

5-N

MOTION:

**May 10, 2022
Regular Meeting
Res. No. 22-**

SECOND:

RE: ACCEPT, BUDGET, AND APPROPRIATE \$1,500,000 IN ONE-TIME FEDERAL, \$1,500,000 ONE-TIME STATE, AND \$200,000 IN ONGOING STATE REVENUES FOR THE CRISIS RECEIVING AND STABILIZATION CENTER

ACTION:

WHEREAS, the Department of Behavioral Health and Developmental Services (DBHDS) and other funding sources have notified Community Services (CS) of one-time and ongoing funding changes for the Prince William County Crisis Receiving and Stabilization Center (CRSC) service; and

WHEREAS, the CRSC services will increase local service access and capacity; reduce temporary detaining orders; and provide more timely access to services to assist those experiencing acute behavioral health care needs; and

WHEREAS, CS requests increasing one-time budgeted federal pass-through Substance Abuse (SA) Prevention and Treatment and Mental Health (MH) Community Federal Block Grant (FBG) revenues by \$1,500,000; one-time budgeted state DBHDS Systems Transformation Excellence and Performance (STEP-VA) MH Mobile Crisis Response revenues by \$1,500,000; and ongoing budgeted state DBHDS MH Other revenues by \$200,000 to initiate program services for the Prince William County (PWC) Crisis Receiving and Stabilization Center (CRSC); and

WHEREAS, this funding will be budgeted and appropriated to the CRSC capital project consistent with the adopted Fiscal Year (FY) 2023 - 2028 Capital Improvement Program; and

WHEREAS, CS must expend the time-limited federal SA Prevention and Treatment and MH Community FBG by March 14, 2023; and

WHEREAS, funds are restricted for use in accordance with the DBHDS Performance Contract, federal SA Prevention and Treatment, and MH Community FBG agreements for CRSC site development and program service startup expenses; and

WHEREAS, CS requests to carryover any unused SA Prevention and Treatment and MH Community FBG, DBHDS STEP-VA MH Mobile Crisis Response, and DBHDS MH Other project revenue at year end to the next fiscal year; and

WHEREAS, funds are restricted for the above-mentioned area; and

WHEREAS, there is no general fund local tax support required to accept, budget, and appropriate these funds;

May 10, 2022
Regular Meeting
Res. No. 22-
Page Two

NOW, THEREFORE, BE IT RESOLVED that the Prince William Board of County Supervisors hereby accepts, budgets, and appropriates \$1,500,000 in one-time federal pass-through, \$1,500,000 in one-time state, and \$200,000 in ongoing state revenues for the Crisis Receiving and Stabilization Center;

BE IT FURTHER RESOLVED that the Prince William Board of County Supervisors hereby authorizes the Director of Finance to re-appropriate all unexpended amounts, specific to this request, to the next fiscal year.

Votes:

Ayes:

Nays:

Absent from Vote:

Absent from Meeting:

For Information:

Community Services Board, Executive Director

ATTEST: _____
Clerk to the Board



STAFF REPORT

Board Meeting Date:	May 10, 2022
Agenda Title:	Accept, Budget, and Appropriate \$1,500,000 One-Time Federal, \$1,500,000 One-Time State, and \$200,000 Ongoing State Revenues for the Crisis Receiving and Stabilization Center
Requested Action:	Approve the resolution to accept, budget, and appropriate funds.
Department/Agency Lead:	Community Services
Staff Lead:	Lisa Madron, Director

EXECUTIVE SUMMARY

The Department of Behavioral Health and Developmental Services (DBHDS) has awarded Community Services (CS) \$1,500,000 in one-time federal pass-through Substance Abuse (SA) Prevention and Treatment and Mental Health (MH) Community Federal Block Grant (FBG) revenue; \$1,500,000 one-time state MH Systems Transformation Excellence and Performance (STEP-VA) Mobile Crisis Response retained earnings revenue; and \$200,000 ongoing state MH Other regional revenue in support of the Prince William County (PWC) CS Crisis Receiving and Stabilization Center (CRSC) Program, formerly referred to as the Crisis Receiving Center or CRC. The program name change is to include both services provided at a crisis center to include receiving and stabilization services.

It is the recommendation of staff that the Prince William Board of County Supervisors (Board) accept, budget, and appropriate \$1,500,000 in one-time federal pass-through, \$1,500,000 in one-time state, and \$200,000 in ongoing state revenues for the CRSC.

BACKGROUND

As part of DBHDS STEP-VA Initiative the state has developed a full continuum of 24 / 7 crisis services that includes three main components, a high-tech 988 crisis call center; mobile crisis response services; and CRSC services. At the CRSC, individuals have access to rapid assessment, intervention services, physical health assessment, substance use detoxification services, and linkage to community resources. CRSC services offer 23-hour observation areas and residential crisis stabilization beds. The CRSC is expected to reduce the census at the state hospitals and allow for more timely access to treatment for individuals in their own community.

On March 8, 2022, staff presented information on the CRSC as part of the proposed Fiscal Year (FY) 2023 budget work sessions. The following funding sources were included in the pre-station and are available for budget and appropriation for the CRSC project.

Both the SA Prevention and Treatment MH Community FBG and MH STEP-VA Mobile Crisis Response funds will be expended per any requirements set by DBHDS and as outlined in the Performance Contract. Funds will be used in the capital project consistent with the adopted FY 2023 - 2028 Capital Improvement Program as well as toward other expenditures such as lease expenses and non-capitalized items.

One-time Funding Increases

SA Prevention and Treatment and MH Community FBG: DBHDS has awarded \$1,500,000 in one-time federal pass-through funds for site development and program startup for the PWC CRSC. The funding period is through March 14, 2023. This funding will be budgeted and appropriated to the CRSC capital project consistent with the adopted FY 2023 - 2028 Capital Improvement Program.

MH STEP-VA Mobile Crisis Response: DBHDS has awarded \$1,500,000 in one-time state retained earnings to support the development and program startup for the PWC CRSC. There is no time limit for use of these funds. This funding will be budgeted and appropriated to the CRSC capital project consistent with the adopted FY 2023-2028 Capital Improvement Program.

Ongoing Funding Increases

MH Other: DBHDS has awarded \$200,000 in ongoing regional revenue to maintain CRSC operations and support regional service coordination as part of the DBHDS STEP-VA crisis service continuum.

Summary of Changes:

Item	Funding Source	Ongoing Funding	One-Time Funding	Total	FTE	Service Description
SA Prevention and Treatment and MH Community FBG	Federal		\$1,500,000	\$1,500,000		Federal funds for CRC site development and service startup. The funding period is through 03/14/2023.
MH STEP-VA Mobile Crisis Response	State		\$1,500,000	\$1,500,000		State retained earnings (prior year unused balances) for CRC development and startup.
MH Other	State	\$200,000		\$200,000		State regional funds supporting ongoing CRC services.
		\$200,000	\$3,000,000	\$3,200,000	0.0	

STAFF RECOMMENDATION

It is the recommendation of staff that the Board accept, budget, and appropriate \$1,500,000 in one-time federal pass-through, \$1,500,000 in one-time state, and \$200,000 in ongoing state revenues for the CRSC.

Service Level / Policy Impact

These funds will support increased local service capacity by supporting the development of a CRSC and providing 8 crisis residential intervention beds and 8 twenty-three-hour observation recliners. These services will increase local service access and capacity; reduce temporary detaining orders (TDO); and provide more timely access to services to assist those experiencing acute behavioral health care needs. This action supports the Health, Wellbeing, and Human Services strategic goal (Objective HW-1) by improving awareness and access to quality, affordable services that address physical, developmental, mental health and substance abuse needs and increases crisis intervention services and promotes equitable treatment in support of the Safe & Secure Community strategic goal (Objective SS-3, SS-4).

Fiscal Impact

Approval of this item does not require an increase of general fund local tax support. This requested action is consistent with the adopted FY 2023-2028 Capital Improvement Program for funding the CRSC capital project.

Legal Impact

The Board has the legal authority to accept, budget, and appropriate funding.

STAFF CONTACT INFORMATION

Lisa Madron | (703) 792-7877
lmadron@pwcgov.org

ATTACHMENTS

1. Fiscal Year 2022 DBHDS Performance Contract Exhibit D, PWC Crisis Receiving Center
2. DBHDS MH STEP-VA Mobile Response Retained Earnings Approval
3. DBHDS MH Other Regional Approval

**Exhibit D: Prince William County Community Services Board
Performance Measures for the Crisis Receiving Center Grant Funding**

This Agreement is between the Department of Behavioral Health and Developmental Services (“DBHDS” or “Department”) and the **Prince William County Community Services Board** (“CSB” or “Subrecipient”), collectively hereinafter referred to as “the Parties”, entered into this Agreement to govern certain activities and responsibilities required for operating or contracting the **Crisis Receiving Center Grant Funding** (the “Program” or “Service”). This Agreement is attached to and made part of the performance contract by reference.

Purpose:

The Commonwealth is seeing an increasing number of individuals seeking services for a crisis. A growing number of these individuals are being admitted to state hospitals which are not well suited to serve individuals who primarily need access to rapid assessment and crisis response within their community settings. Virginia is aligning a full continuum of crisis services after the evidence-based, best practice model, Crisis Now. The three main components of the Crisis Now model are a high-tech call center/dispatch, mobile crisis response available 24/7 for all populations and disabilities to the location of the individual and crisis receiving centers. The crisis receiving centers (CRCs) allow for individuals to walk in for service or be brought in by law enforcement, either voluntarily or involuntarily. At the CRCs, individuals have access to rapid assessment, intervention services, physical health assessment, substance use detoxification services and linkages to community resources as well as offering 23 hour observation areas and an attached residential crisis stabilization unit. The CRC should be designed to create the biggest impact on reducing the census at state hospitals and treating individuals in their community as well as be modeled after the Crisis Now model for CRCs.

SELECT GRANT (ONLY ONE GRANT PER EXHIBIT)	SAMHSA GRANTS
1. <input checked="" type="checkbox"/>	GRANT NAME: Substance Abuse Prevention and Treatment Block Grant (SUD FBG) FEDERAL AWARD IDENTIFICATION NUMBER (FAIN): B08TI083547 FEDERAL AWARD DATE: 3/11/2021 FEDERAL AWARDOING AGENCY: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) FEDERAL AWARD PASS-THROUGH ENTITY: Virginia Department of Behavioral Health and Developmental Services CFDA NUMBER: 93.959 RESEARCH AND DEVELOPMENT AWARD: ____YES OR ____X__NO FEDERAL GRANT AWARD YEAR: NA AWARD PERIOD: 3/15/2021 – 3/14/2023
2. <input checked="" type="checkbox"/>	GRANT NAME: Community Mental Health Services Block Grant (MH FBG) FEDERAL AWARD IDENTIFICATION NUMBER (FAIN): B09SM083950 FEDERAL AWARD DATE: 3/11/2021 FEDERAL AWARDOING AGENCY: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) FEDERAL AWARD PASS-THROUGH ENTITY: Virginia Department of Behavioral Health and Developmental Services CFDA NUMBER: 93.958 RESEARCH AND DEVELOPMENT AWARD: ____YES OR ____X__NO FEDERAL GRANT AWARD YEAR: NA AWARD PERIOD: 3/15/2021 – 3/14/2023

Term: This Agreement shall govern the performance of the Parties for the period of **August 1, 2021** through **March 14, 2023** (“Period of Performance”).

A. Scope of Services:

Exhibit D: Prince William County Community Services Board
Performance Measures for the Crisis Receiving Center Grant Funding

1. By December 31, 2021, locate the CRC where it is easily accessible to law enforcement and preferably located on a local bus route.
2. By December 31, 2022, provide goods and furnishings as outlined in the approved proposal that would be of appropriate use for individuals in the Crisis Receiving Center (CRC).
3. By December 31, 2022, provide staffing needs, to include but not limited to, salaries, fringe benefits, orientation and training as outlined in the approved proposal.
4. By December 31, 2022, provide a safe and therapeutic environment for services as outlined in your approved proposal.
5. Align with the goals of the CrisisNow model with a “No Wrong Door” and “No Force First” approaches.
6. By December 31, 2022, provide individuals access to rapid assessment, intervention services, physical health assessments, substance use detoxification services and/or linkages to community resources, as well as offer urgent care, 23 hour observation areas. and an attached residential crisis stabilization unit.
7. By December 31, 2022, renovate and equip building for a Crisis Receiving Center to operate as a transfer of custody, an urgent BH care center, 23 hour observation for adults and an ARCSU. The CITAC will be co-located with this urgent care to accept transfer of custody 24/7 for individuals subject to an Emergency Custody Order. The CRC will have adequate space to provide urgent care for children and adolescents separate from adult services. Provide a safe and therapeutic environment for services as outlined in your approved proposal. Provide urgent care services for adults as well as children and adolescents who may present to the building with a self-defined crisis in separate spaces.
8. Align with the goals of CrisisNow model with a “No Wrong Door” and “No Force First” approaches
9. Staffing – The CRC staffing patterns will be reviewed at least quarterly by the CRC Leadership to evaluate changing staffing needs and to ensure the staffing patterns meet the needs of the individuals served.
 - a. Reviews are to ensure staffing patterns maximize the unit’s ability to take 24 hours a day, seven (7) days a week admissions and provide services to the individuals as needed for therapeutic counseling and support services 24 hours a day. The CRC will follow the service description and staffing as defined for licensing providers by the Department.
 - b. The CRC will have well-defined written plan for psychiatric prescriber coverage that meets the needs of the individuals admitted to the programs. The plan must address contingency plans for vacations, vacancies and illnesses and other extended staff absences of the primary psychiatric provider. Plans will be reviewed annually and updated as needed by the CRC and as needed by DBHDS
 - c. By December 31, 2022, the CRC will have a well-defined written plan for nursing coverage that meets the needs of the individuals admitted to the programs. The plan must address contingency plans for vacation, vacancies and other extended staff absence as well as plans for sustaining adequate nursing coverage for the individuals being served in the programs. Plans will be reviewed and updated at least annually by the CRC and as needed by DBHDS. The plan will address having access to nursing consultation if a nurse is not on duty.
 - d. By December 31, 2022, the CRC will provide peer support services for individuals admitted to the program. The CRC will have a well-defined written plan for staffing peer support services to address hours of coverage, sustainability plans for recruiting and training peers to provide these services, and a description of the services peers will provide. Plans are to be reviewed by the CRC at least annually and updated as needed to meet the needs of the individuals being served in the program.
 - e. By December 31, 2022, the CRC will have a well-defined written plan for staffing all provider coverage during weather related, other natural and man-made disasters and pandemics. The plans will address the continuation of services for individuals in their care at the time of these events and those who may need admission. Plans will be reviewed and updated annually by the CRC and as needed by DBHDS.
 - f. By December 31, 2022, the CRC will have access to a Licensed Mental Health Professional, Licensed Mental Health Professional–S, or Licensed Mental Health Professional–R. 24 hours a day.

Exhibit D: Prince William County Community Services Board
Performance Measures for the Crisis Receiving Center Grant Funding

- g. By December 31, 2022, the CRC will have a written plan for appropriate staffing coverage at all times and be flexible to address the needs of the individuals being served and for changes in the program census. The plan should be reviewed at least annually by the CRC to determine that it continues to meet the staffing needs of the unit.
- h. The Department retains the right to review and approve the CSB's responses to the requirements in Section 8 Staffing.

10. Admission and Discharge Processes

- a. By December 31, 2022, the CRC will provide 16 adult recliners in the 23 hour observation services, an area for walk-ins to receive urgent behavioral healthcare as well as adequate space for the co-located CITAC and 16 beds for the ARCSU. The CSB shall notify the Department should it be unable to operate the number of recliners and beds licensed by the Department and the reason for the reduction. This notification will be made to the Office of Licensing and to the Crisis Service Coordinator. Once the Department approves the number of recliners the CSB can operate, that number will become the service capacity. The Department will expect the CSB to comply with the local Health Department's permission to operate 16 recliners due to any public health emergency.
- b. By December 31, 2022, the CRC will develop a well-defined policy and procedure for children and adolescents who may present with their caregiver/guardian with a self-defined behavioral health crisis. This plan will include how the children/adolescents will be kept separate from the adult receiving services, what services will be provided and who will provide the services. These children/adolescents and their caregivers/guardians are to not be turned away from the program without the provision of assessment of need(s), preferences of the child/adolescent and caregiver/guardian, basic needs (food, drink, shower, etc), discharge planning through linkage and warm hand-off to other available resources to meet identified need(s).
- c. By December 31, 2022, the CRC will develop a well-defined plan for managing walk-ins, drop-offs, transfer of custody and phone calls seeking services in the CRC-Lite. This plan is to include a "no wrong door approach" and accept 90% of all individuals who self-refer, are referred by law enforcement, or brought to the program involuntarily. The plan will clearly outline exclusionary criteria.
- d. By December 31, 2022, the CRC will develop a well-defined written policy and procedures for the ARCSU for the review of referrals and respond to referral sources within one hour after receiving the necessary information to determine admission. The policy will address the unit's information requirements for admission and focus on inclusion and not, exclusion of all referrals. Information required for admission decision should not automatically include medical assessment prior to admission unless there are medical concerns that need to be addressed. The policy and procedures should be prescriptive for all information required so that referral sources know what will be required for an admission decision. Plan should include how referrals for admission will be addressed (i.e., decision makers for the unit regarding admission, medical review if needed by either nursing or physician, when the unit can exclude a referral, etc...)
- e. By December 31, 2022, the ARCSU will provide a streamlined admission/intake policy and procedure so that admissions may be completed 24 hours a day seven (7) days a week. The well-defined plan will be developed to reduce the admission/intake process for individuals. Plans will be reviewed at least semi-annually by the CRC and submitted annually to DBHDS for review and technical assistance, if needed, in meeting this requirement.
- f. By December 31, 2022, the CRC will develop well-defined written policies and procedures for accepting individuals under an Emergency Custody Order (ECO). or Temporary Detention Order (TDO). The plan will include inclusion of individuals under an ECO or TDO and will contain a plan for managing the individual's needs, court processes and integration in the CRC without discrimination.

Exhibit D: Prince William County Community Services Board
Performance Measures for the Crisis Receiving Center Grant Funding

- g. By December 31, 2022, the ARCSU will develop well-defined written policy and procedures for accepting individual under a Temporary Detention Order (TDO). The plan will include inclusion of individuals under a TDO and will contain a plan for managing the individual's needs, court processes and integration into the ARCSU without discrimination.
- h. By December 31, 2022, the CRC will develop for the ARCSU a well-defined written policy for accepting individuals with medically monitored withdrawal detoxification needs and maintain the appropriate license to provide this service as cited in the DBHDS licensing regulations.
- i. By December 31, 2022, the CRC will develop for the ARCSU well-defined written policies and procedures for the ARCSU for the timely review of requests for admission and responding to referral sources within one hour. The CRC's plan will focus on inclusion and not exclusion of potential referrals.
 - i. The ARCSU will maintain a record of documentation of all requests for admission that includes basic clinical information used for decision for admission.
 - ii. The ARCSU will maintain a record of documentation of all denials that includes basic clinical information used for the denial of admission.
 - iii. Admission denials must be reviewed by the LMHP and other appropriately designated staff within 72 hours of the denial decision. Written documentation of all referrals and denials must be available for review by DBHDS upon request.
 - iv. Records of exclusion must contain an identifier for the individual, CRC staff making decision to admit or not, date of request, time of request, time of denial or acceptance, and reason for exclusion, if applicable.
- j. The CRC will follow discharge planning requirements as cited in the DBHDS licensing regulations.
- k. The CRC will assess the integrated care needs of individuals upon admission and establish a discharge plan that addresses the individual's specialized care needs.

2. Programming

- a. By December 31, 2022, the CRC will have a well-defined written schedule for the ARCSU of clinical programming that covers at least eight (8) hours of active services per day (exclusive of meals and breaks), seven (7) days a week. Programming will be appropriate to individuals receiving crisis services and whenever possible will incorporate evidence-based and best practices. The CRC will annually submit the written schedule of programming for the ARCSU to DBHDS.
- b. Programming must be flexible in content and in mode of delivery in order to meet the needs of individuals in the unit at any point in time.
- c. By December 31, 2021, the CRC will have a well-defined written policy and procedures for recognizing, responding and supporting individuals utilizing practices that are consistent with trauma informed care.
- d. The CRC will involve family members, life partners and other supports as identified by the individual receiving service when clinically appropriate and consent is obtained by the individual. Involvement may include family therapy, marriage/life partner counseling, and group therapy.
- e. By December 31, 2022, The CRC director, manager or designee shall implement a review process to evaluate both current and closed records for completeness, accuracy, and timeliness of entries. A record of these reviews will be maintained and available to DBHDS upon request.
- f. Programming will contain a mix of services to include but not limited to: clinical, psycho-educational, psychosocial, relaxation, case management and physical health.
- g. Alternate programming must be available for individuals unable or unwilling to participate in the scheduled programming due to their emotional or behavioral dysregulation. A written plan for alternate programming ideas and plans must be available for all staff to access. When an individual is not able or willing to participate in scheduled programming or alternate programming should staff should record the reasons and attempts to engage the individual in the clinical record.

Exhibit D: Prince William County Community Services Board
Performance Measures for the Crisis Receiving Center Grant Funding

- h. By December 31, 2022, the CRC director, manager or designee shall outline how each service (urgent care, transfer of custody, 23 hour observation and ARCSU) 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 ARCSU will provide scheduled recreational which may include but is not limited to: art, music, pet therapy, meditation, exercise, and yoga, acupuncture, etc.
- i. The Department retains the right to review and approve the CSB's responses to Section 9 Programing.

3. Resources

- a. The CRC will develop a well-defined written policy and process for building and sustaining collaborative relationships with private and state facilities, emergency services staff, and local emergency departments in their region. Ideally, these collaborative relationships will facilitate the flow of referrals from the CRC to the ARCSU for diversion and step down from a hospital setting and to transition an individual from an ARCSU to a higher level of care. This process will be documented in the ARCSU's policies and procedures
- b. The ARCSU will participate in regional collaboration with other ARCSUs at least quarterly to share successes and resources in order to optimize individual program functioning and to increase inter-program consistency.

B. The CSB Responsibilities: In order to implement the Crisis Receiving Center, the CSB agrees to comply with the following requirements.

- 1. By December 31, 2021, the CSB shall secure a location for the CRC that is easily accessible, preferably close to public transportation and of an adequate size to how all of the programs.
- 2. By December 31, 2022 the CSB shall ensure that the CRC Programs are implemented as a regional resource, and is not specific to the physical location of the unit.
- 3. By December 31, 2022, the CSB shall ensure the participating CSBs and stakeholders 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.
- 4. By December 31, 2022, the CSB shall ensure the urgent care and 23 hour observation programs have a written plan for the acceptance of individuals under an Emergency Custody Order (ECO) and provide to DBHDS upon request.
- 5. The CSB shall offer evidence-based and best practices as part of their programming and implementation.
- 6. By December 31, 2022, the CSB shall ensure that the ARCSU develops a written plan to maintain utilization at 75% averaged over a year and submit to DBHDS annually, with ongoing revisions as needed.
- 7. By December 31, 2022, the CSB shall ensure that the CRC develops a written plan to ensure the Programs remain open, accessible, and available at all times as an integral part of DBHDSs community based crisis services.
- 8. By December 31, 2022, the CSB shall ensure that the CRC will develop a written plan for the ARCSU to accept individuals subject to Temporary Detention Orders (TDO) and submit to DBHDS annually with revisions as needed.
- 9. By December 31, 2022, the CRC will develop written plans for seeking reimbursement for services from all payer sources including the billing for TDOs and ECOs. No one is to be denied access to the CRC-Lite for inability to pay.
- 10. By December 31, 2022, the CSB shall develop a process for reviewing and accepting step-down admissions from hospitals statewide, including but not limited to Northern Virginia Mental Health Institute (NVMHI) and other private and state hospitals.
- 11. The CSB shall provide at least monthly check-ins via email until the program is implemented as outlined in the approved proposal.
- 12. By November 15, 2022, the CRC will develop marketing resources for the programs offered at the center. All marketing materials must be approved by DBHDS prior to distribution. The CSB will develop a plan to distribute the materials to include making contacts with key community stakeholders (including neighboring

Exhibit D: Prince William County Community Services Board
Performance Measures for the Crisis Receiving Center Grant Funding

CSBs and law enforcement departments) to inform them of the new services and options for crisis services at this site.

13. The Department retains the right to review and approve the CSB's responses to Section B. CSB Responsibilities

C. The Department Responsibilities: In order to implement the Crisis Receiving Center, the Department agrees to comply with the following requirements.

1. Conduct in-person or virtual visits/check-ins at least 2 times a year with the CSB program leadership to ensure compliance with the scope and requirements of the regional services; and to review outcomes, which include challenges and successes of the programs.
2. Determine the need for site visits based on monitoring, particularly if the Program is not accomplishing its missions, and/or meeting its goals as described in this document.
3. The Department shall provide technical assistance to include but not limited to: networking meeting and trainings to the CRC and upon request.
4. The Department shall monitor data received through CCS monthly reports and CARS semi-annual reports. The Department will collaborate with the CRC to ensure data submitted through these reports meets the expectations as outlined in this document and in the CRC's written plans. The Department will provide the ARCSU with monthly reports on the data submission to review for accuracy.
5. The Department shall provide data reports for the CRC-Lite to complete as requested.
6. Require the CSB uses the funds in a manner associated with the intended requirements, and the Department shall monitor accordingly.
7. Monitor progress of CSB implementing the services as outlined in the approved proposal via a monthly check-in.

D. Payment Terms: The Department shall provide \$800,000 to Prince William Community Services from CAA Supplemental Substance Abuse Prevention and Treatment Block Grant (SUD FBG) Funds; and \$700,000 CAA Community Mental Health Services Block Grant (MH FBG) Funds, for at total of \$1,500,000 to implement an adult Receiving Center requirements in a one-time disbursement when DBHDS is notified and provided documentation of PWCS has secured an appropriate site by December 31, 2021. The Department may, at its reasonable discretion, terminate this Agreement and will notify the CSB of any such changes in writing.

E. 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.

1. Restrictions on Expenditures on the Crisis Receiving Center Grant funding:

- a. Supplant existing positions and/or funding.
- b. No one item/purchase can exceed \$5,000.
- c. For services that can be supported through other accessible sources of funding such as Medicaid, 3rd party insurance, and sliding scale self-pay among others.
- d. Shall not exceed \$75,000 in construction, renovation and/or remodeling needs.
- e. Purchase of a vehicle is not an allowable expenditure.
- f. Purchase of Naloxone is not an allowable expenditure. The CSB shall coordinate with the Virginia Department of Health in order to acquire Naloxone.

F. Closeout Disclosure.

Closeout: Any funds remaining unexpended at the end of the Period of Performance shall be returned to DBHDS within 60 days of the end of the Period of Performance. Unexpended funds should be returned in the form of a check made payable to the Treasurer of Virginia and sent to:

DBHDS

**Exhibit D: Prince William County Community Services Board
Performance Measures for the Crisis Receiving Center Grant Funding**

PO Box 1797
Richmond, VA 23218-1797
C/O Ramona Howell

Failure to return unexpended funds in a prompt manner may result in a denial of future federal Subrecipient awards from DBHDS.

In consideration of the execution of this agreement by DBHDS, the Subrecipient agrees that acceptance of final payment from DBHDS will constitute an agreement by the Subrecipient to release and forever discharge DBHDS, its agents, employees, representatives, affiliates, successors and assigns from any and all claims, demands, damages, liabilities, actions, causes of action or suits of any nature whatsoever, which Subrecipient has at the time of acceptance of final payment or may thereafter have, arising out of or in any way relating to any and all injuries and damages of any kind as a result of or in any way relating to this agreement. Subrecipient's obligations to DBHDS under this agreement shall not terminate until all closeout requirements are completed to the satisfaction of DBHDS. Such requirements shall include, without limitation, submitting final reports to DBHDS and providing any closeout-related information requested by DBHDS by the deadlines specified by DBHDS. This provision shall survive the expiration or termination of this agreement.

G. Use of Funds: The CBS may not use the funds provided under this Agreement for any purpose other than as described herein and allowable to carry out the purposes and activities of the Program or Service. The CSB agrees that if it does not fully implement this Program as approved or as subsequently modified by agreement of the Parties, the Department shall be able to recover part or all of the disbursed funds.

H. Performance Outcome Measures:

1. By December 31, 2021, secure an appropriate and suitable site for the CRC.
2. By December 31, 2022, open a CRC with a co-located Adult Residential Crisis Stabilization Unit (ARCSU); transfer of custody, urgent BH care and 23 hour observation programs.
3. By December 31, 2022, utilize Peer Recovery Supports in order to further support the individuals by reducing traumatic experiences.
4. By December 31, 2022, remain operational 24-7, 365 days a year, which would include the hiring and maintenance of the appropriate staff as prescribed by the Office of Licensing for the program.
5. Support walk-ins (including, but not limited to, children with families and adolescents).
6. Children and adolescents shall remain separate from the adult population.
7. The CSB will provide DBHDS with a monthly report on the progress of implementation of the program, as outlined in their approved proposal. Monthly reports will be submitted via email to Mary Begor *at* mary.begor@dbhds.virginia.gov by the 5th of each month for the previous month. Hard Copies Submission is not required. This monthly report will no longer be required when all components of the full CRC are implemented.

I. Reporting Requirements:

1. The Department will work with the CSB to establish benchmark measures to address reporting requirements.
2. The CSB must also comply with any additional reporting for the Crisis Receiving Center Grant Funding requirements and other reporting requirements negotiated with the Department.
3. The CSB shall provide data reports as required in CCS 3 and finance reports on the funds provided by the Department as required in CARS pursuant to the Reporting and Data Quality Requirements of the Community Services Performance Contract.

**Exhibit D: Prince William County Community Services Board
Performance Measures for the Crisis Receiving Center Grant Funding**

- J. Monitoring, Review, and Audit:** The Department may monitor and review use of the funds, performance of the Program, 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.
- K. Entire Agreement:** This Agreement and any additional or supplementary document(s) incorporated herein by specific reference contain all the terms and conditions agreed upon by the Parties hereto, and no other contracts, oral or otherwise, regarding the subject matter of this Agreement or any part thereof shall have any validity or bind any of the Parties hereto.
- L. Counterparts and Electronic Signatures:** Except as may be prohibited by applicable law or regulation, this Agreement and any amendment may be signed in counterparts, by facsimile, PDF, or other electronic means, each of which will be deemed an original and all of which when taken together will constitute one agreement. Facsimile and electronic signatures will be binding for all purposes.
- M. Conflicts:** In the event of any conflict between this Agreement (or any portion thereof) and any other agreement now existing or hereafter entered into, the terms of this Agreement shall prevail.

Signatures: In witness thereof, the Department and the CSB have caused this Agreement to be executed by the following duly authorized Parties.

Exhibit D: Prince William County Community Services Board
Performance Measures for the Crisis Receiving Center Grant Funding

**Virginia Department of Behavioral
Health and Developmental Services**

By: _____

Name: Alison G. Land, FACHE

Title: Commissioner

Date: _____

**Office of Adult Community Behavioral
Health Services**

By: _____

Name: Mary Begor

Title: Program Director

Date: _____

**Prince William County Community Services
Board**

By: _____

Name: Patrick Sowers

Title: Chairperson

Date: _____

By: _____

Name: **Lisa Madron**

Title: Executive Director

Date: _____



Northern Virginia Regional Projects Office

Serving Alexandria, Arlington, Fairfax-Falls Church, Loudoun, and Prince William
Community Services Boards

To: Heather Norton, Assistant Commissioner

From: Jean Post, Regional Projects Office

Date: February 9, 2022

Re: Request to utilize unexpended prior year balances

Margaret Graham, Chair
*Executive Director, Loudoun
Community Services Board*

Carol Layer
*Executive Director, Alexandria
Community Services Board*

Deborah Warren
*Executive Director, Arlington
Community Services Board*

Daryl Washington
*Executive Director, Fairfax-Falls
Church Community Services Board*

Lisa Madron
*Executive Director, Prince William
Community Services Board*

Jean Post
Director, Regional Projects Office

The Prince William County CSB is developing a regional crisis receiving center that will serve both Adults and Youth, in separate wings, and provide Residential Crisis Stabilization and 23-hour Crisis Stabilization. This project is being developed in phases over multiple years. Phase 1 is a 16-bed Adult Residential Crisis Stabilization Unit and 16-unit Adult 23-hour Crisis Stabilization recliners. Phase 2 is an 8-bed Youth Residential Crisis Stabilization Unit and 8-unit Youth 23-hour Crisis Stabilization recliners. These programs will be located in Prince William County and serve residents of Prince William County as well as residents of the other four Northern Virginia Localities.

A public procurement approach is being implemented for program operations and Prince William County is actively exploring real estate options. In Northern Virginia, startup expenses for slightly smaller programs serving similar populations, and meeting the unique needs of individuals as well as DBHDS licensing requirements are exceeding \$5,000,000.

Earlier this year, Prince William applied for State/ARPA funds for this project and received \$1,500,000 for startup expenses. The award of the State/ARPA funds must be expended by December 2022; Prince William CSB is actively working towards this goal. While these funds provide tremendous financial assistance to this project, they are not sufficient to cover the total cost of startup.

Additional Adult and Youth Residential Crisis Stabilization and 23-hour Crisis Stabilization services are a critical need in Northern Virginia. Our local private hospitals are operating at capacity for inpatient beds and operating waitlists for youth PHP, and a significant number of state hospital beds remain off-line. In FY21, Region 2 CSBs placed 908 individuals under a TDO in out-of-area hospitals; 22% of all Region 2 TDOs were placed out-of-area and away from their natural support system, contrary to best practices. In FY22 YTD, 41% of the Region 2 TDOs placed out-of-area are from Prince William CSB.

Region 2 shares DBHDS' goal of enhancing community-based crisis services rather than defaulting to the most costly and restrictive inpatient services. Developing this

Regional Projects will:

- *Use economy of scale*
- *Maximize resources*
- *Provide high quality services*
- *Attract highly qualified staff*
- *Reduce demands on local staff*

Cross geographical boundaries

regional program in Prince William County will help both Region 2 and DBHDS better attain this goal.

In FY20, FY21, and the first half of FY22, Region 2 experienced expansion start-up delays with our Regional Behavioral Health Mobile Crisis Provider funded through DBHDS STEP-VA Mobile Crisis; these delays were caused primarily by workforce challenges, which many are experiencing nationally. Despite significant recruitment efforts and salary adjustments, hiring for mobile crisis service delivery has been challenging; we are actively addressing this with our provider and expect to resolve the staffing challenges by the end of this year. As a result of these delays as well as the timing of the FY20 award, Region 2 now has unexpended prior year balances in the STEP-VA Mobile Crisis regional funding allocation from DBHDS.

Region 2 requests approval to redirect up to \$1.5 million in unexpended prior year balance of STEP-VA Mobile Crisis funds to start-up expenses for this new regional Crisis Center located in Prince William County. We believe this is an appropriate use of these funds as it will enhance the Region 2 Crisis Continuum and builds community capacity to serve R2 Adults and Youth, diverting them from state and local inpatient hospitalizations. Thank you for your consideration of this request.

Cc: Margaret Graham, Chair of RMG, Region 2
Lisa Madron, Executive Director, Prince William Community Services

Fontaine, Robyn

Subject: FW: DBHDS approval for 1.5m unexpended prior year \$ to be redirected to start up for PW CRC

Attachments: R2 Request to DBHDS to redirect prior year unexpended balances to start-up for Adult.Youth CSU and 23-hour loc in PW FINAL

From: Post, Jean <Virginia.Post@fairfaxcounty.gov>

Sent: Monday, February 28, 2022 4:00 PM

To: Madron, Lisa C <lmadron@pwcgov.org>; Fontaine, Robyn <RFontaine@pwcgov.org>; Strawderman, Betsy <bstrawderman@pwcgov.org>; Madison, Elise <EMadison@pwcgov.org>

Subject: DBHDS approval for 1.5m unexpended prior year \$ to be redirected to start up for PW CRC

See below. DBHDS is approving the request to use 1.5 million in unexpended prior year balances from STEP-VA Mobile Crisis for PW CRC start up.

From: Norton, Heather <heather.norton@dbhds.virginia.gov>

Sent: Monday, February 28, 2022 3:51 PM

To: Post, Jean <Virginia.Post@fairfaxcounty.gov>

Subject: Re: [EXTERNAL] request for update for 4:15 meeting

We have approved the carry forward- we have not finalized review of the ARPA

Heather Norton

Assistant Commissioner, Developmental Services

Department of Behavioral Health and Developmental Services

Office: 804-786-5850

Cell: 804-239-5155

"In any given moment we have two options: to step forward into growth or step back into safety" Abraham Maslow



Northern Virginia Regional Projects Office

Serving Alexandria, Arlington, Fairfax-Falls Church, Loudoun, and Prince William
Community Services Boards

Margaret Graham, Chair
Executive Director, Loudoun
Community Services Board

Carol Layer
Executive Director, Alexandria
Community Services Board

Deborah Warren
Executive Director, Arlington
Community Services Board

Daryl Washington
Executive Director, Fairfax-Falls
Church Community Services Board

Lisa Madron
Executive Director, Prince William
Community Services Board

Jean Post
Director, Regional Projects Office

To: Lisa Madron, Executive Director, Prince William Community Services

From: Jean Post, Director, Regional Projects Office

Date: 10/13/2021

Re: Ongoing funding award for CRC

The Regional Management Group received your request for ongoing funding to support the planned Prince William Crisis Receiving Center's annual operational costs. We understand that this Crisis Receiving Center will serve Prince William and residents of the other four other Northern Virginia localities (Alexandria, Arlington, Fairfax, and Loudoun) and will meet a critical need to enhance the community-based crisis services in Northern Virginia.

The Region 2 Management Group (or "RMG"), is granted authority over regional projects by DBHDS in the Core Service Taxonomy, <http://www.dbhds.virginia.gov/library/community%20contracting/occ-2010-coreservicestaxonomy7-2v2.pdf>, page 46, 2(a) which states: "(The RMG) shall manage the regional program and coordinate the use of funding provided for the regional program, review the provision of services offered through the regional program, coordinate and monitor the effective utilization of the services and resources provided through the regional program, and perform other duties that the members mutually agree to carry out."

Our current crisis service continuum does not have the capacity to meet the community's needs. As a result, 908 TDOed individuals in FY21 were placed in an out-of-area hospital and away from their natural support system, contrary to best practice. The addition of this Crisis Receiving Center to the Northern Virginia continuum of crisis services will increase local capacity to meet the needs of our residents.

Regional Projects will:

- Use economy of scale
- Maximize resources
- Provide high quality services
- Attract highly qualified staff
- Reduce demands on local staff

Cross geographical boundaries

14150 Parkeast Circle, Suite 115
Chantilly, Virginia 20151
703-531-2150, Fax 703-653-9562
www.fairfaxcounty.gov/csb/region

Therefore, the Regional Management Group has authorized ongoing funding of **\$200,000** for the Prince William Crisis Receiving Center, which will serve the regional effort. The funding source for these funds is the Regional MH Other Region 2 annual allocation from DBHDS.