluation forms.

6. Suicide Prevention

a. CSBs will have at least one staff member trained in at least one suicide prevention training on the approved list below to contribute to suicide prevention training efforts in their region.
    i. Applied Suicide Intervention Skills Training (ASIST) (in-person only)
    ii. safeTALK (in-person only)
    iii. QPR (Question, Persuade, Refer)
    iv. The ASK Workshop
    v. More than Sad, Talk Saves Lives, L.E.T.S. or other suicide prevention training developed by the American Foundation for Suicide Prevention (virtual or in-person)
    vi. Any other training listed in the Suicide Prevention Resource Center's Best Practice Registry (Best Practices Registry)
    vii. One-hour or more Lock and Talk Training listed in the Lock and Talk website portal
b. Each CSB must take the lead on providing 3 suicide prevention trainings in their catchment area or Region.
c. Each CSB must train a minimum of 45 participants in suicide prevention trainings.
d. CSBs are encouraged to partner with other CSBs in their region to fulfill the training needs of their community and ensure the minimum number or participants required to hold a course is met.
e. CSBs may subcontract with a certified trainer should the request for the delivery of suicide prevention training exceed the CSB's staff capacity. An MOU must be established with the subcontractor that indicates the CSB be allowed to capture data from the training including number of participants and, when appropriate, evaluation forms.
f. CSBs will actively promote trainings via their websites, social media and in-person events and community networks

g. CSBs will assist community members who are seeking suicide prevention training with accessing training. CSBs will take lead on coordinating a training for groups interested in suicide prevention training within their catchment.

B. The Department Responsibilities: The Department agrees to comply with the following requirements.

1. The Department shall adhere to SABG Prevention Set Aside, grant guidelines established by the Substance Abuse and Mental Health Services Administration (SAMHSA), including reporting on statewide and CSB-specific data, accomplishments and challenges.
2. The Department's SABG Prevention Set Aside Behavioral Health Wellness Consultants shall maintain regular communication with the CSB, monitor performance through reporting, and provide technical assistance to the CSB upon request.
3. The Department will work with the CSB to mutually agree on annual site visit dates.
4. The Department, particularly the SABG Prevention Set Aside Behavioral Health Wellness Consultants will respond to inquiries in a timely fashion, fulfill requests for training and share regular updates regarding the grant.
5. Every effort will be made to provide at least two weeks lead time prior to report deadlines by DBHDS in partnership with OMNI Institute federal reporting contractor.
6. The Department will provide a budget template for annual budget submission

C. Reporting Requirements: All data is reported into the Prevention data system and must be submitted by the 15th of the month for the month prior.

10.9. Adult Mental Health Block Grant

The Community Mental Health Services Block Grant (MHBG) program's objective is to support the grantees in carrying out plans for providing comprehensive community mental health services. The target populations served under this grant are adults with serious mental illness (SMI). This includes persons ages 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association's Diagnostic and Statistical Manual (DSM), where their condition substantially interferes with, or limits, one or more major life activities (ex. basic daily living, accessing community resources).

A. CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall use the funds Mental Health Block Grant funds to reduce states' reliance on hospitalization and develop effective community-based mental health services for adults with serious mental illness (SMI).
2. The CSB shall follow the state performance measurement requirements.
3. The CSB shall follow all other federal requirements pursuant to Exhibit F.

B. Department Responsibilities:

1. The Department shall monitor the use of MHBG funds by means of on-site reviews at least every two years.
2. The Department shall provide technical assistance as deemed necessary or upon request to ensure the state performance measurement requirements are met.

State Funded Program Services

This section describes certain program services with a primary funding source of state general funds but there may also be other sources of funding provided by the Department for the services provided.

11.1. Auxiliary Grant in Supportive Housing Program (AGSH)

Scope of Services and Deliverables

Section 37.2-421.1 of the Code of Virginia provides that DBHDS may enter into an agreement for the provision of supportive housing for individuals receiving auxiliary grants pursuant to §51.5-160 with any provider licensed to provide mental health community support services, intensive community treatment, programs of assertive community treatment, supportive in-home services, or supervised living residential services. The Auxiliary Grant (AG) funds shall not be disbursed directly to the CSB or DBHDS. The Department for Aging and Rehabilitative Services (DARS) shall maintain administrative oversight of the Auxiliary Grant program, including the payment of AG funds from DSS to individuals in the program.

A. The CSB Responsibilities: The CSB shall comply with the following requirements pursuant.

1. For everyone served by the provider under this agreement, the provider shall ensure the following basic services:
   a. the development of an individualized supportive housing service plan ("ISP").
   b. access to skills training.
   c. assistance with accessing available community-based services and supports.
   d. initial identification and ongoing review of the level of care needs; and
   e. ongoing monitoring of services described in the individual's ISP.
2. Assist AGSH recipients with securing and maintaining lease-based rental housing. This residential setting shall be the least restrictive and most integrated setting practicable for the individual that:
   a. complies with federal habitability standards.
   b. provides cooking and bathroom facilities in each unit.
   c. affords dignity and privacy to the individual; and
   d. includes rights of tenancy pursuant to the Virginia Residential Landlord and Tenant Act (§55-248.2 et seq.).
   e. provides rental levels that leave sufficient funds for other necessary living expenses, and
   f. the provider shall not admit or retain recipients who require ongoing, onsite, 24-hour supervision and care or recipients who have any of the conditions or care needs described in subsection D of §63.2-1805.
3. The provider is expected to be full census (based on approved budget) within 12 months of operation and to maintain census of no less than 90% thereafter.
4. Request approval, in writing, of DBHDS for an AGSH recipient to live with a roommate freely chosen by the individual.
5. Adhere to all components of the AGSH Provider Operating Guidance.
6. Licensing/Certification Requirements:
   a. The CSB shall maintain all relevant DBHDS licenses in good standing. Provide documentation of licensure status for relevant services to the Department for Aging and Rehabilitative Services (DARS) at initial certification and annually thereafter.
   b. The CBS shall maintain annual certification with DARS in accordance with §51.5-160 Section D.

B. The Department Responsibilities:

1. DBHDS or its designee shall conduct annual inspections to determine whether the provider is following the requirements of this agreement. DBHDS will provide 30 days written notice for routine annual inspections. DBHDS may also conduct inspections at any time without notice.
2. DBHDS will work with the Provider to develop and implement AGSH data reporting requirements including data elements, formats, timelines and reporting deadlines.

3. Pursuant to §37.2-421.1 Section C., DBHDS may revoke this agreement if it determines that the provider has violated the terms of the agreement or any federal or state law or regulation.

C. Reporting Requirements: The CSB shall collect and report recipient level identifying information and outcome data at least quarterly no later than the 10th day following the end of the month (i.e., October 15th, January 15th, April 15th, and July 15th) and provide to DBHDS as requested**.**

11.2. Children's Mental Health Initiative (MHI) Funds

Scope of Services and Deliverables
The Mental Health Initiative (MHI) Fund was established by the General Assembly in FY 2000 to create a dedicated source of funding for mental health and substance abuse services for children and adolescents with serious emotional disturbances, at risk for serious emotional disturbance, and/or with co-occurring disorders with priority placed on those children who, absent services, are at-risk for removal from the home due to placement by a local department of social services, admission to a congregate care facility or acute care psychiatric hospital or crisis stabilization facility, commitment to the Department of Juvenile Justice, or parental custody relinquishment.
These services have the purpose of keeping children in their homes and communities and preserving families whenever possible.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. MHI funds must be used exclusively to serve currently unserved children and adolescents or provide additional services to underserved children and adolescents with serious emotional disturbances, at risk for serious emotional disturbance, and/or with co-occurring disorders with priority placed on those children who, absent services, are at-risk for removal from the home due to placement by a local department of social services, admission to a congregate care facility or acute care psychiatric hospital or crisis stabilization facility, commitment to the Department of Juvenile Justice, or parental custody relinquishment. These funds shall be used exclusively for children and adolescents, not mandated for services under the Children's Services Act. Underserved refers to populations which are disadvantaged because of their ability to pay, ability to access care, or other disparities for reasons of race, religion, language group, sexual orientation or social status.
2. Children and adolescents must be under 18 years of age at the time services are initiated. MHI funds can be used to bridge the gap between the child and adolescent and adult service systems, if the service was initiated before the adolescent's 18th birthday. Services used to bridge the gap can only be used for up to one (1) year. MHI funds cannot be used to initiate new services once an adolescent turns 18 years of age.
3. MHI funds must be used to purchase services which will be used to keep the child or adolescent in the least restrictive environment and living in the community.
4. CSBs may use MHI funds to support personnel used to provide services to children and families. Each service provided shall be linked to an individualized service plan for an individual child and submit the required program and financial data reports in the format established by the Department.
5. MHI funds should not be used when another payer source is available.
6. Services must be based on the individual needs of the child or adolescent and must be included in an individualized services plan. Services must be child-centered, family focused, and community-based. The participation of families is integral in the planning of these services.

7. CSBs must develop policies and procedures for accessing MHI funds for appropriate children and adolescents
8. The CSBs shall develop a Mental Health Initiative funding plan in collaboration with the local Family and Assessment Planning Teams and/or Community Policy and Management Team. The funding plan shall be approved by the Community Policy and Management Teams of the localities. The CSB should seek input and guidance in the formulation of the protocol from other FAPT and CPMT member agencies. A copy of the plan shall be kept on file at the CSB.

    a. The MHI Fund Protocol shall at minimum:
        i. Clearly articulate the target population to be served within the serious emotional disturbance, at risk for serious emotional disturbance, and/or with co-occurring disorders, non-CSA mandated population.
        ii. Establish defined protocols and procedures for accessing services, ensuring that all key stakeholder agencies have a method to link into services.
        iii. Clearly articulate the kinds or types of services to be provided; and
        iv. Provide for a mechanism for regular review and reporting of MHI expenditures.
        v. Includes effective date and reviewed or updated dates as appropriate.
        vi. Includes acknowledgment that the protocol has been approved by the Community Policy and Management Teams.
    b. Types of services that these funds may be used for include but are not limited to: crisis intervention and stabilization, outpatient, intensive in-home, intensive care coordination, case management, Family Support Partners, evidence-based practices, therapeutic day treatment, alternative day support (including specialized after school and summer camp, behavior aide, or other wrap-around services), and, supervised family support services.
    c. All expenditures shall be linked to an individualized service plan for an individual child. Expenditures may be for something that is needed by more than one child, providing it can be linked to the individualized service plan of each child.
    d. CSBs may use MHI funds to support personnel used to provide services to children and families. For example, the funds may be used to create a position dedicated to serving the non-CSA mandated population of children in the community; however, as stated above, each service provided should be linked to an individualized service plan for an individual child.
    e. CSBs may use up to 10% of the total MHI fund allocation for administrative costs associated with the overall MHI fund management and administration. Administrative costs include non-direct service personnel and supplies.
    f. MHI funds may not be used for residential care services, partial or full hospitalizations, or for CSA sum sufficient populations. MHI funding may not be used to purchase vehicles, furniture, computers, or to provide training.
9. The CSB may carry-forward a balance in the MHI fund during the biennium in which the funds were distributed. If the CSB has a balance of 10% or greater, of the current allocation, at the end of the biennium, the CSB shall work with the OCFS to develop a plan to spend the end of the biennium balance. If the CSB is unable to spend the carry-forward balance within an agreed upon timeframe and, continues to have a carry-forward balance greater than 10%, DBHDS may pause payments of the current allocation.

B. The Department Responsibilities: The Department agrees to comply with the following requirements. The Department shall establish a mechanism for regular review and reporting of MHI Fund expenditures including monitoring unspent balances.

C. Reporting Requirements:
All services shall be linked to an individualized service plan for an individual child in accordance with applicable business rules and HL7 interface specifications, including the use of the MHI Client Transaction Type. Expenditures may be for something that is needed by more than one child, providing it can be linked to the individualized service plan of each child.

1. The CSB shall submit the required program and financial data reports in the format established by the Department.
2. The Department shall provide the data collection and reporting database, submission due dates, and reporting protocols to the CSB in sufficient time to allow for compliance and in accordance with Section 6 of this Exhibit.

11.3. Permanent Supportive Housing (PSH)

Scope of Services and Deliverables

A. The CSB Responsibilities: If the CSB receives state mental health funds for PSH for adults with serious mental illness and/or pregnant or parenting women with substance use disorder, it shall fulfill these requirements:

1. Comply with requirements in the Virginia Department of Behavioral Health and Developmental Services Permanent Supportive Housing Program Operating Manual and any subsequent additions or revisions to the requirements agreed to by the participating parties. If the implementation of the program is not meeting its projected implementation schedule, the CSB shall provide a written explanation to and seek technical assistance from the Office of Community Housing in the Department.
2. Ensure that individuals receiving PSH have access to an array of clinical and rehabilitative services and supports based on the individual's choice, needs, and preferences and that these services and supports are closely coordinated with the housing-related resources and services funded through the PSH initiative.
3. Assist Department staff as requested with any case-level utilization review activities, making records of individuals receiving PSH available and providing access to individuals receiving PSH for interviews.
4. Comply with requirements related to the implementation of the Virginia Low-Income Housing Tax Credit (LIHTC) Qualified Allocation Plan First Leasing Preference.
5. Reserve any current restricted state mental health funds for PSH that remain unspent at the end of the fiscal year to be used only for PSH activities in subsequent fiscal years as authorized by the Department.
6. Participate in PSH training and technical assistance in coordination with the Community Housing and any designated training and technical assistance providers.
7. Ensure twelve-month housing stability of PSH tenants of no less than 85%

B. Reporting Requirements: Track and report the expenditure of restricted state mental health PSH funds separately in the implementation status reports required in subsection f below. Based on these reports, the Department may adjust the amount of state funds on a quarterly basis up to the amount of the total allocation to the CSB. The CSB shall include applicable information about individuals receiving PSH services and the services they receive.

1. CSB shall submit data about individuals following guidance provided by the Office of

Community Housing

2. The CSB shall submit the required program and financial data reports in the format established by the Department.
3. The Department shall provide the data collection and reporting database, submission due dates, and reporting protocols to the CSB in sufficient time to allow for compliance and in accordance with Section 6 of this Exhibit.

11.4. Forensic Services

Scope Services and Deliverables

A. The CSB Responsibilities: The CSB shall comply with the following requirements:

1. The CSB shall designate appropriate staff to the roles of Forensic Admissions Coordinator, Adult Outpatient Restoration Coordinator, and NGRI Coordinator to collaborate with the local courts, the forensic staff of state facilities, and the Department. The CSB shall notify the Department's Office of Forensic Services of the name, title, and contact information of these designees and shall inform the Director of any changes in these designations. The CSB shall ensure that designated staff completes all recommended training identified by the Department.
2. The Code of Virginia requires that court-ordered forensic evaluations of competency to stand trial and mental state at the time of the offense, and restoration treatment be performed on an outpatient basis unless the results of an outpatient evaluation indicate that hospitalization is necessary or if the defendant is already in DBHDS custody under certain legal statuses. The CSB shall consult with their local courts and the Forensic Coordinator at the designated DBHDS hospital as needed in placement decisions for individuals with a forensic status, based upon evaluation of the individual's clinical condition, age, need for a maximum security, and other relevant factors.
3. Adult forensic evaluations should be completed by forensic evaluators with the requisite training and education as required by the Code and the Department. Evaluations of competency to stand trial (§ 19.2-169.1) and mental state at the time of the offense (§§ 19.2-168.1, 19.2-169.5) must be completed by an evaluator who is currently on the List of Qualified Evaluators maintained by the Department. Only if the CSB employs qualified forensic evaluators will it be eligible to perform forensic evaluations ordered by local courts. To the greatest extent possible, the CSB will assist the courts in identifying qualified forensic evaluators to perform adult outpatient forensic evaluations, if such assistance is requested by the courts.
4. Upon receipt of a court order pursuant to § 16.1-356 of the Code of Virginia, the CSB shall provide or arrange for the provision of a juvenile competency evaluation by a qualified forensic evaluator.
5. Upon receipt of a court order pursuant to § 16.1-357, the CSB shall submit the court order to the DBHDS Juvenile Justice Program Supervisor. The Supervisor will determine if the restoration will be provided by DBHDS Juvenile Justice Program or the CSB.
6. Upon receipt of a court order for the provision of adult outpatient competency restoration services pursuant to § 19.2-169.2 of the Code of Virginia, the CSB shall provide or arrange for the provision of services to restore the individual to competency to stand trial. These services shall be delivered in the community where the individual is currently located, or in a local or regional jail, juvenile detention center (when a juvenile is being tried as an adult), Department of Corrections facility, or in another location suitable for the delivery of the restoration

services when determined to be appropriate. These services may include treatment and restoration services, case management, assessment services, the provision of medications and medication management services, and other services that may be needed by the individual in order to restore them to competency and to prevent their admission to a state hospital.

7. Upon written notification from a DBHDS facility that an individual has been hospitalized pursuant to § 19.2-169.1 (competency evaluation), § 19.2-169.2 (competency restoration), § 19.2-169.3 (unrestorable incompetent), § 19.2-169.5 & 168.1 (mental status at the time of the offense evaluation), or § 19.2-169.6 (emergency treatment from jail), the CSB shall provide discharge planning in accordance with the provisions of the C*ollaborative Discharge Requirements for Community Services Boards and State Hospitals: Adult & Geriatric*.
8. The CSB shall provide follow-up care and discharge planning coordination to patients returning from a state facility to local or regional jails or juvenile detention centers. The CSB shall work with jail mental health and correctional staff to assist with reentry planning from the jail back to the community.
9. The CSB shall provide discharge planning for persons found not guilty by reason of insanity who are being treated in DBHDS facilities pursuant to § 19.2-182.2 through § 19.2 -182.7, and § 19.2-182.11 of the Code of Virginia, and in accordance with the Department's NGRI Manual: Guidelines for Management of Individuals Acquitted Not Guilty by Reason of Insanity (February 2023) and the provisions of the C*ollaborative Discharge Requirements for Community Services Boards and State Hospitals: Adult & Geriatric.*
10. Upon written notification from DBHDS that an individual found Not Guilty by Reason of Insanity has been placed onto outpatient temporary custody status pursuant to § 19.2-182.2, the CSB shall initiate contact with the individual as soon as possible for the purpose of making referrals to CSB services and other providers as needed, as well as to assess and provide feedback to the Department on the individual's progress. The CSB will provide NGRI coordination and supervision while the individual completes the outpatient temporary custody evaluation process and will work jointly with the Department to develop conditional or unconditional release plans as required by Code.
11. The CSB will review and sign an NGRI acquitter's Risk Management Plan for Escorted Community, Unescorted Community, Conditional Release, and Unconditional Release in accordance with the timelines outlined in the Department's NGRI Manual: Guidelines for Management of Individuals Acquitted Not Guilty by Reason of Insanity (February 2023) and the Collaborative Discharge Requirements for Community Services Boards and State Hospitals: Adult & Geriatric.
12. The CSB will implement and monitor compliance with court-ordered Conditional Release Plans (CRPs) for persons found Not Guilty by Reason of Insanity and released with conditions pursuant to § 19.2-182.2 through § 19.2 -182.7, and § 19.2-182.11 of the Code of Virginia. The CSB is responsible for providing the Office of Forensic Services copies of any written correspondence and court orders issued for NGRI acquitters in the community.

B. Reporting Requirements

Not Guilty by Reason of Insanity (NGRI):

1. The CSB shall supply information to the Office of Forensic Services for individuals adjudicated not guilty by reason of insanity (NGRI), as required under § 37.2-508 or § 37.2-608 of the Code and as permitted under 45 CFR §§ 164.506 (c) (1) and (3), 164.512 (d), and 164.512 (k) (6) (ii).
2. The CSB shall submit written reports to the court for individuals adjudicated Not Guilty by Reason of Insanity (NGRI), documenting the person's progress and adjustment in the community. Pursuant to § 19.2-182.7 these reports shall be submitted no less frequently than

every six months from the date of release and are required for the duration of conditional release. The CSB shall also provide to the Department's Office of Forensic Services written monthly reports on the person's progress and adjustment in the community for their first 12 continuous months in the community following discharge to conditional release.

11.5 Adult Competency to Stand Trial Restoration (MH Adult Outpatient Competency Restoration Services)

Scope of Service and Deliverables

The CSB shall coordinate the provision of Adult Outpatient Competency Restoration and Outcome Evaluation Services to any individual so ordered who is currently residing in their service area or who is in custody in a local or regional jail or state correctional facility within the boundaries of their service area.

A. The CSB Responsibilities:

1. Upon receipt of a court order for Adult Outpatient Competency Restoration services pursuant to Virginia Code §19.2-169.2, the CSB shall provide Adult Outpatient Restoration Services, including initial restoration assessment, restoration services, and restoration case management services as defined in the DBHDS Definitions for Adult Outpatient Restoration Services.
2. As soon as possible following receipt of the court order, the CSB shall determine the location of the defendant and outreach the court or attorneys to gather all necessary collateral documentation (such as the initial competency evaluation, prior treatment records, charging documents or warrants, police reports or other collateral information specific to the criminal charges). If the defendant is not presently residing in the CSB's catchment area, the CSB is responsible for ensuring that the court amends the order and appoints the appropriate CSB based on the defendant's location.
3. At the conclusion of restoration services, the CSB shall arrange for an outcome competency to stand trial evaluation by a licensed clinical psychologist or psychiatrist who has the requisite forensic training and experience prescribed by the Code of Virginia.
4. The CSB shall transmit a cover letter issued from the CSB to the court and attorneys at the conclusion of restoration services, outlining the findings of the outcome evaluator and including a copy of the outcome evaluation if it was coordinated by the CSB.
5. The CSB shall provide the DBHDS Office of Forensic Services electronic copies of the court order, outcome evaluation, and CSB cover letter to the court, along with the DBHDS Adult Outpatient Competency Restoration Services Report within 60 days of the conclusion of services.
6. Upon receiving confirmation from the Office of Forensic Services that all of the required documentation is complete, the CSB shall submit its claim for payment using the Departments grants management system and claims reimbursement process.
7. The CSB shall use the Departments grants management system support mailbox webgrants@dbhds.virginia.gov for any WebGrants technical assistance and training as needed.

B. The Department Responsibilities:

1. The Department shall provide technical assistance and case consultation upon request to the CSB related to Adult Outpatient Competency Restoration cases.
2. The Department shall notify the CSB when available funding has been exhausted.
3. The Department shall provide WebGrants training and technical assistance as needed to the CSBs.
4. The Department shall ensure timely review and approval of CSB reimbursement claims pursuant to the claim's reimbursement process.

C. Payment Terms:

1. The Department shall provide the CSB payment for the provision of Adult Outpatient

Restoration Services, including restoration assessment, restoration services, and restoration case management, as defined in the DBHDS Definitions for Adult Outpatient Restoration Services, Revised 1/24/2025.

2. The Department shall disperse payment to the CSB for outcome competency evaluations coordinated and paid for by the CSB at the conclusion of restoration services. The Department will issue payments according to the DBHDS Adult Outpatient Competency Restoration Payment Guidelines, Revised 1/24/2025.
3. Funds will be paid out to the CSB on a reimbursement basis only through WebGrants. The CSB will submit invoices for reimbursement based on actual services provided during the period of performance. Payment is contingent on the availability of funds.
4. The Department may, at its reasonable discretion, modify payment dates or amounts, or terminate this agreement and provide advance notification of any such changes in writing and work collaboratively with CSB/BHA when possible, regarding any changes to this Agreement.
5. The CSB shall ensure that all reimbursement requests are supported by actual expenses that further the Adult Outpatient Competency Restoration program. The CSB shall be reimbursed up to the approved amount for these costs. The CSB shall maintain records of these expenses in the event of future audits.

11.6. Gambling Prevention

Scope of Service and Deliverables

The Problem Gambling Treatment and Support Fund (9039) via the Office of Behavioral Health Wellness, Problem Gambling Prevention Program intends to prevent and minimize harm from the expansion of legalized gambling by implementing the Strategic (SPF) planning model. CSB's will continue to utilize data collected and research to identify and implement strategies to prevent problem gambling. Making data driven decisions to determine and revise priorities and select evidence-based strategies based upon the priorities identified.

To increase capacity to address problem gambling prevention the Department also provides funding for CSB level problem gambling prevention data collection, capacity building, and strategy implementation.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall provide a proposed budget.
2. These funds shall be used only for the implementation of the Problem Gambling Prevention Services described herein. Funding may be used to hire or maintain staff working on problem gambling prevention (PGP), provide stipends, travel related to PGP services, incentives for data collection, promotion/awareness items, and membership and attendance to organizations whose mission includes the mitigation of gambling problems.
3. Participate in surveys by coordinating collection of data for your CSB catchment area on gambling and gaming behaviors.
4. Each CSB that receives problem gambling prevention funding will participate in conducting the Young Adult Survey, a PG Community Readiness Assessment, and Environmental Scan, and will ensure a minimum of two (2) different strategies to prevent problem gambling will be included in your CSB logic model. Those CSB's receiving enough funding to pay for at least a half time staff will need to implement at least 3 strategies. This may include:
    a. Information dissemination.
    b. Education.

c. Alternative strategies.
d. Environmental
e. Community-Based Process; and/or
f. Problem Identification and Referral

5. The CSB shall continue to build capacity in their CSB by assigning at least one person to oversee the problem gambling prevention work and share information about problem gambling with their communities. This includes attending and participating in all OBHW sponsored problem gambling trainings and webinars
6. The CSB may either hire or maintain a current part time staff person, add hours on to a current part time position in the organization, or adjust a current employee's workload to allow for time to lead and ensure compliance and implementation of all problem gambling prevention activities.
7. Any restricted state Problem Gambling Treatment and Support funds that remain unexpended or unencumbered at the end of the fiscal year may be carried over to the following year to be used only for Problem Gambling Prevention strategy expenses authorized by the Department.
8. If you have a casino or racino in your catchment area, continue to build relationships with those businesses and coordinate prevention and responsible gambling services for those facilities.

B. The Department Responsibilities: The Department agrees to comply with the following requirements.

1. The Department shall monitor Problem Gambling Prevention Services program implementation progress through a quarterly report submitted by the CSB Problem Gambling Prevention Services Lead, other data gathering and analysis, periodic on-site or virtual visits to meet with the CSB Problem Gambling Prevention Services staff, and other written and oral communications with CSB Problem Gambling Prevention Services team members.
2. The Department may adjust the CSB's allocation of continued state funds for the Problem Gambling Prevention Services based on the CSB's compliance with its responsibilities, including the requirements for maximizing resources from other sources
3. The Department will respond to inquiries in a timely fashion, fulfill requests for training and share regular updates regarding the grant.
4. Every effort will be made to provide reporting forms at least two weeks prior to report deadlines by DBHDS and in accordance with Section 6 of this Exhibit.
5. The Department will provide a template for the plan and quarterly report for the CSB to use.

C. Reporting Requirements: The CSB shall track and account for its state Problem Gambling Treatment and Support Fund as restricted problem gambling prevention State funds, reporting expenditures of those funds separately in its quarterly reports.

Submit a quarterly report on problem gambling prevention activities to the DBHDS/OBHW Problem Gambling Prevention Coordinator (due by the 15th of October, January, April, and July and in accordance with Section 6 of this Exhibit.

11.7. Mental Health Services in Juvenile Detention Centers

Scope of Services and Deliverables

The Mental Health in Juvenile Detention Fund was established to create a dedicated source of funding for mental health services for youth detained in juvenile detention centers.

A CSB's primary role in a juvenile detention center is providing short-term mental health and substance use disorder services to youth detained in the center with mental illnesses or mental illnesses and co-occurring substance use disorders. As part of this role, a CSB also consults with juvenile detention center staff on the needs and treatment of youth. This may include case consultation with detention center staff. Since the youth have been court ordered to the center, they are under the jurisdiction of the center for care. A CSB provides consultation and behavioral health services in support of the centers care of youth and should establish and maintain positive, open, and professional communication with center staff in the interest of providing the best care to the youth.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall provide mental health and substance use services to youth detained in the juvenile detention center, this may include youth who are pre-adjudicated, youth who are post-adjudicated, youth who are post-dispositional, and youth who are in a community placement program. Since most youth have short lengths of stay, clinical services in juvenile detention should be designed to provide short term mental health and substance use services. At times, a youth may have a long length of stay and the CSB should be prepared to provide services as needed. Below are examples of core services a CSB typically provides with this funding to most of the youth it serves in juvenile detention centers:
    a. Case management,
    b. Consumer Monitoring,
    c. Assessment and Evaluation,
    d. Crisis Services
    e. Medical Services, or
    f. Individual or group therapy when appropriate (coded as outpatient services)
2. The CSB shall provide discharge planning for community-based services for youth with identified behavioral health and/or substance use issues who return to the community.
3. The CSB shall document provided mental health and substance use services while a youth is in detention in the CSBs electronic health record (EHR).
4. The CSB shall have a Memorandum of Understanding (MOU), a Memorandum of Agreement (MOA), or contract with the juvenile detention center in which the CSB provides services. The MOU, MOA, or contract shall outline the roles and responsibilities of each entity, outline a plan for continued services if there is a vacancy, a dispute resolution process as well as outline a plan for regular communication between the CSB and Juvenile Detention Center. MOU/MOA and contracts shall be reviewed bi-annually.
5. The CSB shall notify the Office of Child and Family Services of any significant staffing changes or vacancies that cannot be filled within 90 days.

B. The Department Responsibilities: The Department agrees to comply with the following requirements.

The Department shall establish a mechanism for regular review of reporting Mental Health in Juvenile Detention fund expenditures, data, and MOUs/MOAs or contracts to include a process by the Office of Child and Family Services.

C. Reporting Requirements:

1. The CSB shall account for and report the receipt and expenditure of these restricted funds separately.
2. The Department shall provide the data collection and reporting database, submission due dates, and reporting protocols to the CSB in compliance with Section 6 of this Exhibit.
3. The CSB biennially, shall provide a copy of a signed MOU/MOA or contract to the Department.

11.7 State Regional Discharge Assistance Program (RDAP - MH Regional DAP)

Scope of Services and Deliverables

The Department and the CSB agree to implement the following requirements for management and utilization of all current state regional discharge assistance program (RDAP) funds to enhance monitoring of and financial accountability for RDAP funding, decrease the number of individuals on state hospital extraordinary barriers to discharge lists (EBLs), and return the greatest number of individuals with long lengths of state hospital stays to their communities.

A. The CSB Responsibilities:

1. The CSB shall comply with the current Discharge Assistance Program Manual issued by the Department.
2. The CSB, through the RMG and RUMCT on which it participates, shall ensure that other funds such as Medicaid payments are used to offset the costs of approved IDAPPs to the greatest extent possible so that state RDAP funds can be used to implement additional IDAPPs to reduce EBLs.
3. All state RDAP funds allocated within the region shall be managed by the regional management group (RMG) and the regional utilization management and consultation team (RUMCT) on which the CSB participates.
4. On behalf of the CSBs in the region, the regional manager funded by the Department and employed by a participating CSB shall assure accurate and timely entry and reporting of all relevant IDAPP and expenditure data in the DBHDS DAP Portal.
5. If the CSB has unspent funds they may be utilized subsequent years to support one-time IDAPPS. Any other use of funds must be reviewed and approved by DBHDS in accordance with the DAP manual.

B. The Department Responsibilities:

1. The Department shall work with the VACSB, representative CSBs, and regional managers to develop clear and consistent criteria for identification of individuals who would be eligible for individualized discharge assistance program plans (IDAPPs) and acceptable uses of state RDAP funds and standard terminology that all CSBs and regions shall use for collecting and reporting data about individuals, services, funds, expenditures, and costs.
2. The Department may conduct utilization reviews of the CSB or region at any time to confirm the effective utilization of state RDAP funds and the implementation of all approved ongoing and one-time IDAPPs.
3. Annually DBHDS will revise allocations to the Regional Fiscal Agent CSB based on previous year's use of funds to assure all needs are met statewide.

C. Reporting Requirements: The regional Manager shall assure accurate and timely data entry of IDAPPS and expenditures monthly into the DAP Portal. Reports on allocation, use and expenditures shall be available to both DBHDS and the Regional offices in the DAP portal at any time.

11.8 Housing Flexible Funding Program (State Rental Assistance Program) (790 Funds DD SRAP)

Scope of Services and Deliverables

Individuals with developmental disabilities face numerous financial barriers to making the initial transition to integrated, independent housing and to maintaining this housing. Most adults with developmental disabilities have income below 30% of the area median income. Those who have Medicaid or Supplemental Security Income must meet strict asset limits that prevent them from saving enough to cover one-time, upfront expenses to rent housing or to cover expenses that, if not paid, could jeopardize their housing stability.

The Flexible Funding Program enables adults with developmental disabilities to overcome financial barriers to making initial transitions to integrated, independent housing and to maintaining housing stability. Six Community Services Boards administer the Program in their respective DBHDS regions. Program operations include:

1. making Flexible Funding applications and program materials available to support coordinators in the region
2. providing technical assistance to support coordinators on the program requirements and application process
3. reviewing and adjudicating Flexible Funding applications in accordance with the Flexible Funding 2.0 Guidelines ("the Guidelines")
4. authorizing and processing payment or reimbursement for approved goods and services in accordance with the Flexible Funding 2.0 Guidelines ("the Guidelines")
5. tracking and reporting per person and aggregated program expenditures in the Flexible Funding workbook provided by DBHDS in accordance with the Flexible Funding 2.0 Guidelines ("the Guidelines").

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CSB shall designate a Flexible Funding program administrator and a fiscal administrator who are responsible for program implementation. The program administrator and fiscal administrator may be the same staff person or different staff people. The CSB shall provide contact information for each administrator (including name, title, address, email and phone number) to the DBHDS Office of Community Housing.
2. The CSB shall ensure it can access the DBHDS cloud-based electronic file sharing system which contains program materials required to administer the Program.
3. The CSB shall implement strategies to pay time-sensitive expenses such as, but not limited to holding fees, security deposits and moving company charges as soon as possible. Strategies may include issuing promissory notes, notifying vendors that applicants' Flexible Funding requests have been approved, or identifying third parties that can front payment of expenditures immediately and request reimbursement from Flexible Funding.
4. The CSB shall submit programmatic and financial reports in accordance with the Guidelines using the Flexible Funding workbook provided by DBHDS.
5. The CSB shall maintain program and financial records in accordance with the Guidelines.

6. The CSB shall direct all communication regarding Flexible Funding applications and decisions to the support coordinator identified on the application. If the CSB denies an application in whole or in part, the program administrator must inform the support coordinator in writing and must offer appeal rights in accordance with the Guidelines. Support coordinators are responsible for informing applicants about the status of their applications.
7. The CSB shall review and adjudicate requests for reasonable accommodations within the program in accordance with the Guidelines.
8. The CSB has the option to delegate the review and adjudication of Flexible Funding applications to a single point of contact within each local CSB within the region. The CSB can approve and issue reimbursements to local CSBs that approve their own applications and make payments in accordance with the Guidelines.
9. The CSB shall provide periodic trainings for support coordinators in the region regarding the Guidelines and the application process.
10. The CSB shall designate up to 10% of each one-time Flexible Funding allocation it receives from DBHDS to offset the administrative costs associated with serving as the Flexible Funding Administrator. The CSB must abide by the DBHDS Regional Administrative Fees policy dated October 1, 2021. Administrative costs include, but are not limited to, Flexible Funding program personnel salaries and benefits, rent, utilities, telephone/Internet service, equipment, supplies, and travel.

B. The Department Responsibilities: The Department agrees to comply with the following requirements.

1. The Department shall develop and issue Guidelines for administering the Program to the CSB.
2. The Department shall issue Program Memoranda to the CSB to clarify the guidelines as needed. If there is a conflict between the Guidelines and a Program Memorandum, the Program Memorandum shall prevail.
3. The Department shall provide the CSB access to its cloud-based file sharing system, which shall contain program materials required to administer the Program.
4. The Department shall provide the CSB training and technical assistance with completing program reports, reviewing applications, and interpreting program guidelines.
5. The Department shall process appeal requests from applicants or their designated representatives in accordance with the Guidelines.
6. The Department shall monitor the CSB in accordance with Section J of this Agreement.
7. The Department shall distribute additional funding allocations for the Program to the CSB.

C. Performance Outcome Measures:

1. 90% of all Flexible Funding applications submitted within the fiscal year are reviewed and adjudicated within 10 days of receiving completed applications.
2. 90% of all Flexible Funding applications submitted within the fiscal year are approved in accordance with the maximum funding caps identified in the Guidelines.

D. Reporting Requirements:

The CSB will provide the following reports to DBHDS OCH:

1. A quarterly expense report that summarizes the balance at the beginning of the quarter, expenditures for the reporting quarter and the year to date, and the balance at the end of the quarter. The report will reflect this information for each line item, including but not limited to program expenditures and administrative expenditures. This report will also identify the number of discrete persons served each quarter.
2. A completed program status report that details information about approved applications disbursed during the current reporting quarter and previous quarters/fiscal years.

3. The CSB will submit quarterly expenses and program status reports in a DBHDS-provided Excel workbook that is hosted on a DBHDS-approved, cloud-based storage system by the 30th of the month following the end of the 1st, 2nd and 3rd quarter. The CSB may submit the quarterly expense and program status report for the 4th quarter (e.g., the end of the fiscal year) within 45 days of the end of the quarter.

11.9. Substance Abuse Residential Purchase of Services (SARPOS -SGF)

Scope of Services

SARPOS funds may be used for residential settings, programs, or services that "meet the intent" of providing services that support recovery. SARPOS funds have traditionally been made available to support community-based residential medically managed/monitored withdrawal, contracted residential, transitional living programs, and other residential services that support recovery. SARPOS funding is not intended to be long term. If being used to support transitional services, there should be a plan related to how the individual will be able to maintain housing after the supports are removed. SARPOS funding is prioritized for priority populations- pregnant substance use, injecting substance use, other opioid use populations. SARPOS fund shall be used for treatment and support services for substance use disorders, including individuals with acquired brain injury and co-occurring substance use disorders. Funded services shall focus on recovery models and the use of best practices.

1. SARPOS funds have traditionally been made available to support community-based residential medically managed/monitored withdrawal, contracted residential, transitional living programs, and other residential services that support recovery.
2. Funds may be used for short term. If funding is being used to support transitional housing a plan should exist for maintaining housing post the use of SARPOS funds.
3. Funding may also be used to provide services that support recovery in the community setting to include transportation to or from treatment, and medical appointment when there are no other means of transportation available, the purchase of training, registration, courses, licenses, certification, etc. that leads to financial recovery/ability to gain skills for specific trade/employment, items needed to maintain or gain employment include work uniforms, glasses, etc.
4. Additionally, the purchase of tools and types of equipment, i.e. barber clippers, work tools, safety glasses, hard hats, etc. required to begin employment if there is no other funding source may be obtained.
5. Payment for medications needed while in a residential setting or for medications needed for medication assisted treatment (MAT) while in medically managed detoxification or other residential care if no other revenue sources are available.
6. Non-MAT psychiatric care for those clients working toward application for Medicaid. Funds of last resort.
7. SARPOS funds may be used for individuals in need of residential settings, programs, or services that "meet the intent" of providing services that support recovery for persons with SUDs and persons with co-occurring MH and SUDs if the funds are addressing the SUD. (e.g., half-way house, Oxford House).
8. SARPOS funds may also be used to address barriers an individual may experience to entering residential services or to mitigate factors that might impede continued residential services. Examples include:

a) Funds for transportation to or from the residential services, if no other means of transportation is available.
b) Purchase of clothing or personal hygiene products that may be needed while in residential services if no other resource is available.
c) Payment for a brief stay in a motel if the individual does not have a safe residence while awaiting a bed in a residential setting.
d) Payment for medications needed while in a residential setting or for medications needed for medication assisted treatment (MAT) while in medically managed detoxification or other residential care if no other revenue sources are available.
e) Payment for children to reside with their mother while she participates in residential treatment, if no other revenue sources are available.

9. SARPOS funds should not be substituted for other funds dedicated to these purposes. CSBs are encouraged to first explore utilization of other funds available for residential services (e.g. transformation funds for crisis stabilization, SA diversion funds, co-occurring disorders funds). CSBs can use other SA state general funds or SA federal funds for SUD residential needs in addition to SARPOS funds if the funds are not in an earmarked restricted category.

A. The CSB Responsibilities: To implement the SARPOS funds, the CSB agrees to comply with the following requirements.

1. CSBs should develop memorandums of agreement/contracts with community providers for residential services that follow all Federal and state laws and regulations concerning confidentiality, human rights, and SAPTBG requirements, including data collection. The CSB is responsible for ensuring that contracted providers are adhering to these requirements.
2. Where possible, CSBs are encouraged to engage, in collective and regional negotiation with potential vendors for the most cost effective and highest quality care for individuals.
3. The CSB must provide and document care coordination services and discharge for individuals funded via SARPOS, if applicable. The residential service provider must also collaborate with the CSB in discharge planning and appropriate transition back into the community, including the need for treatment or other services at a different level of care.

B. The Department Responsibilities: To implement the SARPOS funds, the Department agrees to comply with the following requirements.

1. Monitor use of these funds to assure that they are being used to support evidence-based treatment/recovery supports and will not permit use of these funds for non-evidence-based approaches, and review services during Programming Monitoring and Oversight (PMO) and Department review visits.
2. Support the effective implementation of the program through technical assistance to develop implementation plans, address implementation challenges, and modify performance targets to address emerging issues.
3. The Department shall provide technical assistance when requested.
4. The Department reserves the rights to recover unexpended SARPOS funds and to reallocate those funds to CSBs that have documented the need for additional substance abuse residential purchase of services funds.

11.10 Substance Use Medication Assisted Treatment (SUD MAT)

Scope of Services: This allocation provides supplemental funding to support the ongoing effort to decrease substance use and the overdose rates throughout the Commonwealth. These funds must be prioritized for individuals who are not covered by insurance; however, can be used for those who are under insured. These are state general funds for the current state fiscal year.

The designated uses for these funds are:

Long-acting, injectable prescription drug treatment regimens for individuals within the community who need medication assisted treatment.

Non-narcotic, non-addictive prescription drug treatment regimens to (i.e., manage withdrawal Long-acting, injectable prescription drug treatment regimens for individuals who need medication assisted treatment while (i) on probation, (ii) incarcerated, or (iii) upon their release to the community. This is to include those with current or recent criminal justice involvement (within the last 12 months).

Non-narcotic, non-addictive prescription drug treatment regimens to (i.e., manage withdrawal symptoms, reduce drug cravings, help prevent relapse, treat co-occurring disorders (e.g., depressive or anxiety disorders).

Non-drug treatment regimens to include IOP, residential, partial hospitalization, social detox, etc.) for individuals who are not clinically able or for other reasons related to treatment barriers to participate in buprenorphine or methadone-based drug treatment regimens.

A. The CSB Responsibilities: the CSB agrees to comply with the following requirements.

The CSB shall utilize the funding to expand MAT and MAT support services to uninsured and under insured SU consumers as stated above.

B. The Department Responsibilities:

1. The Department shall continue to monitor use of the MAT funds.
2. The Department shall provide the data collection and reporting database, submission due dates, and reporting protocols to the CSB in sufficient time to allow for compliance and in accordance with.

C. Reporting Requirements:

1. The CSB shall provide financial reporting for the utilization of the MAT and its supportive services.
2. The CSB shall submit the required program and financial data reports in the format established by the Department.

11.11. HIV/EIS/Harm Reduction

Scope of Services
This funding is to support the ongoing effort to reduce the risks, harm, and negative consequences associated with drug use, to include programs and interventions that are not abstinence based but are aimed at reducing the transmission of HIV and other communicable diseases and improving the health outcomes of individuals at risk.

The designated uses for these funds are:

1. Prevention, treatment, and peer staff that provide services to those with HIV, at risk of developing communicable diseases, or at risk for developing substance use.
2. Prevention Service to include education and outreach programs to raise awareness about HIV transmission and prevention, distribution of condoms and other safer sex supplies, and PrEP (pre-exposure prophylaxis) services for high-risk individuals.
3. Harm Reduction Strategies to include support of CHR sites and services that reduces the spread of HIV among people who inject drugs, and access to opioid substitution therapy (e.g., methadone) to help individuals reduce or eliminate drug use.
4. Testing and Counseling such as confidential HIV testing services, including rapid testing options, and pre-and post-test counseling to provide support and information about HIV and its implications.
5. Linkage to Care such as referral services to connect individuals with medical care, including antiretroviral therapy (ART) for those who are HIV-positive, and support for navigating healthcare systems and accessing necessary services.
6. FDA approved Drug Test Strips which encourages safer drug use.
7. Supportive mental health and substance use treatment services, and peer support programs that provide social support and shared experiences.
8. Community Engagement such as advocacy.

A. The CSB Responsibilities: the CSB agrees to comply with the following requirements.
The CSB shall utilize funding to support HIV/EIS/Harm reduction services to the uninsured and under insured SUD population as stated above.

B. The Department Responsibilities:
1. The Department shall continue to monitor use of the HIV/EIS funds.
2. The Department shall review communicate in a timely fashion with each CSB/BHA about changes to the programming and where funding needs may be assessed and readdressed.

C. Reporting Requirements:
1. The Department shall provide the data collection and reporting database, submission due dates, and reporting protocols to the CSB in sufficient time and in compliance with Section 6 of this Exhibit.
2. The CSB shall provide financial reporting for the utilization of the HIV/EIS and its supportive services.
3. The CSB shall submit the required program and financial data reports in the format established by the Department.

11.12. System Transformation of Excellence and Performance (STEP – VA)

Scope of Services
STEP-VA is an initiative designed to improve the community behavioral health services available to all Virginians. All CSBs in Virginia are statutorily required to provide all STEP-VA services. These services include Same Day Access, Primary Care Screening, Outpatient Services, Crisis Services, Peer and Family Support Services, Psychiatric Rehabilitation, Veterans Services, and Case Management and Care Coordination. the Department anticipates fewer admissions to state and private hospitals, decreased emergency room visits, and reduced involvement of individuals with behavioral health disorders in the criminal justice system as STEP-VA has been implemented across the Commonwealth. Peer and Family Support Services, Psychiatric Rehabilitation, Case Management and Care Coordination performance expectation are outlined in Exhibits D as the Department works with CSBs to establish program requirements and benchmark.

1. **For all steps of STEP-VA**
   a. All CSB will establish a quality management program and continuous quality improvement plan to assess the access, quality, efficiency of resources, behavioral healthcare provider training, and patient outcomes of those individuals receiving outpatient services through the CSB. This may include improvement or expansion of existing services, the development of new services, or enhanced coordination and referral process to not directly provided by the CSB.
   b. **The Department agrees to comply with the following requirements**
      i. Determine the need for site visits based on monitoring, particularly if the Programs are not accomplishing its missions, and/or meeting its goals as described in this document. Based on this identified need and regular on-going scheduled site-visits:
      ii. Conduct in-person or virtual visits/check-ins with the CSB program leadership to ensure compliance with the scope and requirements of services; and to review outcomes, which include challenges and successes of the programs.

2. **Outpatient Services**

Scope of Services and Deliverables
Outpatient services are foundational services for any behavioral health system. Outpatient services may include diagnosis and evaluation, screening and intake, counseling, psychotherapy, behavior management, psychiatry, psychological testing and assessment, laboratory and ancillary services. As one of the required services for STEP-VA, the purpose of the Outpatient Services step is to ensure the provision of high quality, evidence-based, trauma-informed, culturally competent, accessible behavioral health services that addresses a broad range of diagnoses and considers an individual's course of illness across the lifespan from childhood to adulthood.

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.
   1. The CSB will offer evidence based and best practices as part of their programming and implementation of Outpatient Services to the adults, children and families in the community.
   2. The CSB/BHA shall increase capacity and community access to Children's Outpatient services.
   3. The individual will receive a service with a high quality CSB outpatient provider or a referral to a non-CSB outpatient behavioral health service within 30 business days of the completed Comprehensive Needs Assessment, if clinically indicated. The quality of outpatient behavioral health services is the key component of this step.
   4. CSB shall establish expertise in the treatment of trauma related conditions.
   5. CSB should provide a minimum for outpatient behavioral healthcare providers of 8 hours of trauma focused training in treatment modalities to serve adults, children/adolescents and their families within the first year of employment and 4 hours in each subsequent years or until 40 hours of trauma-focused treatment can be demonstrated.
   6. Provide training data regarding required trauma training yearly in August when completing federal Block Grant reporting (Evidence Based Practice Survey) sent by DBHDS.
   7. STEP Virginia requires that each CSB offer, at a minimum, the following Evidence Based Practices for psychotherapy: Cognitive Behavioral Therapy (CBT) and Motivational Interviewing (MI) and the following EBP's for Psychiatry: Medication Management and Long-Acting Injectable Psychotropic Medications.

8. STEP Virginia requires each CSB also utilize at least one EBP which meets the needs identified by the locality's community needs assessment : Acceptance and Commitment Therapy, Collaborative Assessment and Management of Suicidality (CAMS), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Dialectical Behavior Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), Functional Family Therapy (FFT), Hi-Fidelity Wraparound (HFW), Integrated Treatment for Co-Occurring Disorders, Living in Balance, Medication Assisted Treatment (MAT), Moral Resonation Therapy, Motivational Enhancement Therapy, Multi-Systemic Family Therapy (MFT), Parent Child Interaction Therapy (PCIT), Screening, Brief Intervention, and Referral to Treatment (SBIRT), Seeking Safety, Solution Focused Brief Therapy, Trauma Focused CBT (TF-CBT), Effective but underutilized medications for SUD treatment.

3. Primary Care Screening and Monitoring

Scope of Services and Deliverables
Individuals with SMI or SED, populations primarily served by the CSB, are known to be at higher risk for poor physical health outcomes largely due to unidentified chronic conditions. Therefore, it is important for behavioral health staff to provide related care coordination to ensure access to needed physical health care.

a) Any child diagnosed with a serious emotional disturbance, or any adult diagnosed with a serious mental illness and receiving MH CM and/or Psychiatry services will be provided or referred for a primary care screening on a yearly basis.
b) These clients are required to be provided with a yearly primary care screening to include, at minimum, height, weight, blood pressure, and BMI. This screening may be done by the CSB, or the individual may be referred to a primary care provider to have this screening completed.
c) If the screening is done by a primary care provider, the CSB is responsible for the screening results to be entered in the patient's CSB electronic health record. The CSB will actively support this connection and coordinate care with physical health care providers for all service recipients.
d) On an annual basis, CSB shall screen and monitor for metabolic syndrome (following the American Diabetes Association guidelines) any individual receiving STEP-VA services over age 3, with a diagnosis of SMI prescribed an antipsychotic medication by a CSB prescriber,
e) Individuals with SMI, a population primarily served by the CSB, are known to be at higher risk for poor physical health outcomes largely due to unidentified chronic conditions.
f) For the population includes all individuals over age 3 who receive psychiatric medical services by the CSB. CSB must report the screen completion and monitoring completion in the regular submissions of EHR data to DBHDS.

4. Same Day Access (SDA)

Scope of Services and Deliverables
SDA serves children adolescents, and adults seeking behavioral health services. Military status will be considered, and appropriate services and referrals made based on that status. CSB's have flexibility to adopt two versions of Same Day Access, depending on the needs of their community and staffing.

a) An individual may walk into or contact a CSB to request mental health or substance use

disorder services and receive a comprehensive clinical behavioral health assessment from a licensed or license-eligible clinician the same day. Based on the results of the comprehensive assessment, if the individual is determined to need services, the individual will receive an appointment for face-to-face or other direct services within 30 business days of the completed CNA.

b) SDA can also provide a mental health and substance use risk screening and triage to individuals at the time the individual first contacts the CSB/BHA for services. The screening and triage may be completed in person, by telephone, or via telehealth, and will include, at a minimum, the presenting need and a screening for risk of harm to self or others, and for risk of accidental overdose. Appointments are not necessary for this initial screening. Individuals determined to be at high risk will be seen for a full assessment within 24 hours; individuals in an active crisis will be routed to Emergency Services immediately. Individuals determined to be at low or moderate risk will be seen for assessment within 10 business days. Based on the results of the comprehensive assessment, if the individual is determined to need services offered by the CSB, the individual will receive an appointment for face-to-face or other direct services in the program offered by the CSB within 30 calendar days, sooner if indicated by clinical circumstances.

   The Comprehensive Needs Assessment must still contain all elements outlined in Policy 12VAC25-105-650 of the Virginia Administrative Code. The Comprehensive Needs Assessment must be completed by a LMHP or LMHP-E. The Comprehensive Needs Assessment should identify which CSB services will best meet the needs identified and should describe how the appropriate criteria are met for the receiving services. The first service or visit with the receiving program should take place within 30 calendar days of the initial date of contact.

c) SDA emphasizes engagement of the individual, uses concurrent EHR documentation during the delivery of services, implements techniques to reduce appointment no shows, and uses centralized scheduling.

Reporting Requirements

1. The Department shall provide the data collection and reporting database, submission due dates, and reporting protocols to the CSB in sufficient time to allow for compliance and in accordance with Section 6 of this Exhibit.
2. The CSB shall report the date of each SDA comprehensive assessment, whether the assessment determined that the individual needed services offered by the CSB, and the date of the first service offered at the CSB for all individuals seeking mental health or substance use disorder services from the CSB.

5. Service Members, Veterans, and Families (SMVF)

Scope of Services and Deliverables

As one of the nine required services for System Transformation Excellence and Performance (STEP-VA), the purpose of the Service Members Veterans and Families (SMVF) step is to ensure SMVF receive needed mental health, substance abuse, and supportive services in the most efficient and effective manner available. Services shall be high quality, evidence-based, trauma-informed, culturally competent, and accessible. Per the Code of Virginia, CSB core services, as of

July 1, 2021, shall include mental health services for members of the armed forces located 50 miles or more from a military treatment facility and veterans located 40 miles or more from a Veterans Health Administration medical facility.

A. CSB Responsibilities

1. All CSBs shall ensure they have clinician(s) who specialize in treatment for post-traumatic stress disorder and other forms of trauma including from military and/or combat service including military sexual trauma and substance use disorders.
2. CSBs shall ensure behavioral health services including but not limited to MH, SUD, Co-Occurring and Youth/Adolescents. Clinical services for this population shall align with federal clinical guidelines from Veterans Affairs and Department of Defense which can be found at https://www.healthquality.va.gov.
3. CSBs shall identify and refer SMVF seeking services to internal providers that have been trained in military cultural competency (MCC); provide resource information pertaining to Military Treatment Facilities (MTFs), Veterans Health Administration (VHA) facilities, and Virginia Department of Veterans Services (DVS) offer coordination of services with agencies indicated above.
4. As it pertains to those CSB's who implement Regional STEP VA Services for Service Members, Veterans, and Families (SMVF) the CSB shall:
    a. Ensure that the Program is implemented as a regional program and is not specific to the physical location of the program.
    b. Ensure the participating CSBs in the region develop a Memorandum of Understanding (MOU) outlining the mission, vision, and goals of the regional partnerships to support the Program and provide this to the Department upon request.
    c. Offer evidence based and best practices as part of their programming and implementation.
    d. Support at least 1.0 FTE Regional Navigator SMVF position to provide dedicated capacity at the regional level to support regional and state level SMVF initiatives; support the connectedness of SMVF system needs across regional, state, and federal level; serve as a resource to CSBs in the region in meeting SMVF metrics; oversee regional training and capacity-building funds, liaise with relevant partners at the state and federal levels, and participate in regional and state SMVF initiatives focused on suicide prevention at the intersection of SMVF populations
    e. Support a Regional Navigator to form and support cross referral and training partnerships with regional Department of Veterans Services, Military Treatment Facilities, and Veterans Health Administration facilities and serve on SMVF work groups to enhance regional services and partnerships (e.g. Governor's Challenge teams, etc.) and support and grow best practices within the region and individual CSBs in their region
    f. Support regional goals to implement, enhance, and promote the goals of Lock and Talk at the intersection of the SMVF population including but not limited to regional planning and capacity building, lethal means safety, social media campaigns, and other activities.
    g. The CSB shall support regional training and capacity building in the region in service to SMVF, specifically:

i. ensuring access to clinical training for CSB providers to increase the availability for citizens to evidence-based, trauma-focused therapy such as prolonged exposure, cognitive processing therapy, and eye movement desensitization and reprocessing (EMDR).
ii. Supporting workforce training (for CSB direct services staff) on military culture and resources available to Service Members and their Families (SMVF); and
iii. Providing educational materials and outreach activities to support clinical needs of SMVF, as needed.

B. The Department Responsibilities:

1. Conduct in-person or virtual visits/check-ins at least every two years with the designated CSB leadership to ensure compliance with the scope and requirements of services.
2. Determine the need for additional site visits (virtual or in-person) based on the monitoring of the four key SMVF metrics, for CSBs not reaching SMVF performance measurement goals.
3. Provide technical assistance to regional navigators and/or CSB leadership responsible for SMVF performance metrics to assist in reaching the desired outcomes.

C. Reporting Requirements:

1. The Department shall provide the data collection and reporting database, submission due dates, and reporting protocols to the CSB in sufficient time to allow for compliance and time to allow for compliance and in accordance with Section 6 of this Exhibit.
2. The CSB shall submit the required program and financial data reports in the format established by the Department.

6. STEP-VA Ancillary (936) – Restricted (MH SGF BASELINE)

Background: The purpose of this funding is to support the CSB in its efforts to modernize information technology infrastructure regarding data, business analytics, and critical operating systems including financial management systems. These funds shall be used to invest in infrastructure resources that will enhance the CSB's ability to comply with ongoing and evolving data sharing, fiscal, and reporting requirements between DBHDS and the CSB.

A. The CSB Responsibilities

1. Investment in infrastructure that enhances the CSB's ability to collect, manage, and/or analyze data, to meet data sharing requirements with DBHDS.
2. Perform critical business functions such as financial management improvements.
3. Investment may be in human capital with IT/Data Management expertise or in technology that enhances data capture and management, financial management, or other critical management needs.

B. Reporting Requirements: The CSB shall account for these funds in compliance with reporting requirements of the most recent version of the community services performance contract.

Other Program Services

This section includes certain program services initiatives CSB may engage in with the Department such as, but not limited to regional programs, pilot and other projects,

12.1. Mental Health Crisis Response and Child Psychiatry Funding –Regional Program Services Children's Residential Crisis Stabilization Units (CRCSU)

Scope of Services and Deliverables
Children's Residential Crisis Stabilization Units (CRCSU) are a crucial part of the community-based continuum of care in Virginia. The expectations outlined in this document support the strategic vision of DBHDS to provide access to quality, person-centered services and supports in the least restrictive setting, and that exemplify clinical and management best practices for CRCSUs. CRCSUs should demonstrate consistent utilization, evidence-based clinical programming, and efficient operations. CRCSUs provide treatment for individuals requiring less restrictive environments than inpatient care for managing their behavioral health crises.

1. Children's Residential Crisis Stabilization Unit

a. Staffing:

1. The CRCSU staffing plan will be reviewed by the CSB clinical director at least quarterly to determine staffing needs and to ensure that staffing patterns meet the needs of the individuals served.
2. Reviews are to ensure that staffing plans maximize the unit's ability to take admissions 24 hours a day seven (7) days a week. The CRCSU will follow the Service Description and Staffing as defined in Part VIII Crisis Services in Chapter 105 Rules and Regulations for Licensing Providers by The Department of Behavioral Health and Developmental Services.
3. The CRCSU will include family members, relatives and/or fictive kin in the therapeutic process and/or family support partners, unless it is not deemed clinically appropriate.
4. The CRCSU will have a well-defined written plan for psychiatric coverage. The plan must address contingency planning for vacations, illnesses, and other extended absences of the primary psychiatric providers. Plans will be reviewed and updated as needed. Plans will be consistent with licensing and DMAS regulations.
5. The CRCSU will have a well-defined written plan for nursing and/or clinical staff coverage. The plan must address contingency planning for vacations, vacancies, illnesses, and other extended staff absences. Plans will be reviewed and updated as needed. Plans will be consistent with licensing and DMAS regulations.
6. The CRCSU will have a well-defined written plan for staffing all provider coverage during weather related events and other natural and man-made disasters or public health emergencies. Plans will be reviewed and updated as needed.
7. CRCSU will have access to a Licensed Mental Health Professional (LMHP) or Licensed Mental Health Professional Eligible (LMHP-E) on-site during business hours and after hours, as needed, for 24/7 assessments.

b. Admission and Discharge Process:

1. Individuals considered for admission should not have reached their 18th birthday prior to admission.
2. The CRCSU shall review and streamline their current admission process to allow for admissions 24 hours a day seven (7) days a week. CSB admission process shall not require a physician's order or any signature during the referral/pre-admission process. Medical screenings shall not be required and shall be conducted at the nursing assessment at time of admission and ongoing as needed. The CRCSU shall develop well-defined written policies and procedures for reviewing requests for admission. The CRCSU will maintain written documentation of all requests and denials that include clinical information that

could be used for inclusion or exclusion criteria. Admission denials must be reviewed by the LMHP or CSU Director within 72 hours of the denial decision.

3. The CSU shall agree to the following exclusionary criteria:
    i. The individual's psychiatric condition is of such severity that it can only be safely treated in an inpatient setting due to violent aggression or other anticipated need for physical restraint, seclusion or other involuntary control
        a. This may include: individuals demonstrating evidence of active suicidal behavior. Individuals with current violent felony charges pending. Individuals demonstrating evidence of current assaultive or violent behavior that poses a risk to peers in the program or CRCSU staff. Individuals demonstrating sexually inappropriate behavior, such as sexually touching another child who is significantly older or younger that is not considered developmentally normal, within the last 12 months. Individuals with repetitive fire starter within the last 12 months.
    ii. The individual's medical condition is such that it can only be safely treated in a medical hospital as deemed by a physician which may include individuals deemed to have medical needs that exceed the capacity of the program.
    iii. The CSB shall limit medical denials to be consistent with the following resources: **Criteria for Medical Assessment Prior to Admission to a Psychiatric Hospital, Inpatient Psychiatric or Crisis Stabilization Unit** (EFFECTIVE NOVEMBER 5, 2018 (virginia.gov). The CSB shall follow the Exclusion Criteria listed on page 4 in this document. **DMAS Appendix G language**-The individual is not appropriate for this service if there is a presence of any condition of sufficient severity to require acute psychiatric inpatient, medical, or surgical care. The individual does not voluntarily consent to admission except for temporary detention orders pursuant to §37.2-800 et. seq. and §16.1-335 et seq. of the Code of Virginia. This may include individuals that are unable or unwilling to participate in the programmatic requirements to ensure safety of staff and residents of the program. Individuals unable or unwilling to participate with the goals set out in individualized service plan (ISP). Individuals who demonstrate or report inability to function in a group setting without causing significant disruption to others and are not able to participate in alternative programming.
    iv. The individual can be safely maintained and effectively participate in a less intensive level of care. This may include individuals whose needs can be better met through other services such as individuals with a primary diagnosis of substance use disorder with current active use, individuals with ID/DD diagnosis better served by REACH programming.
    v. The request for service authorization is being pursued to address a primary issue of housing need, including individuals who were in some form of housing placement prior to admission to the CRCSU and are not currently allowed to return and do not meet medical necessity criteria
    vi. Admission does not meet medical necessity criteria and is being used solely as an alternative to incarceration.
5. Individuals admitted to the CRCSU should be at risk of serious emotional disturbance or seriously emotionally disturbed. The CRCSU shall accept and admit at least 60% of referrals made.
6. The CRCSU shall develop well-defined written policies and procedures for accepting step-downs from the Commonwealth Center for Children and Adolescents.

7. The CRCSU will follow discharge planning requirements as cited in the DBHDS licensing regulations 12VAC35-105-1880
8. CRCSUs will assess the integrated care needs of individuals upon admission and establish a plan for care coordination and discharge that addresses the individual's specialized care needs consistent with licensing and DMAS medical necessity
9. The CSB shall admit and continue to serve youth regardless of Medicaid status or Medicaid ability/willingness to pay if the admission and services provided are consistent with your program description.

c. Programming

1. The CRCSU will have a well-defined written schedule of clinical programming that covers at least eight (8) hours of services per day (exclusive of meals and breaks), seven (7) days a week. Programming will be trauma informed, appropriate for individuals receiving crisis services, and whenever possible will incorporate evidence-based and best practices.
2. Programming must be flexible in content and in mode of delivery to meet the needs of individuals in the unit at any point in time.
3. The CRCSU will always maintain appropriate program coverage. The unit will have a written transition staffing plan(s) for changes in capacity.
4. The CRCSU manager, director, or designee shall implement a review process to evaluate both current and closed records for completeness, accuracy, and timeliness of entries. (12VAC35-105- 920)
5. Programming will contain a mix of services to include but not limited to clinical, psycho educational, psychosocial, relaxation, and physical health.
6. Alternate programming must be available for individuals unable to participate in the scheduled programming due to their emotional or behavioral dysregulation.
7. The CRCSU manager, director, or designee shall outline how each service offers a structured program of individualized interventions and care designed to meet the individuals' physical and emotional needs; provide protection, guidance and supervision; and meets the objectives of any required individualized services plan. The CRCSU will provide scheduled recreational to include but not limited to art, music, pet therapy, exercise, and yoga, acupuncture, etc.

d. Resources:

1. The CRCSU will develop a well-defined written process for building collaborative relationships with private and state facilities, emergency services staff, CSB clinical staff, schools, Family and Assessment Planning Teams (FAPT) and local emergency departments in their catchment area. Ideally, these collaborative relationships will facilitate the flow of referrals to the CRCSU for diversion and step down from a hospital setting and to transition an individual from a CRCSU to a higher level of care. This process will be documented in the CRCSUs policies and procedures.
2. The CRCSU will participate in meetings in collaboration with DBHDS and other CRCSUs at least quarterly

A. The CSB Responsibilities: The CSB agrees to comply with the following requirements.

1. The CRCSU will comply with all DBHDS licensing requirements.
2. The CRCSU will provide data as per the provided DBHDS standardized spreadsheet for the CRCSU on a quarterly basis until such time this request is discontinued upon full operation of the retrieval of data from the Crisis Data Platform. Data request will be in accordance with Section 6 of this Exhibit.

3. The CRCSU will be responsible for the uploading of bed registry data metrics into the Crisis Data Platform as per the DBHDS Bed Registry Standards and in accordance with Section 6 of this Exhibit.
4. CRCSUs shall be considered regional programs and is not specific to the physical location of the program. The CSBs in the Region will revise the Memorandum of Understanding (MOU) governing the Regional CRCSU and provide this to the Department upon request.
5. The CRCSU will offer evidence based and best practices as part of their programming and have an implementation/ongoing quality improvement for these in the context of the applicable regulations. The CRCSU shall develop a written plan to maintain utilization at 75% averaged over a year and submit to DBHDS annually, Crisis Services Coordinator with ongoing revisions as needed.
6. The CRCSU will develop a written plan to ensure the CRCSUs remain open, accessible, and available always as an integral part of DBHDSs community-based crisis services.
7. The CRCSU will develop a written plan to accept individuals accepting step-downs from Commonwealth Center for Children and Adolescents.
8. The CSB shall meet the reporting requirements required in the Reporting Requirements and Data Quality of the most current version of the Community Services Performance Contract.

B. The Department Responsibilities: The Department agrees to comply with the following requirements.

1. The Department shall provide Technical Assistance (TA), to include but not limited to: networking meetings, training, and site visits to the CSB upon request or if the staff determines based on yearly monitoring visits that the project is not accomplishing its mission or meeting its goals as described above.
2. The Department will initiate Performance Improvement Plans (PIP) after Technical Assistance has been provided and a CRCSU continues to not meet established benchmarks and goals. The purpose of the PIP is to have a period of collaborative improvement.
3. The Department will initiate Corrective Action Plans (CAP) if benchmarks and goals continue to not be met after TA and PIPs. There may be times where an issue is so severe that a CAP would be necessary where there was not a PIP in place, but this would be under extenuating circumstances.
4. The Department shall conduct annual monitoring reviews on the procedures outlined above.
5. The Department shall determine need for site visits based on monitoring that the CRCSU is not accomplishing its mission or meeting its goals as described in this document. The CRCSU will construct a corrective action plan for units not meeting their goals and collaborate with the CRCSU to implement the plan.
6. The Department shall monitor data to ensure data submitted through reports meets the expectations as outlined in this document and in the CRCSU written plans.
7. The Department shall schedule quarterly meetings with the CRCSU points of contact.

C. Reporting Requirements for Children's Residential Crisis Stabilization Unit

1. Annually submit as part of the yearly programmatic monitoring a plan to DBHDS to streamline the admission process to allow for 24 hours a day, 7 day a week admission.
2. The CSB shall submit the required program and financial data reports in the format established by the Department.
3. The Department shall provide the data collection and reporting database, submission due dates, and reporting protocols to the CSB in sufficient time to allow for compliance and in accordance with Section 6 of this Exhibit.

4. Quarterly CRCSU will provide additional data points (developed in accordance with Section 6 of this Exhibit) as requested to DBHDS Office of Crisis Services, no later than the 15th of the month following the reporting month.
5. Providing data, as per the provided DBHDS standardized spreadsheet, for the CRCSU on a quarterly basis until such time this request is discontinued upon full operation of the retrieval of data from the Crisis Data Platform.
6. When mandated by the Department, Crisis Stabilization Units (CSUs) will be required to input bed registry information into the Crisis Data Platform to maintain accurate, real-time tracking of bed availability and enhance crisis system coordination.as per the DBHDS Bed Registry Standards per Code of Virginia (Chapter 3, Article 1, 37.2-308.1)

2. Child Psychiatry and Children's Crisis Response- Regional Funding (CRCSU)

Scope of Services and Deliverables
The funds are provided to the CSB as the regional fiscal agent to fund other CSBs in the designated region, other regional programs, or private providers if necessary to provide Child Psychiatry and Children's Crisis Response services.

A. The CSB Responsibilities

1. **Child Psychiatry and Crisis Response** the regional fiscal agent shall require a Memorandum of Understanding (MOU), a Memorandum of Agreement (MOA), or a contract with all CSBs in their region if Child Psychiatry and Crisis Clinician Services are to be provided by individual boards. The MOU or MOA shall outline the roles, responsibilities of the regional fiscal agent and each board receiving funding, funding amounts, data and outcomes to be shared with the regional fiscal agent, and how children can access child psychiatry and crisis clinician services. The MOU, MOA, or contract shall be developed by the CSB providing the services, reviewed by the regional fiscal agent, and executed once agreed upon.
2. If the CSB fiscal agent is providing regional Child Psychiatry and Crisis Clinician Services, then the regional fiscal agent shall develop the MOU, MOA, or contract to be reviewed by each CSB in the region and executed once agreed upon. Each CSB shall have access to a board-certified Child and Adolescent Psychiatrist who can provide assessment, diagnosis, treatment and dispensing and monitoring of medications to youth and adolescents involved with the community services board.
3. The CSB may hire a psychiatric nurse practitioner due to the workforce shortage of child and adolescent psychiatrists or contract within the region to have access.
4. The psychiatrist's role may also include consultation with other children's health care providers in the health planning region such as general practitioners, pediatricians, nurse practitioners, and community service boards' staff, to increase their expertise in the prevention, diagnosis, and treatment of children with mental health disorders.
5. CSBs must include, in the MOA/MOU, a description on how the CSB creates new or enhances existing community-based crisis response services in their health planning region, including, but not limited to mobile crisis response and community stabilization services, with the goal of diverting children from inpatient psychiatric hospitalization to less restrictive services in or near their communities.
6. Funds cannot be used to fund emergency services pre-screener positions if their role is to function as an emergency services clinician.

B. The CSB Responsibilities: In order to implement the CSB Fiscal Agent agrees to comply with the following requirements.

1. The Regional Fiscal Agent shall notify the department of any staffing issues for these services such as a reduction in staffing or an extended vacancy.
2. The Regional Fiscal Agent shall consult with the Office of Crisis Services about any changes to the services allocation.
3. The CSB may charge an administrative cost in accordance with the role the CSB is serving for the region. The amount of funding that may be retained by the Regional Fiscal Agent for Administrative Costs is as follows:

    a. If the Regional Fiscal Agent is only passing the funding through to another CSB or service entity and is not entering into a contract or managing the program for which the funds are intended, the Regional Fiscal Agent may retain up to 2.5% of the allocation amount for Administrative Costs.
    b. If the Regional Fiscal Agent is entering into a subcontract with another entity which will allow the third party to administer the service or program, the Regional Fiscal Agent may retain up to 5% of the allocation for Administrative Costs.
    c. If the Regional Fiscal Agent is directly administering the program or service for which the funds are intended, the Regional Fiscal Agent may retain up to 10% of the allocation for Administrative Costs.

4. The Regional Fiscal Agent shall receive monthly Child Psychiatry reports from each CSB which include: the hours of service provided by the child psychiatrist, the number of children served, and consultation hours with other health providers. This shall occur when the Regional Fiscal Agent is passing the funding to another CSB within the region to manage the responsibility of providing psychiatric services.
5. The Regional Fiscal Agent shall provide the executed MOU, MOA, or contract with each CSB to the Department's Office of Crisis Services for its review.

C. The Department Responsibilities: The Department agrees to comply with the following requirements.

1. The Department shall distribute the funds in the regular semi-monthly electronic funds transfers, beginning with the July 1 payment of each state fiscal year.
2. The Department shall establish a mechanism for regular review of reporting Child Psychiatry Services through the Child Psychiatry and Children's Crisis Response Funding expenditures, data, and MOUs/MOAs to include a process by the Office of Services and will regularly share this data with the CSB's for proactive programming.
3. The Department will annually review Child Psychiatry and Children's crisis response spending.
4. The Department shall provide Technical Assistance (TA) as needed to the CSB's.
5.

D. Reporting Requirements: **For Regional Fiscal Agent for Child Psychiatry and Crisis Response Responsibilities**.

1. The CSB shall account for and report the receipt and expenditure of these performance contract restricted funds separately.
2. The CSB shall provide a copy of a signed MOU/MOA to the Department.
3. The CSB should notify the department of staffing issues for these programs, such as a reduction in staffing or an extended vacancy.

4. The CSB ma carry-forward a balance in the Child Psychiatry and Children's Crisis Response Fund during the biennium in which the funds were distributed. If the CSB has a balance of 10% or greater, of the current allocation, at the end of the biennium, the CSB shall work with the Crisis services to develop a plan to spend the end of the biennium balance.

12.2. Case Management Services Training

The CSB shall ensure that all direct and contract staff that provide case management services have completed the case management curriculum developed by the Department and that all new staff complete it within 30 days of employment. The CSB shall ensure that developmental disability case managers or support coordinators complete the ISP training modules developed by the Department within 60 days of their availability on the Department's web site or within 30 days of employment for new staff.

12.3. Developmental Case Management Services Organization

The CSB shall structure its developmental case management or support coordination services so that a case manager or support coordinator does not provide a DD Waiver service other than services facilitation and a case management or support coordination service to the same individual. This will ensure the independence of services from case management or service coordination and avoid perceptions of undue case management or support coordination influence on service choices by an individual.

12.4. Regional Programs

The CSB shall manage or participate in the management of, account for, and report on regional programs in accordance with the Regional Program Operating Principles and the Regional Program Procedures. The CSB agrees to participate in any utilization review or management activities conducted by the Department involving services provided through a regional program.

CSB Code Mandated Services		
Services	**Mandated**	**Description**
Certification of Preadmission Screening Clinicians	VA Code Mandated	The CSB and Department prioritize having emergency custody order or preadmission screening evaluations performed pursuant to Article 16 of Chapter 11 of Title 16.1, Chapters 11 and 11.1 of Title 19.2, and Chapter 8 of Title 37.2 in the Code provided by the most qualified, knowledgeable, and experienced CSB staff.
Department of Justice Settlement Agreement (DOJ SA)	Compliance with DOJ SA	See Exhibit M of the performance contract.
Discharge Planning	VA Code Mandated	Section 37.2-500 of the Code of Virginia requires that CSB must provide emergency services.
Emergency Services Availability	VA Code Mandated	Section 32.2-500 of the code requires the CSB shall have at least one local telephone number, and where appropriate one toll-free number, for emergency services telephone calls that is available to the public 24 hours per day and seven days per week throughout its service area.
Preadmission Screening	VA Code Mandated	The CSB shall provide preadmission screening services pursuant to § 37.2-505 or § 37.2-606, § 37.2-805, § 37.2-809 through § 37.2-813, § 37.2-814, and § 16.1-335 et seq. of the Code and in accordance with the Continuity of Care Procedures in Appendix A of the CSB Administrative Requirements for any person who is located in the CSB's service area and may need admission for involuntary psychiatric treatment. The CSB shall ensure that persons it designates as preadmission screening clinicians meet the qualifications established by the Department per section 4.h and have received required training provided by the Department.
Preadmission Screening Evaluations	VA Code Mandated	1.) The purpose of preadmission screening evaluations is to determine whether the person meets the criteria for temporary detention pursuant to Article 16 of Chapter 11 of Title 16.1, Chapters 11 and 11.1 of Title 19.2, and Chapter 8 of Title 37.2 in the Code and to assess the need for hospitalization or treatment. Preadmission screening reports required by § 37.2-816 of the Code shall comply with requirements in that section.
STEP-VA	VA Code Mandated and Appropriations Act MM.1	Pursuant to 37.2-500 and 37.2-601 of the Code Same Day Mental Health Assessment Services (SDA or Same Day Access) Outpatient Primary Care Screening Services

		Outpatient Behavioral Health and Substance Use Disorder Services Peer Support and Family Support Services Mental Health Services for Military Service Members, Veterans, and Families (SMVF)
Virginia Psychiatric Bed Registry	VA Code Mandated	The CSB shall participate in and utilize the Virginia Psychiatric Bed Registry required by § 37.2-308.1 of the Code to access local or state hospital psychiatric beds or residential crisis stabilization beds whenever necessary to comply with requirements in § 37.2-809 of the Code that govern the temporary detention process.
Substance Exposed Infants (SEI)		The Code of Virginia §§ 32.1-127 B6 - Immediately upon identification, pursuant to § 54.1-2403.1, of any substance-abusing, postpartum woman, the hospital shall notify, subject to federal law restrictions, the community services board of the jurisdiction in which the woman resides to appoint a discharge plan manager. The community services board shall implement and manage the discharge plan. The Code of Virginia 63.2-1509 B - For purposes of subsection A, "reason to suspect that a child is abused or neglected" shall, due to the special medical needs of infants affected by substance exposure, include (i) a finding made by a health care provider within six weeks of the birth of a child that the child was born affected by substance abuse or experiencing withdrawal symptoms resulting from in utero drug exposure; (ii) a diagnosis made by a health care provider within four years following a child's birth that the child has an illness, disease, or condition that, to a reasonable degree of medical certainty, is attributable to maternal abuse of a controlled substance during pregnancy; or (iii) a diagnosis made by a health care provider within four years following a child's birth that the child has a fetal alcohol spectrum disorder attributable to in utero exposure to alcohol. When "reason to suspect" is based upon this subsection, such fact shall be included in the report along with the facts relied upon by the person making the report. Such reports shall not constitute a per se finding of child abuse or neglect. If a health care provider in a licensed hospital makes any finding or diagnosis set forth in clause (i), (ii), or (iii), the hospital shall require the development of a written discharge plan under protocols established by the hospital pursuant to subdivision B 6 of § 32.1-127.

ATTACHMENT 1- Program Services - State General Funding Line Items

Background

This section provides funding details related to Community Mental Health Services, Substance Abuse Prevention and Treatment, and Developmental Disabilities 790 (grants to localities) and 720 (central office) state general funding allocations per the CSB's letter of notification (LON) of funding. The funds are to be utilized by Community Services Boards in Virginia to deliver services to vulnerable populations through programs as indicated in the tables below and within the guidelines associated with award documentation. CSB shall use this document to cross-reference various program service funding sources, appropriation language and any additional requirements that may be found in its LON, Exhibits D, Exhibit G or other Exhibits that are part of the most current version of the community services performance contract.

Fund Types: All fund types associated with CSB funding allocations are provided in DBHDS's grants management system (WebGrants).

General Funds (790 Grants to localities) – These are funds are appropriated from Virginia taxpayers provided by the General Assembly for state functions. These funds make up the majority of DBHDS budget and are disbursed through the DBDHS established warrant payment schedule. Majority of general funds are found in WebGrants as part of baseline funding see tables below for details.

Special/Non-General Funds (720 Central Office Funding) – These are funds that the agencies can raise through revenue collection and DBHDS has the authority to allocate funding as need for special projects and other initiatives. (Ex: 988 Fund, Hospital Insurance Revenue, and Problem Gambling Fund).

	Funding Line-Item	Appropriation Act Use/Restrictions	Additional Funding Requirements Found In	State General Fund Award Name/Coding/ WebGrants Number	DBHDS Point of Contact
	GENERAL FUNDS 790 – GRANTS TO LOCALITIES				
	COMMUNITY MENTAL HEALTH				
1	MH Permanent Supportive Housing	State Budget Bill HB6001, Item 297, Section Y1, 2, 3 (Ch. 2, 2024 Special Session I) - Funding shall be used for permanent supportive housing for individuals with	Exhibit G – Section 11 NOA3075	Community Mental Health Services Restricted Baseline Funding 0813 – 0000124083 2026.MH.CSBCode	Office of Community Housing Kristin Yavorsky kristin.yavorsky@dbhds.virginia.gov Monica Spradlin monica.spradlin@dbhds.virginia.gov

		serious mental illness.			
2	MH Permanent Supportive Housing - Regional	State Budget Bill HB6001, Item 297, Section Y1. (Ch. 2, 2024 Special Session I) - Funding shall be used for permanent supportive housing for individuals with serious mental illness.	Exhibit G – Section 11 NOA3075	Community Mental Health Services Restricted Baseline Funding 0813 – 0000116676 2026.MH.CSBCode	Office of Community Housing Kristin Yavorsky kristin.yavorsky@dbhds.virginia.gov Monica Spradlin monica.spradlin@dbhds.virginia.gov
3	MH Expand Telepsychiatry Capacity	State Budget Bill HB6001, Item 297, Section Z. GG. (Ch. 2, 2024 Special Session I) - Funding shall be used for telepsychiatry and telemedicine services.	Exhibit D D3087	Community Mental Health Services Restricted Baseline Funding 0817 – 0000124082 Restricted Baseline Funding 2026.MH.CSBCode	Office of Community Behavioral Health Meredith Nusbaum Meredith.nusbaum@dbhds.virginia.gov
4	MH State Funds	State Budget Bill HB6001, Item 297, Section RR (Ch.2, 2024 Special Session I) – Funding is for general Mental Health purposes. Additionally, a portion of the funding is provided for the costs of compensation increases given to Community Services Boards or a Behavioral Health Authority staff as of January 1, 2024.	NOA2025 D3076	Community Mental Health Services Restricted Baseline Funding 0824 – 0000124083 Unrestricted Baseline 2026.MH.CSBCode	Office of Community Behavioral Health Meredith Nusbaum Meredith.nusbaum@dbhds.virginia.gov

5	MH State Regional Deaf Services	Regional Deaf Services Program works in cooperation with local Community Service Boards to provide language accessible and culturally sensitive services to persons with a hearing loss. The funding goes back to at least FY2005 and is paid out via the warrants. To the extent that funding is not needed for these purposes, or the CSB determines that funds are not needed elsewhere for the effective administration of services, CSB's may utilize these funds for any other mental health purpose.	General terms and conditions of the Performance Contract-P1636	Community Mental Health Services Restricted Baseline Funding Funds 0831 – 0000116676 Unrestricted 2026.MH.CSBCode	Office of Community Behavioral Health Meredith Nusbaum Meredith.nusbaum @dbhds.virginia.gov
6	MH State Children's Services (MHI)	As of 2014, funding is provided for children's mental health services, including child psychiatry, crisis response, and screening. To the extent that funding is not needed for these purposes, or the CSB determines that funds are not needed elsewhere for the effective administration of services, CSB's	Exhibit G – Section 11	Community Mental Health Services Restricted Baseline Funding Funds 0837 – 0000124083 2026.MH.CSBCode	Office of Child & Family Services Katherine Hunter Katherine.hunter@dbhds.virginia.gov Kari Savage kari.savage@dbhds.virginia.gov

		may utilize these funds for any other purpose.			
7	MH Regional DAP	State Budget Bill HB6001, Item 297, Section W and FF (Ch. 2, 2024 Special Session I) - Funding shall be used to provide community-based services or acute inpatient services in a private facility to individuals residing in state hospitals who have been determined clinically ready for discharge, and for continued services for those individuals currently being served under a discharge assistance plan.	Exhibit G – Section 11	Community Mental Health Services Restricted Baseline Funding Funds 0841 – 0000116676 2026.MH.CSBCode	Office of Patient Clinical Services Heather Rupe Heather.rupe@dbhds.virginia.gov
8	MH PACT	State Budget Bill HB6001, Item 297, Section JJ. (Ch. 2, 2024 Special Session I) - Funds shall be used to support ACT program start-up and cover costs of individuals not eligible for Medicaid.	Exhibit G – Section 11	Community Mental Health Services Restricted Baseline Funding Funds 0848 - 0000124083 2026.MH.CSBCode	Office of Community Behavioral Health Jeff VanArnam Jeff.vanarnam@dbhds.virginia.gov Meredith Nusbaum Meredith.Nusbaum@dbhds.virginia.gov

9	MH PACT Forensic Enhancement	State Budget Bill HB6001, Item 297, Section JJ. (Ch. 2, 2024 Special Session I) – Funds shall be used to add additional staff with forensic expertise and increase the number of NGRI or other justice involved individuals to existing ACT programs.	Exhibit D D3158 D3183	Community Mental Health Services Restricted Baseline Funding Funds 0848 – 0000108563 2026.MH.CSBCode	Office of Community Behavioral Health Jeff VanArnam Jeff.vanarnam@dbhds.virginia.gov Meredith Nusbaum Meredith.Nusbaum@dbhds.virginia.gov
10	MH Law Reform	State Budget Bill HB6001, Item 297, Section P. (Ch. 2, 2024 Special Session I) – Funding will support emergency services, crisis stabilization, case management, and inpatient and outpatient mental health treatment for individuals in need of urgent care or meeting treatment criteria.	General terms and conditions of the Performance Contract-P1636	Community Mental Health Services Restricted Baseline Funding Funds 0831 – 0000116676 Unrestricted 2026.MH.CSBCode	Office of Community Behavioral Health Nicole Gore Nicole.gore@dbhds.virginia.gov Meredith Nusbaum Meredith.Nusbaum@dbhds.virginia.gov
11	MH Children's Outpatient Services	State Budget Bill HB6001, Item 297, Section K. (Ch. 2, 2024 Special Session I) - Funds shall be used to provide outpatient clinician services to children with mental health needs.	Exhibit G – Section 11	Community Mental Health Services Restricted Baseline Funding Funds 0851 – 0000124083 2026.MH.CSBCode	Office of Child & Family Services Katherine Hunter Katherine.hunter@dbhds.virginia.gov

12	MH Child & Adolescent Services Initiative	State Budget Bill HB6001, Item 297, Section I. (Ch. 2, 2024 Special Session I) - Funds provided for mental health services for children and adolescents with serious emotional disturbances, at risk for serious emotional disturbance, and/or with co-occurring disorders with priority placed on those children who, absent services, are at risk for removal from the home due to placement by a local department of social services, admission to a congregate care facility or acute care psychiatric hospital or crisis stabilization facility, commitment to the Department of Juvenile Justice, or parental custody relinquishment. These funds shall be used exclusively for children and adolescents, not mandated for services under the Children's Services Act.	Exhibit G – Section 11	Community Mental Health Services Restricted Baseline Funding 0854-01000-0000124083 2026.MH.CSBCode	Office of Child & Family Services Katharine Hunter katharine.hunter@dbhds.virginia.gov Kari Savage kari.savage@dbhds.virginia.gov

13	Mental Health Juvenile Detention	State funding that supports children's behavioral health services in each of the 23 juvenile detention centers (23 CSBs).	Exhibit G – Section 11	Community Mental Health Services Restricted Baseline Funding Funds 0984-01000-0000124083 2026.MH.CSBCode	Office of Child & Family Services Katharine Hunter katharine.hunter@dbhds.virginia.gov
14	MH Expanded Community Capacity - Regional	State Budget Bill HB6001, Item 297, Section R. (Ch. 2, 2024 Special Session I) - Funding shall be used for community-based services in Health Planning Region V. These funds shall be used for services intended to delay or deter placement or provide discharge assistance for patients in a state mental health facility.	General terms and conditions of the Performance Contract- P1636	Community Mental Health Services Restricted Baseline Funding Funds 0861 – 0000116676 2026.MH.CSBCode	Office of Patient Clinical Services Heather Rupe heather.rupe@dbhds.virginia.gov
15	MH Young Adult SMI	State Budget Bill HB6001, Item 297, Section M. (Ch. 2, 2024 Special Session I) - Funds shall be used for community-based mental health outpatient services for youth and young adults.	General terms and conditions of the Performance Contract-P1636	Community Mental Health Services Restricted Baseline Funding Funds 0871 – 0000124083 2026.MH.CSBCode	Office of Community Behavioral Health Jeff VanArnam jeffrey.vanarnam@dbhds.virginia.gov Meredith Nusbaum meredith.nusbaum@dbhds.virginia.gov
16	MH Adult Outpatient Competency Restoration Services	DBHDS will pay the CSB only if the CSB is directly ordered by the Court to provide services to restore an adult's competency to	Exhibit G – Section 11 Currently paid based on invoicing from CSB	Community Mental Health Services Restricted Baseline Funding Funds 0874 – 0000124083 2026.MH.CSBCode	Office of Forensic Services Sarah Davis Sarah.davis@dbhds.virginia.gov Jessica Morriss Jessica.morriss@dbhds.virginia.gov

		stand trial pursuant to §19.2-169.2 for restoration assessment, restoration services, and restoration case management.			
17	720 Adult Restoration SSA Funds	Funds are used to supplement payments for restoration services after MH Adult Outpatient Competency Restoration Services are exhausted.	Exhibit D D3158	Community Mental Health Services Restricted Baseline Funding Funds 72000-09180-XXX-02003-0000108461-499033	Office of Forensic Services Sarah Davis Sarah.davis@dbhds.virginia.gov
18	MH Crisis Response & Child Psychiatry - Regional	State Budget Bill HB6001, Item 297, Section J. (Ch. 2, 2024 Special Session I) - Funds shall be used to provide child psychiatry and children's crisis services for children with behavioral health needs. Funds may also be used to create new or enhance existing community-based crisis services in a health planning region.	Exhibit G – Section 12	Community Mental Health Services Restricted Baseline Funding Funds 0877 – 0000116676 2026.MH.CSBCode	Crisis Support and Services Bill Howard william.howard@dbhds.virginia.gov Curt Gleeson curt.gleeson@dbhds.virginia.gov
19	MH CIT Assessment Sites	State Budget Bill HB6001, Item 297, Section T.1, T.2., T.3, QQ.1, QQ.2, QQ.3 (Ch. 2, 2024 Special Session I) - Funding is provided for Crisis	Exhibit D D3119	Community Mental Health Services Restricted Baseline Funding Funds 0878 – 0000124083 2026.MH.CSBCode	Crisis Support and Services Bill Howard Bill.howard@dbhds.virginia.gov Stephen Craver Stephen.craver@dbhds.virginia.gov

		Intervention Assessment Centers in six unserved rural communities.			
20	MH CIT Assessment Sites - Regional	State Budget Bill HB6001, Item 297, Section T.1, T.2, T.3, QQ.1, QQ.2, QQ.3 (Ch. 2, 2024 Special Session I) - Funding is provided to support CIT initiatives, including basic and advanced CIT training and law enforcement diversion, through one-time awards for advanced concepts in CIT Assessment Site program.	Exhibit D D3062	Community Mental Health Services Restricted Baseline Funding Funds 0878 – 0000116676 2026.MH.CSBCode	Crisis Support and Services Bill Howard Bill.howard@dbhds.virginia.gov Stephen Craver Stephen.craver@dbhds.virginia.gov
21	MH Gero-Psychiatric Services	State Budget Bill HB6001, Item 297, Section EE. (Ch. 2, 2024 Special Session I) - Funding is provided for one regional, multi-disciplinary team for older adults. This team shall provide clinical, medical, nursing, and behavioral expertise and psychiatric services to nursing facilities and assisted living facilities.	General terms and conditions of the Performance Contract-P1636	Community Mental Health Services Restricted Baseline Funding Funds 0897 – 0000124083 2026.MH.CSBCode	Office of Patient Clinical Services Heather Rupe Heather.rupe@dbhds.virginia.gov

22	MH Geriatrics Services	State Budget Bill HB6001, Item 297, Section N. (Ch. 2, 2024 Special Session I) - Funding is provided for two specialized geriatric mental health services programs.	Exhibit D D3180 D3132	Community Mental Health Services Unrestricted Baseline Funding Funds 0911 – 0000124083 2026.MH.CSB Code	Office of Community Behavioral Health Meredith Nusbaum Meredith.nusbaum @dbhds.virginia.gov
23	MH Tele-mental Health	State Budget Bill HB6001, Item 297, Section HH. (Ch. 2, 2024 Special Session I) - Funding is provided to establish the Appalachian Tele-mental Health Initiative, a tele-mental health pilot program.	General terms and conditions of the Performance Contract-P1636	Community Mental Health Services Restricted Baseline Funding Funds 0913 – 0000124083 2026.MH.CSBCode	Office of Community Behavioral Health Rebekah Cimino rebekah.cimino@dbhds.virginia.gov Meredith Nusbaum Meredith.nusbaum @dbhds.virginia.gov
24	MH Peer Services	State Budget Bill HB6001, Item 297, Section SS. (Ch. 2, 2024 Special Session I) - Funding is provided for peer wellness stay programs.	Exhibit D D3079	Community Mental Health Services Restricted Baseline Funding Funds 0915 – 0000124083 2026.MH.CSBCode	Office of Recovery Services Alethea Lambert Alethea.lambert@dbhds.virginia.gov
25	MH STEP-VA Same Day Access	State Budget Bill HB6001, Item 297, Section KK.2 (Ch. 2, 2024 Special Session I) - Funding is provided for same day access to mental health screening services.	Exhibit G – Section 11	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000116671 2026.MH.CSBCode	Office of Community Behavioral Health Katie Powers Katie.powers@dbhds.virginia.gov
26	MH STEP-VA Primary Care Screening	State Budget Bill HB6001, Item 297, Section KK.3 (Ch. 2, 2024 Special Session I)	Exhibit G – Section 11	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000116672	Office of Community Behavioral Health Katie Powers

		- Funding is provided for primary care outpatient screening services.		2026.MH.CSBCode	Katie.powers@dbhds.virginia.gov
27	MH STEP-VA Outpatient	State Budget Bill HB6001, Item 297, Section KK.4 (Ch. 2, 2024 Special Session I) - Funding is provided for outpatient mental health and substance use services.	Exhibit G – Section 11	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000116673 2026.MH.CSBCode	Office of Community Behavioral Health Katie Powers Katie.powers@dbhds.virginia.gov
28	MH STEP-VA Crisis	State Budget Bill HB6001, Item 297, Section KK.6 (Ch. 2, 2024 Special Session I) - Funding is provided for crisis services for individuals with mental health or substance use disorders.	Exhibit D D2308 D1958 D1336 D1047 D3103	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000116674 2026.MH.CSBCode	Crisis Support and Services Bill Howard William.howard@dbhds.virginia.gov April Dovel april.dovel@dbhds.virginia.gov
29	MH STEP-VA Marcus Alert	State Budget Bill HB6001, Item 297, Section LL. (Ch. 2, 2024 Special Session I) - Funding shall be provided to establish mental health awareness response and community understanding services alert system programs and community care teams pursuant to legislation adopted in the 2020 Special Session I	Exhibit D D2308	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000125101 2026.MH.CSBCode	Crisis Support and Services Bill Howard William.howard@dbhds.virginia.gov April Dovel april.dovel@dbhds.virginia.gov

		of the General Assembly.			
30	MH STEP-VA Outpatient - Regional	State Budget Bill HB6001, Item 297, Section KK.4 (Ch. 2, 2024 Special Session I) - Funding is provided for outpatient mental health and substance use services.	Exhibit G – Section 11	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000116675 2026.MH.CSBCode	Office of Community Behavioral Health Katie Powers larissa.carpenter@dbhds.virginia.gov
31	MH STEP-VA Veteran's Services	State Budget Bill HB6001, Item 297, Section KK.7 (Ch. 2, 2024 Special Session I) - Funding is provided for military and veterans services.	Exhibit G – Section 11	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000117236 2026.MH.CSBCode	Office of Community Behavioral Health Patrick Wessels Patrick.wessels@dbhds.virginia.gov
32	MH STEP-VA Peer Support	State Budget Bill HB6001, Item 297, Section KK.8 (Ch. 2, 2024 Special Session I) - Funding is provided for peer support and family services.	Exhibit D - pending	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000117237 2026.MH.CSBCode	Office of Recovery Services Alethea Lambert Alethea.lambert@dbhds.virginia.gov Sherea Ryan Sherea.ryan@dbhds.virginia.gov
33	MH STEP-VA Ancillary Services	State Budget Bill HB6001, Item 297, Section KK.9 (Ch. 2, 2024 Special Session I) - Funding is provided for the ancillary costs of expanding services at Community Services Boards and Behavioral Health Authorities.	NOA3106	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000117238 2026.MH.CSBCode	Office of Community Behavioral Health Meredith Nusbaum Meredith.nusbaum@dbhds.virginia.gov

34	MH STEP-VA Clinician's Crisis Dispatch	State Budget Bill HB6001, Item 297, Section KK.10 (Ch. 2, 2024 Special Session I) - Crisis Call Center Fund is provided for crisis call center dispatch staff.	Exhibit D D3103	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000117239 Restricted	Crisis Support and Services Bill Howard William.howard@dbhds.virginia.gov April Dovel april.dovel@dbhds.virginia.gov
35	MH STEP-VA Clinician's Crisis Dispatch – Crisis Call Center Fund	State Budget Bill HB6001, Item 297, Section KK.10 (Ch. 2, 2024 Special Session I) - Crisis Call Center Fund is provided for crisis call center dispatch staff.	Exhibit D D3103	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000122027 Restricted	Crisis Support and Services Bill Howard William.howard@dbhds.virginia.gov April Dovel april.dovel@dbhds.virginia.gov
36	MH STEP-VA Veteran's Services – Regional	State Budget Bill HB6001, Item 297, Section KK.7 (Ch. 2, 2024 Special Session I) - Funding is provided for military and veterans services.	Exhibit G – Section 11	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000117240 Restricted Baseline Funding 2026.MH.CSBCode	Office of Community Behavioral Health Patrick Wessels Patrick.wessels@dbhds.virginia.gov
37	MH STEP-VA Peer Support – Regional	State Budget Bill HB6001, Item 297, Section KK.8 (Ch. 2, 2024 Special Session I) - Funding is provided for peer support and family services.	Exhibit D D3185	Community Mental Health Services Restricted Baseline Funding Funds 0936 –0000118862 Restricted Baseline Funding 2026.MH.CSBCode	Office of Recovery Services Alethea Lambert Alethea.lambert@dbhds.virginia.gov
38	MH STEP-VA Psychiatric Rehabilitation Services	State Budget Bill HB6001, Item 297, Section KK.11 (Ch. 2, 2024 Special Session I) - Funding is provided for psychiatric	Exhibit D D3087	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000121695 Restricted	Office of Community Behavioral Health Jeff VanArnam Jeff.vanarnam@dbhds.virginia.gov

		rehabilitation services.			
39	MH STEP-VA Care Coordination Services	State Budget Bill HB6001, Item 297, Section KK.12 (Ch. 2, 2024 Special Session I) - Funding is provided for care coordination services.	Exhibit D D3087	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000121696 Restricted	Office of Community Behavioral Health Meredith Nusbaum Meredith.nusbaum @dbhds.virginia.gov
40	MH STEP-VA Case Management Services	State Budget Bill HB6001, Item 297, Section KK.13 (Ch. 2, 2024 Special Session I) - Funding is provided for STEP-VA-specific case management services.	Exhibit G – Section 12	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000121697 Restricted Baseline Funding 2026.MH.CSBCode	Office of Community Behavioral Health Meredith Nusbaum Meredith.nusbaum @dbhds.virginia.gov
41	MH STEP-VA Data Systems & Clinical Processes	State Budget Bill HB6001, Item 297, Section KK.15 (Ch. 2, 2024 Special Session I) - Funding is provided for grants to Community Services Boards for the cost of transitioning data systems and clinical processes.	Exhibit D D3182	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000121692 Restricted Baseline Funding 2026.MH.CSBCode	Strategic Planning & Execution Craig Camidge craig.camidge@dbhds.virginia.gov
42	MH STEP-VA Regional Management	State Budget Bill HB6001, Item 297, Section KK.14 (Ch. 2, 2024 Special Session I) - Funding is provided for regional management of	Exhibit D D1047	Community Mental Health Services Restricted Baseline Funding Funds 0936 – 0000121693 Restricted	Office of Community Behavioral Health Meredith Nusbaum Meredith.nusbaum @dbhds.virginia.gov

		STEP-VA services.			
43	MH Crisis Stabilization	State Budget Bill HB6001, Item 297, Section P, PP, TT (Ch. 2, 2024 Special Session I) - Funding shall be used for crisis stabilization and related services statewide intended to delay or deter placement in a state mental health facility.	Exhibit D D3103	Community Mental Health Services Restricted Baseline Funding Funds 0962 – 0000124083 Restricted	Crisis Support and Services Bill Howard William.howard@dbhds.virginia.gov
44	MH Crisis Stabilization – Regional	State Budget Bill HB6001, Item 297, Section P, PP, TT (Ch. 2, 2024 Special Session I) - Funding shall be used for crisis stabilization and related services statewide intended to delay or deter placement in a state mental health facility.	Exhibit D D3103	Community Mental Health Services Restricted Baseline Funding Funds 0962 – 0000116676 Restricted	Crisis Support and Services Bill Howard William.howard@dbhds.virginia.gov
45	MH Demo Project System of Care (Child)	Funding for five community mini grants for "Bringing Systems of Care to Scale in Virginia." The mini-grant projects are part of a larger state System of Care Expansion Implementation Grant awarded by the Substance Abuse and Mental Health Services.	General terms and conditions of the Performance Contract-P1636	Community Mental Health Services Restricted Baseline Funding Funds 0969 – 0000124083 Unrestricted	Office of Child & Family Services Katherine Hunter Katherine.hunter@dbhds.virginia.gov

46	MH Recovery	State Budget Bill HB6001, Item 297, Section O. (Ch. 2, 2024 Special Session I) - Funds shall be used for consumer-directed programs offering specialized mental health services that promote wellness, recovery and improved self-management.	General terms and conditions of the Performance Contract-P1636	Community Mental Health Services Restricted Baseline Funding Funds 0985 – 0000116676 Unrestricted	Office of Recovery Services Alethea Lambert Alethea.lambert@dbhds.virginia.gov
47	MH Recovery – Regional	State Budget Bill HB6001, Item 297, Section O. (Ch. 2, 2024 Special Session I) - Funds shall be used for consumer-directed programs offering specialized mental health services that promote wellness, recovery and improved self-management.	General terms and conditions of the Performance Contract-P1636	Community Mental Health Services Restricted Baseline Funding Funds 0985 – 0000116676 Unrestricted	Office of Recovery Services Alethea Lambert Alethea.lambert@dbhds.virginia.gov Sherea Ryan Sherea.ryan@dbhds.virginia.gov
48	MH Pharmacy	Supports medication and pharmacy services to uninsured CSB consumers (formerly provided by DBHDS Aftercare Pharmacy)	Funding is provided for pharmaceutical supplies that treat MH issues General terms and conditions of the Performance Contract-P1636	Community Mental Health Services Restricted Baseline Funding Funds 0988 – 0000124083 Unrestricted	Office of Management Services Chaye Neal-Jones Chaye.neal-jones@dbhds.virginia.gov
49	MH Jail Diversion Services	State Budget Bill HB6001, Item 297, Section S. (Ch. 2, 2024 Special Session I)	Exhibit D D3071	Community Mental Health Services Restricted Baseline Funding Funds	Office of Forensic Services Sarah Davis sarah.davis@dbhds.virginia.gov

		- Funds shall be used for jail diversion and reentry services.		0989 – 0000124083 Restricted	Ashley Anderson ashley.anderson@dbhds.virginia.gov
50	MH Rural Jail Diversion	State Budget Bill HB6001, Item 297, Section V. (Ch. 2, 2024 Special Session I) - Funding is provided to establish an Intercept 2 diversion program in up to three rural communities. The funding shall be used for staffing and to provide access to treatment services.	Exhibit D D3071	Community Mental Health Services Restricted Baseline Funding Funds 0989 – 0000110287 Restricted 2026.MH.CSBcode	Office of Forensic Services Sarah Davis sarah.davis@dbhds.virginia.gov Ashley Anderson ashley.anderson@dbhds.virginia.gov
51	MH Forensic Discharge Planning – Regional	State Budget Bill HB6001, Item 297, Section U. (Ch. 2, 2024 Special Session I) - Funding is provided for CSB staff positions to provide discharge planning in jails for individuals with serious mental illness.	General terms and conditions of the Performance Contract-P1636	Community Mental Health Services Restricted Baseline Funding 0989 – 0000114581 Restricted 2026.MH.CSBcode	Office of Forensic Services Sarah Davis sarah.davis@dbhds.virginia.gov Ashley Anderson ashley.anderson@dbhds.virginia.gov
52	MH Docket Pilot JMHCP Match	State Budget Bill HB6001, Item 297, Section NN. (Ch. 2, 2024 Special Session I) - Funding shall be used to expand and provide additional support to existing mental health dockets.	Exhibit D D3162	Community Mental Health Services Restricted Baseline Funding 0989 – 0000110287 Restricted 2026.MH.CSBcode	Office of Forensic Services Sarah Davis sarah.davis@dbhds.virginia.gov Jessica Peay j.peay@dbhds.virginia.gov

53	MH Forensic Discharge Planning	State Budget Bill HB6001, Item 297, Section U. (Ch. 2, 2024 Special Session I) - Funding is provided for CSB staff positions to provide discharge planning in jails for individuals with serious mental illness.	General terms and conditions of the Performance Contract-P1636	Community Mental Health Services Restricted Baseline Funding 0989 – 0000118011 Restricted 2026.MH.CSBcode	Office of Forensic Services Sarah Davis sarah.davis@dbhds.virginia.gov Ashley Anderson ashley.anderson@dbhds.virginia.gov
	SUBSTANCE ABUSE PREVENTION AND TREATMENT				
54	SUD State Funds	State funds shall be used as determined by DBHDS.	General terms and conditions of the Performance Contract-P1636 Flexible funding. See DBHDS point of Contact for allowable	Substance Abuse Prevention and Treatment (SUD SGF) 0815-0000124083 Unrestricted Baseline Funding 2026.SUD.CSBCode	Office of Substance Use Services Candace Roney Candace.roney@dbhds.virginia.gov
55	SUD Permanent Supportive Housing Women	State Budget Bill HB6001, Item 297, Section Z-AA. (Ch. 2, 2024 Special Session I) - Funding shall be used to provide permanent supportive housing to pregnant or parenting women with substance use disorders.	Exhibit G-Section 11 NOA3105	Substance Abuse Prevention and Treatment (SUD SGF) 0821 – 0000124083 Restricted 2026.SUD.CSBCode	Office of Community Housing Kristin Yavorsky Kristin.yavorsky@dbhds.virginia.gov Monica Spradlin Monica.spradlin@dbhds.virginia.gov
56	SUD Women (Includes LINK at 4 CSBs)	Funds are now being allocated out of federal funds. Includes A) an allocation to each CSBs to offset outreach case management services provided	Exhibit G – Section 10	Substance Abuse Prevention and Treatment (SUD SGF) 0826 – 0000124083 Restricted Baseline Funding 2026.SUD.CSBCode	Office of Substance Use Services Candace Roney Candace.roney@dbhds.virginia.gov Glenda Knight Glenda.knight@dbhds.virginia.gov

		to hospital referred postpartum substance using women per Code of Virginia §32.1-127. and B) funding to 3 CSBs for the implementation of Project LINK services across a collaboration of multiple CSBs. Project LINK provides intensive case management and home visiting services to substance using pregnant, parenting and "at risk" women and their families			
57	SUD Residential Region V CSBs only	Each of the CSBs in Region V receive an allocation to provide community or residential services. This funding was allocated when Serenity House funding was terminated, and Green Street closed.	General terms and conditions of the Performance Contract-P1636 Flexible funding See DBHDS point of Contact for allowable	Substance Abuse Prevention and Treatment (SUD SGF) 0864 – 0000124083 Unrestricted 2026.SUD.CSBCode	Office of Substance Use Services Candace Roney Candace.roney@dbhds.virginia.gov
58	SARPOS	State Budget Bill HB6001, Item 297, Section DD. (Ch. 2, 2024 Special Session I) - Funding shall be used for treatment and support	Exhibit G – Section 11	Substance Abuse Prevention and Treatment (SUD SGF) 0816 Restricted 2026.SUD.CSBCode	Office of Substance Use Services Candace Roney Candace.roney@dbhds.virginia.gov

		services for substance use disorders, including individuals with acquired brain injury and co-occurring substance use disorders. Funded services shall focus on recovery models and the use of best practices.			
59	SUD DD Training/SUD Youth Services/COVID	State Budget Bill HB6001, Item 297, Section OO. (Ch. 2, 2024 Special Session I) - Funding is provided for substance use disorder-specific training of the intellectual disability and developmental disability provider workforce, the development and implementation of substance use disorder treatment services specific to transition age youth up the age of 25, and additional critical substance use disorder services related to the COVID19 pandemic.	Exhibit D D3098	Substance Abuse Prevention and Treatment (SUD SGF) 0869 – 0000123914 Restricted baseline funding 2026.SUD.CSBCode	Office of Substance Use Services Candace Roney Candace.roney@dbhds.virginia.gov Office of Child & Family Services Katherine Hunter katharine.hunter@dbhds.virginia.gov
60	SUD STEP-VA -Regional	State Budget Bill HB6001, Item 297, KK.5. (Ch. 2, 2024 Special	General terms and conditions of the Performance Contract-P1636	Substance Abuse Prevention and Treatment (SUD SGF)	Crisis Support and Services Bill Howard

		Session I) - Funding is provided for crisis detoxification services.	Funding use See DBHDS point of Contact for allowables	0870 – 0000116676 Restricted 2026.SUD.CSBCode	William.howard@dbhds.virginia.gov
61	SUD Jail Services/Juvenile Detention	Funding is used for Jail and Court Based Services and are provided for youth and adults who have problems related to substance use and/or co-occurring disorder that are criminal justice involved. Services can be provided within the jail, if within the community to individuals recently released from incarceration less than 6 days), and to drug court individuals.	General terms and conditions of the Performance Contract-P1636 Flexible funding See DBHDS point of Contact for allowables	Substance Abuse Prevention and Treatment (SUD SGF) 0872 – 0000124083 Unrestricted 2026.SUD.CSBCode	Office of Substance Use Services Candace Roney Candace.roney@dbhds.virginia.gov
62	SUD Community Detoxification	State Budget Bill HB6001, Item 297, Section CC. (Ch. 2, 2024 Special Session I) - Funding is provided for community detoxification and sobriety services for individuals in crisis.	General terms and conditions of the Performance Contract-P1636	Substance Abuse Prevention and Treatment (SUD SGF) 0894 – 0000124083 Restricted Baseline 2026.SUD.CSBCode	Office of Patient Clinical Services Heather Rupe Heather.rupe@dbhds.virginia.gov
63	SUD Community Detoxification - Regional	State Budget Bill HB6001, Item 297, Section CC. (Ch. 2, 2024 Special Session I) - Funding is provided for community	General terms and conditions of the Performance Contract-P1636	Substance Abuse Prevention and Treatment (SUD SGF) 0894 – 0000116676 Restricted Baseline funding	Office of Patient Clinical Services Heather Rupe Heather.rupe@dbhds.virginia.gov

		detoxification and sobriety services for individuals in crisis.		2026.SUD.CSBCode	
64	SUD Facility Reinvestment - Regional	Block of money given to enhance SU services. These funds were originally state hospital funds that were taken from the hospital (Western State Hospital DeJarnette Center) and taken into the Central Office and disbursed to the CSBs. Funds used for community-based substance use disorder residential treatment. Focused on short-term, medically managed detox.	Exhibit D D3134	Substance Abuse Prevention and Treatment (SUD SGF) 0903 – 0000116676 Restricted Baseline funding 2026.SUD.CSBCode	Office of Substance Use Services Candace Roney Candace.roney@dbhds.virginia.gov
65	SUD HIV/AIDS	Funds are used for HIV and/or Harm Reduction prevention and treatment services. Such services include, but are not limited to: Staff HIV and Communicable Disease Testing Referrals Linkage and Coordination to Care Outreach Services PrEP	Exhibit G-Section 11	Substance Abuse Prevention and Treatment (SUD SGF) 0938 – 0000124083 Unrestricted Baseline funding 2026.SUD.CSBCode	Office of Substance Use Services Candace Roney Candace.roney@dbhds.virginia.gov

		Condom Distribution Fentanyl Test Strips			
66	SUD MAT	State Budget Bill HB6001, Item 297, Section BB. (Ch. 2, 2024 Special Session I) - Funding is provided to increase access to medication assisted treatment for individuals with substance use disorders.	NOA3147R NOA3146T Exhibit G - 11	Substance Abuse Prevention and Treatment (SUD SGF) 0986 – 0000124083 Restricted Baseline funding 2026.SUD.CSBCODE 2026.SUD.CSBCode	Office of Substance Use Services Candace Roney Candace.roney@dbhds.virginia.gov
67	SUD Recovery	State Budget Bill HB6001, Item 297, Section DD. (Ch. 2, 2024 Special Session I) - Funding shall be used for treatment and support services for substance use disorders, including individuals with acquired brain injury and co-occurring substance use disorders. Funded services shall focus on recovery model and the use of best practices.	NOA3147R	Substance Abuse Prevention and Treatment (SUD SGF) 0990 – 0000124083 Restricted funding 2026.SUD.CSBCode	Office of Recovery Services Alethea Lambert Alethea.lambert@dbhds.virginia.gov Sherea Ryan Sherea.ryan@dbhds.virginia.gov
	DEVELOPMENTAL SERVICES				
68	DD State Funds	Developmental disabilities appropriations fund programs that support	General terms and conditions of the Performance Contract-P1636 See	Developmental Services (DD SGF) 0830 – 0000124083 Restricted baseline funding	Community Services Heather Norton Heather.norton@dbhds.virginia.gov

		people with developmental disabilities and their families.		2026.DD.CSBCode	
69	DD OBRA Funds	OBRA FUNDS are intended for ID/RC (DD)individuals residing in a nursing facility to better integrate them into the community through covering the costs of equipment purchases or program participation that is not covered by Medicaid OBRA funds are reserved for ID/RC (DD) individuals that have participated in a Preadmission/ Resident Review (PASRR) screening and that have had specialized services recommended.	General terms and conditions of the Performance Contract-P1636	Developmental Services (DD SGF) 0855 – 0000124083 Unrestricted baseline funding 2026.DD.CSBCode	Division of Developmental Services Martin Kurylowski martin.kurylowski @dbhds.virginia.gov Lisa Rogers lisa.rogers@dbhds.virginia.gov John Clay john.clay@dbhds.virginia.gov
70	DD Rental Subsidies	State Budget Bill HB6001, Item 297, Section Z. (Ch. 2, 2024 Special Session I) - Funds shall be used to cover rent and utility assistance for participants with ID/DD and administrative fees for the partner agencies.	Exhibit D D0334	Developmental Services (DD SGF) 0922 – 0000124083 Restricted baseline funding 2026.DD.CSBCode	The Office of Community Housing Jeannie Cummins Jeannie.cummins@dbhds.virginia.gov Janna Wiener Janna.wiener@dbhds.virginia.gov

71	DD Crisis Stabilization - Children	State Budget Bill HB6001, Item 297, Section L. (Ch. 2, 2024 Special Session I) - Funds shall be used for crisis services for children with intellectual or developmental disabilities.	Exhibit D D3191 D3181	Developmental Services (DD SGF) 0923 – 0000124083 Restricted baseline funding 2026.DD.CSBCode	Crisis Support and Services Bill Howard william.howard@dbhds.virginia.gov Community Services Heather Norton heather.norton@dbhds.virginia.gov Linda Bassett linda.bassett@dbhds.virginia.gov
72	DD Crisis Stabilization - Children Regional	State Budget Bill HB6001, Item 297, Section L. (Ch. 2, 2024 Special Session I) - Funds shall be used for crisis services for children with intellectual or developmental disabilities.	Exhibit D D3181	Developmental Services (DD SGF) 0923 – 0000116676 Restricted baseline funding 2026.DD.CSBCode	Crisis Support and Services Bill Howard william.howard@dbhds.virginia.gov Community Services Heather Norton heather.norton@dbhds.virginia.gov Linda Bassett linda.bassett@dbhds.virginia.gov
73	DD Crisis Stabilization Adult	State Budget Bill HB6001, Item 297, Section Q. (Ch. 2, 2024 Special Session I) - Funds shall be used to provide community crisis intervention services in each region for individuals with intellectual or developmental disabilities and co-occurring mental health or behavioral disorders.	Exhibit D D3164	Developmental Services (DD SGF) 0993 – 0000124083 Restricted baseline funding 2026.DD.CSBCode	Crisis Support and Services Bill Howard William.howard@dbhds.virginia.gov Community Services Heather Norton Heather.norton@dbhds.virginia.gov Linda Bassett Linda.bassett@dbhds.virginia.gov
74	DD Crisis Stabilization	State Budget Bill HB6001, Item 297, Section Q.	Exhibit D D3164	Developmental Services (DD SGF)	Crisis Support and Services Bill Howard

	Adult - Regional	(Ch. 2, 2024 Special Session I) - Funds shall be used to provide community crisis intervention services in each region for individuals with intellectual or developmental disabilities and co-occurring mental health or behavioral disorders.		Restricted baseline funding 0993-0000116676 2026.DD.CSBCode	William.howard@dbhds.virginia.gov Community Services Heather Norton Heather.norton@dbhds.virginia.gov Linda Bassett Linda.bassett@dbhds.virginia.gov
	GENERAL FUNDS 720 – CENTRAL OFFICE FUNDING				
	MENTAL HEALTH AND SUICIDE PREVENTION				
75	Suicide Prevention	Funding shall be used for a comprehensive statewide suicide prevention program. The Commissioner of the Department of Behavioral Health and Developmental Services, in collaboration with the Departments of Health, Education, Veterans Services, Aging and Rehabilitative Services, and other partners shall develop and implement a statewide program of public	Exhibit D D1774	Mental Health and Suicide Prevention – Restricted baseline funding 72000-08230-XXX-01000-BHD78018-444002	Office of Behavioral Health Wellness Alisha Jarvis alisha.anthony@dbhds.virginia.gov

		education, evidence-based training, health and behavioral health provider capacity-building, and related suicide prevention activity.			
76	Mental Health First Aid	Funding shall be used to provide mental health first aid training and certification to recognize and respond to mental or emotional distress. Funding shall also be used to cover the cost of personnel dedicated to this activity, training manuals, and certification for all those receiving the training.	Exhibit G – Section 10	Mental Health and Suicide Prevention – Restricted baseline funding 72000-08230-XXX-01000-BHD78024-444002	Office of Behavioral Health Wellness Laura Robertson laura.robertson@dbhds.virginia.gov
	PROBLEM GAMBLING				
77	Recovery Services	Funding shall be used for problem gambling prevention, treatment, and recovery.	Exhibit G – Section 10 (Baseline Requirements) Exhibit D (Any additional requirements) D3073	Problem Gambling Appropriation 72000-08530-XXX-09039-BHD90000-499033	Office of Behavioral Health Wellness Anne Rogers Anne.Rogers@dbhds.virginia.gov
78	Behavioral Health Wellness	Funding shall be used for problem gambling prevention, treatment, and recovery.	Exhibit D Exhibit D3073 Exhibit D1959	Problem Gambling Appropriation 72000-09350-XXX-09039-BHD90000-499033	Office of Behavioral Health Wellness Anne Rogers Anne.Rogers@dbhds.virginia.gov
	COMMUNITY INTEGRATION				

79	LIPOS	Funding is provided to divert admissions from state hospitals by purchasing acute inpatient or community-based psychiatric services at private facilities. This funding shall be allocated to Community Services Boards and a Behavioral Health Authority for such purpose in an efficient and effective manner so as not to disrupt local service contracts and to allow for expeditious reallocation of unspent funding between Community Services Boards and a Behavioral Health Authority.	Exhibit H of the Performance Contract P1636	Community Integration 72000-08830-XXX-01000-BHD90000-444002	Office of Patient Clinical Services Heather Rupe Heather.Rupe@dbhds.virginia.gov
80	Youth DAP	Funding shall be used to address census issues at state facilities by providing community-based services for children and adolescents determined clinically ready for discharge or for the diversion of admissions of children and adolescents to state facilities by purchasing acute	Exhibit K of the Performance Contract P1636 (baseline requirements) Exhibit D (any other requirements) D3166	Community Integration 72000-08460-XXX-01000-BHD78026-444002	Office of Patient Clinical Services Heather Rupe Heather.Rupe@dbhds.virginia.gov

		inpatient services, step-down services, or community-based services as an alternative to inpatient care.			
81	Adult DAP	Funding shall be used to address census issues at state facilities by providing community-based services for those individuals determined clinically ready for discharge or for the diversion of admissions to state facilities by purchasing acute inpatient or community-based psychiatric services.	Exhibit K of the Performance Contract P1636 (baseline requirements) Exhibit D (any other requirements) 8008.3014 D1916 D3089 D3091	Community Integration 72000-08460-XXX-01000-72000-08460-XXX-01000-BHD78025-444002	Office of Patient Clinical Services Heather Rupe Heather.Rupe@dbhds.virginia.gov
82	Chesapeake CPEP	Funding is provided for comprehensive psychiatric emergency programs (CPEP) – Provides $10 million in one-time funding for CPEPs or similar models of psychiatric care in emergency departments. This is a continuation of the $10 million provided in the Chapter 1 budget in FY 2024.	Exhibit D (as needed)	Community Integration 72000-08460-XXX-01000-0000123231-444002	Office of Patient Clinical Services Heather Rupe Heather.Rupe@dbhds.virginia.gov
83	DAP Pilots	Funding is provided for the Department of	Exhibit D (as needed)	Community Integration	Office of Patient Clinical Services

		Behavioral Health and Developmental Services (DBHDS) to pursue alternative inpatient options to state behavioral health hospital care or to increase capacity in the community for patients on the Extraordinary Barriers List through projects that will reduce census pressures on state hospitals. Proposals shall be evaluated on: (i) the expected impact on state hospital bed use, including the impact on the extraordinary barrier list; (ii) the speed by which the project can become operational; (iii) the start-up and ongoing costs of the project; (iv) the sustainability of the project without the use of ongoing general funds; (v) the alignment between the project target population and the population currently being admitted to state hospitals; and (vi) the applicant's history of success		72000-08790-XXX-01000-BHD90000-444002	Heather Rupe Heather.Rupe@dbhds.virginia.gov

		in meeting the needs of the target population. No project shall be allocated more than $2,500,000 each year. Projects may include public-private partnerships, to include contracts with private entities. The department shall give preference to projects that serve individuals who would otherwise be admitted to a state hospital operated by DBHDS, that can be rapidly implemented and provide the best long-term outcomes for patients. Consideration may be given to regional projects addressing comprehensive psychiatric emergency services, complex medical and neuro-developmental needs of children and adolescents receiving inpatient behavioral health services and addressing complex medical needs of adults receiving inpatient			

		behavioral health services.			
84	Supervised Residential Care	Funding is provided for supervised residential care for 100 individuals. The department shall give priority to projects that prioritize individuals on the state's extraordinary barriers list. Projects may include public-private partnerships, to include contracts with private entities. Notwithstanding any other provision of law, contracts entered into pursuant to this paragraph shall be exempt from competition as otherwise required by the Virginia Public Procurement Act, §§ 2.2-4300 through 2.2-4377, Code of Virginia. The Department shall report quarterly on projects awarded with details on each project and its projected impact on the state's extraordinary barriers list. The report shall be	Exhibit D D3139	Community Integration 72000-07080-XXX-01000-0000124443-444002	Office of Patient Clinical Services Heather Rupe Heather.Rupe@dbhds.virginia.gov

		submitted to the Chairs of House Appropriations and Senate Finance and Appropriations Committee no later than 30 days after each quarter ends.			
85	Mobile Crisis	Funding is provided for the one-time costs of establishing additional mobile crisis services in underserved areas.	Exhibit D D3103	Mobile Crisis 72000-08500-XXX-01000-0000124444-444002	Crisis Support and Services Bill Howard William.howard@dbhds.virginia.gov
86	Dementia	Funding shall be used to support the diversion and discharge of individuals with a diagnosis of dementia. Priority shall be given to those individuals who would otherwise be served by state facilities; to establish contracts to support the diversion and discharge into private settings of individuals with a diagnosis of dementia; for mobile crisis program targeted for individuals with a diagnosis of dementia; for pilot programs for individuals with dementia or geriatric individuals who	Exhibit D D3091 D3089	Community Integration 72000-09722-XXX-01000-BHD90000-444002	Office of Patient Clinical Services Heather Rupe Heather.Rupe@dbhds.virginia.gov

		may otherwise be admitted to a state facility.			
87	ASAM 3.7	Funding is provided to support the costs of medically monitored high-intensity inpatient services (ASAM 3.7) for youth and adolescents with serious mental illness or substance use disorder who may otherwise require inpatient hospitalization.	Exhibit D (as needed)	ASAM 3.7 Medically Monitored 72000-09630-XXX-01000-BHD90000-444002	Office of Child and Family Services Katherine Hunter Katherine.Hunter@dbhds.virginia.gov
88	Geriatric Specialists	Funding is provided for geriatric behavioral specialists to provide training and consultative services and support.	Exhibit D D3180	72000-07160-XXX-01000-BHD90000-499033	Community Integration Office of Patient Clinical Services Heather Rupe Heather.Rupe@dbhds.virginia.gov
89	Workforce Development (Supplemental Funding)	Funding shall be provided to grow the Virginia Community Services Board (CSB) workforce. The Department of Behavioral Health and Developmental Services (DBHDS) shall allocate the funding based on the size of the CSB or behavioral health authority's workforce. The funding may be	Exhibit D D3138	2000-09600-XXX-01000-0000125164-499014-Restricted	Office of Enterprise Management Services Chaye Neal-Jones Chaye.neal-jones@dbhds.virginia.gov

		used to support paid internships and scholarship opportunities for students or staff earning behavioral health or other relevant certifications and degrees at two- and four-year colleges and universities and other educational career development settings, to cover clinical supervision hours, for reimbursement for the costs of obtaining licenses, certification, and exams necessary for employment in relevant careers, to provide loan repayment, and other initiatives that may assist in growing the CSB workforce.			

AMENDMENT 3
AMENDED AND RESTATED
FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT
MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT
Exhibit H: Regional Local Inpatient Purchase of Services (LIPOS) Requirements
Contract No. P1636.3

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Background

Effective July 1, 2021, The Department and the CSB agree to implement the following requirements for management and utilization of all regional state mental health acute care (LIPOS) funds to enhance monitoring of and financial accountability for LIPOS funding, divert individuals from admission to state hospitals when clinically appropriate, and expand the availability of local inpatient psychiatric hospital services for state facility diversions.

HB1800 P. Out of this appropriation, $7,688,182 from the general fund the second year is provided from a transfer from Item 322 for Community Services Boards and a Behavioral Health Authority to divert admissions from state hospitals by purchasing acute inpatient or community-based psychiatric services at private facilities. This funding shall continue to be allocated to Community Services Boards and a Behavioral Health Authority for such purpose in an efficient and effective manner so as not to disrupt local service contracts and to allow for expeditious reallocation of unspent funding between Community Services Boards and a Behavioral Health Authority.

A. The CSB Responsibilities

1. All regional state mental health LIPOS funds allocated within the region shall be managed by the regional management group (RMG) and the regional utilization management and consultation team (RUMCT) on which the CSB agrees to participate.

2. The CSB, through the RMG and RUMCT on which it participates, shall ensure that other funds or resources such as pro bono bed days offered by contracting local hospitals and Medicaid or other insurance payments are used to offset the costs of local inpatient psychiatric bed days or beds purchased with state mental health LIPOS funds so that regional state mental health LIPOS funds can be used to obtain additional local inpatient psychiatric bed days or beds.

3. If an individual's primary diagnosis is SA (Substance Abuse) and a TDO (Temporary Detention Order) is issued to a private psychiatric facility LIPOS may be used by the CSB.

4. CSBs and/or regions are expected to maintain contracts or memorandum of agreement (MOU) with local facilities that at minimum specifies funding is to be utilized as funding of last resort, authorization procedures, timeliness of invoicing, the rate, and any other limitations. These contracts or MOUs shall be available to DBHDS upon request for review.

5. Annually regions will provide DBHDS with contracted rates for facilities. This will be due with the first quarter report.

B. The Department Responsibilities

1. The Department may conduct utilization reviews of the CSB or region at any time to confirm the effective utilization of regional state mental health LIPOS funds.

2. The Department shall provide technical assistance when requested by the CSB.

C. Payment Terms

1. LIPOS allocations are distributed to the regional fiscal agent. The RMG/ RUMCT and regional fiscal agent retains responsibility to ensure equitable access to the regional allocation by CSB and report to DBHDS any funding deficits or re allocation by CSB. Funding for regions will be determined by DBHDS in collaboration with the region based on regional spending from previous year.
   a) For initial allocation to be distributed within 15 days of the beginning of the fiscal year DBHDS will be allocated the higher of: either Average spending for previous fiscal year quarters 1, 2 and 3 **OR** the highest quarter spent.
   b) For the quarters 2, 3 and 4 of the fiscal year determination of the allocation will be based on the previous quarter amount spent. *For example: Quarter 2 funding is a reimbursed amount of quarter 1 LIPOS spending.*
   c) At any time during the year should expenses exceed funding regions may request assistance from DBHDS. Additionally, DBHDS will monitor expenses and encumbrance to ensure regions have adequate funding for invoices received after the end of the fiscal year per contract/MOA agreements.

2. Administration fees for LIPOS are based on the following:
   a) The Regional Fiscal Agent is entering into a subcontract with another entity which will allow the third party to administer the service or program, the Regional Fiscal Agent may retain up to 5% of the allocation/expenditures for Administrative Costs.
      OR
      The annualized cost of the employed regional manager.
   b) The determination of which administration fee methodology utilized will be discussed and documented by regional leadership and DAP specialist with DBDHS. Should the region choose the 5% this 5% will be determined based on the amount spent the previous fiscal year.
   c) The administration fee that is agreed upon will be sent in full to the region at the beginning of the fiscal year.

3. Any balance of LIPOS funds at the end of quarter 4 may be accounted for in the following fiscal year allocation. Unspent balances are not to be utilized without approval from DBHDS.

D. Reporting

1. The region will provide quarterly data on an agreed upon LIPOS data collection tool each quarter no later than 30 Days after the end of the quarter. Regions will maintain documentation of invoices from providers. These invoices and documentation shall be available to DBHDS upon request.

2. Any changes to the LIPOS reporting tool will be reviewed and discussed with CSB Regional Managers and they will be given a 30-day time frame to implement changes.

3. CSBs are responsible for maintaining reporting in the electronic health record for individuals receiving LIPOS contracted services.

AMENDMENT 3
AMENDED AND RESTATED
FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT
MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT
EXHIBIT I

Contract No. P1636.3

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AMENDMENT 3
AMENDED AND RESTATED
FY2026 AND FY2027 COMMUNITY SERVICES PERFORMANCE CONTRACT
MASTER AGREEMENT – SUPPLEMENTAL DOCUMENT
Exhibit J: Certified Preadmission Screening Clinician Requirements
Contract No. P1636.3

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Background

The Code of Virginia (§37.2-809, §16.1-338-340.1, §19.2-169.6) requires any person who conducts preadmission screening evaluations, for the purposes of temporary detention, to complete a certification program approved by the Virginia Department of Behavioral Health and Developmental Services (the "DBHDS").

The certification is valid throughout the Commonwealth. DBHDS regulates the certification, and recertification, of Certified Preadmission Screening Clinicians (CPSC), through regular compliance inspections, and according to the requirements outlined in this Agreement. DBHDS provides the certification based on the attestation of the individual's supervisor and executive director that the individual meets the certification requirements and has completed the orientation requirements.

1. Requirements for Initial Certification

All CPSC applicants seeking initial certification must meet the educational, professional licensure, orientation and supervision standards outlined herein.

A. Education and Licensure Requirements

1. CPSC applicants may be a Licensed Mental Health Professional (LMHP), *OR*

2. Qualified Mental Health Professional (QMHP) as defined by the Department of Health Professions.

   CPSCs hired on or before September 30, 2022, and who have fulfilled all requirements, and are an active QMHP or QMHP-T (Qualified Mental Health Professional-Trainee) with the Department of Health Professions, are appropriately certified to provide preadmission screening evaluations throughout the Commonwealth unless there is an interruption in their employment.

3. Applicants may apply that are not currently licensed or certified but hold the appropriate educational attainment and experience while being registered or in supervision with the appropriate professional board to become certified or licensed.

B. Orientation Requirements

All CPSC applicants must successfully complete orientation that meets the following content, observational and experiential requirements:

1. Completion of the requisite online training modules on topics that include legislative and regulatory requirements, disclosure of information, and clinical aspects of risk assessment including the modules on the preadmission screening report and REACH.

2. Completion of an Emergency Services (ES) orientation that meets the content requirements:
   a. Orientation to civil commitment process, legal requirements and performance contract related requirements.
   b. Orientation to documentation expectations and requirements.
   c. Orientation to expectations for use of clinical consultation with peers and supervisors
   d. Orientation to local policies and procedures

e. Orientation to role and interface with local law enforcement
f. Orientation to role and interface with magistrates and special justices
g. Orientation to resources for alternatives to hospitalization
h. Orientation to bed registry
i. Orientation to process for securing local private beds
j. Orientation to process for securing state facility beds
k. Orientation to process to access LIPOS or SARPOS funding
l. Orientation to alternatives for special populations [e.g., children, ID/DD or geriatric]
m. Orientation to Federal and State laws about allowed disclosure of information and communication in routine and emergency situations
n. Tour of local facilities (E.g., local hospitals, CSUs, jail, REACH, etc.) as relevant

3. Completion of 40 hours direct observation and direct provision of emergency services, to include conducting preadmission screening evaluations and other forms of crisis services including, but not limited to: knowledge of relevant laws, interviewing skills, mental status exam, substance use assessment, risk assessment, safety planning and accessing community referrals. The 40 hours may be done concurrently.

4. Completion of preadmission screening evaluations under direct observation of an LMHP or LMHP-R (Licensed Mental Health Professional-Resident) CPSC. The number required will be agreed upon by the CSB's Executive Director and ES Director/Manager.

5. Attestation by a supervisor that the applicant has reached an acceptable level of clinical competence and procedural knowledge to be certified.

6. For a minimum of the first three months of the certification period, newly certified CPSCs are required to consult with a supervisory-level CPSC when the outcome of any preadmission screening evaluation to not recommend hospitalization for an individual under an Emergency Custody Order (ECO).

7. Applicants may begin working independently as a CPSC when an application for certification as well as an attestation of completed orientation and of the ability of the individual to perform the CPSC responsibilities has been submitted to DBHDS at: preadmissionscreening@dbhds.virginia.gov.

8. The documentation associated with orientation and training must be maintained by the primary Community Services Board of employment and be provided to DBHDS for auditing purposes when requested.

2. Requirements for Maintaining Certification

In addition to the requirements for continuing education, supervision, and quality assurance/review outlined below, all applicants must demonstrate direct involvement in the delivery of emergency services, including the completion of preadmission screening evaluations during the certification period to maintain certification.

Individuals grandfathered as CPSCs under the July 1, 2016, Certification of Preadmission Screening Clinicians document maintain their grandfathered status under this agreement.

A. Continuing Education Requirements

Applicants for recertification are required to participate in 16 hours of relevant continuing education annually. The Community Services Board of employment will ensure that the continuing education requirement is met and must be able to provide documentation to DBHDS at any time for auditing purposes.

1. Individuals who are licensed by the Board of Health Professions may use their required continuing education hours for their license or registration as a qualified mental health professional to achieve this requirement.
2. All applicants are required to complete any new on-line training modules released by DBHDS, within 60 days of release. If a CPSC is out on extended leave, they may prorate these hours accordingly.

B. Supervision Requirements

1. Applicants for recertification are required to participate in a minimum of 12 hours of individual and/or group supervision, annually.
2. Licensed CPSC supervisors who direct the work of others and provide supervision/consultation to CPSCs conducting preadmission screenings are exempt from this requirement. Supervision may be provided in person, by audio or virtually with two-way audio-visual technology.
3. All staff with a QMHP must meet the required supervisory requirements outlined by the Department of Health Professions.

C. Quality Assurance/ Quality Improvement Reviews

1. Regardless of the length of the period of certification, and regardless of professional licensure, all applicants are required to participate in quality assurance/quality improvement review activities of at least 5 percent of all preadmission screening evaluations completed, annually.
2. These reviews must be completed by a supervisor who is a CPSC.
3. Documentation of these reviews shall include actions taken to improve the documentation and provision of crisis response services.
4. Domains to consider during review could include, but are not limited to: how were critical issues and concerns addressed; does narrative support disposition; was alternative transportation considered and if so, was it used; were required notifications completed if TDO was not recommended; was the safety plan fully articulated; was there sufficient care coordination and linkage to indicated alternatives; and if alternatives not indicated, what services were considered and why were they not appropriate and documentation should be included.

3. Requirements for CPSC Supervisors

For the purposes of this document, “supervisor” is defined as a: supervisory level, licensed CPSC, with a minimum of two years’ experience working in crisis services. Supervisors have the

authority to direct the decision making of clinician-level CPSCs and are directly responsible for the oversight of the delivery of emergency/crisis intervention services, to include quality assurance activities. Licensed CPSC supervisors are exempt from the requirement to complete a preadmission screening assessment and report annually.

CPSC supervisors who do not hold a professional license from the Board of Health Professions but are registered for supervision and meet the minimum of two years' experience working in crisis services may be utilized with a variance granted by DBHDS. Each variance must outline a timeline and path to bring the individual up to meeting the standard for CPSC Supervisors.

CPSC Supervisors must meet the following:

1. Completion of the Initial Certification process.

2. Continuing Education requirements described under Requirements for Maintaining Certification, Section 2. A.

3. Licensed CPSC supervisors who direct the work of others and provide supervision/consultation to CPSCs conducting preadmission screenings are exempt from the annual requirement to participate in a minimum of 12 hours of individual and/or group supervision.

4. DBHDS Notification of Change in Employment Status

The CSB must notify DBHDS, at preadmissionscreening@dbhds.virginia.gov, if a CPSC leaves the CSB's employment or transfers to another position within the CSB and will no longer be performing the duties of a CPSC. The CPSC's certification will be considered expired and subject to compliance with Section 5 of this Agreement. For CPSCs who remain with the same employer and will continue to work as a CPSC in any capacity, notification to the Department is not needed.

5. Hiring an Individual with Prior CPSC Experience

If an individual seeks a position as a CPSC, DBHDS will confirm the individual's certification status upon request received at preadmissionscreening@dbhds.virginia.gov.

A. If the certification is active and valid, the CSB is required to verify that any additional requirements for continued certification and supervision are met.

B. Licensed CPSCs whose certification has expired less than 24 months, only need to complete the local orientation for recertification.

C. CPSCs without professional licensure whose certification has expired less than 12 months, only need to complete the local orientation for recertification.

D. CPSCs without professional licensure whose certification has expired more than 12 months and licensed CPSCs whose certification has expired more than 24 months must complete the process for initial certification.

E. If the individual has CPSC experience and does not meet with the new requirements for a CPSC, a variance may be sought from DBHDS.

F. If the certification has not expired, the individual's hours for supervision and continuing education may be prorated to allow recertification when current certification expires.

6. Variance Requests

A variance request may be made to DBHDS on a case-by-case basis and should be sent via email to preadmissionscreening@dbhds.virginia.gov A variance request is needed if any of the above criteria for initial or recertification of certified pre-screeners or supervisors cannot be met. Approved variances expire on June 30th of each year. Variances received after April 1st will expire the following year on June 30th. The CSB will be responsible for submitting a report to DBHDS on the individual's initial or recertification progress within 30 days of the variance expiration date.

The variance request must outline the:

1. Specific educational and experiential background of the applicant.
2. Reason the variance is being sought.
3. Specific monitoring activities the CSB will perform with associated timelines to bring the individual into alignment with the required education and licensure requirements as applicable.

7. DBHDS Quality Assurance and Oversight

DBHDS Office of Crisis Services will ensure compliance with the requirements of this Exhibit by conducting reviews of samples of certification documentation during critical incident reviews and at other times as determined by DBHDS. Compliance reviews will include:

A. Review of documentation demonstrating compliance with orientation requirements.

B. Reviewing a copy of QMHP certification/registration.

C. Reviewing a copy of License or supervision enrollment from the Department of Health Professions. This includes annual verification of license status.

D. Reviewing any actions taken by the Department of Health Professions related to performance of any QMHP or LMHP CPSC.

E. Reviewing documentation demonstrating compliance with continuing education requirements, including completion, within 60 days of any new modules released by DBHDS.

F. Reviewing documentation demonstrating the provision of individual and/or group supervision hours for all CPSCs.

G. Review of documentation demonstrating quality assurance/quality improvement reviews and actions of at least 5 percent of all preadmission screening evaluations completed by each CPSC, including review of results and any subsequent quality improvement activities. Information identifying individual records reviewed must be available to DBHDS upon request.