NAMI Virginia supports the following legislative and budget priorities for the 2021 General Assembly session, and for the Commonwealth’s Fiscal Year 2020–2022 Biennial Budget:

**Full funding for STEP-VA**

In 2017, the System Transformation, Performance and Excellence in Virginia, or STEP-VA, initiative was established to address Accountability, Access, Quality, and Consistency across all Community Services Boards (CSBs) and to enable CSBs statewide to deliver, at a minimum, nine standard services plus care coordination. STEP VA requires core services that build on existing CSB behavioral health services. STEP VA increases access to quality mental health care.

Step #1: Same Day Access and providing necessary follow up services within 10 days  
Step #2: Primary Care Screenings  
Step #3: Outpatient Services  
Step #4: Crisis Services  
Step #5: Peer and Family Supports  
Step #6: Psychiatric Rehabilitation  
Step #7: Veterans Behavioral Health  
Step #8: Case Management  
Step #9: Patient Centered Treatment Planning and Care Coordination

The first two phases of STEP-VA have been implemented in all 40 Virginia CSBs. NAMI Virginia supports full funding of STEP-VA to support the implementation of all steps, including administration costs for oversight, and to ensure early intervention and continuity of behavioral health systems reform and services.

**2020 – 2022 Budget Items:**

*Budget approved funds: $30.2 million in FY22 for the Additional STEP-VA Services*

*Governor Proposed Amendment to budget: additional $726,807 to restore administrative funds for STEP-VA*

**Support Peer Recovery Specialists and Family Support Partners and an Increased Reimbursement Rate**

Peer support workers have been successful in the recovery process and help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process.

Family Support Partners provide an intensive level of support for families of youth with mental health challenges. Family members in this role have experience as a family member of a youth with complex emotional or behavioral health needs involved in multiple service systems. Because of their lived experience, Family Support Partners (FSPs) are able to deeply engage with families; earning their respect and developing a trusting relationship. The lived experience of FSP’s also makes them excellent keepers of information regarding resources and supports in the community; a vital trait for the mission of increasing a family’s natural supports. In High Fidelity Wraparound (HFW),

---

FSP’s are formal members of the team, and are equal workforce partners. They work closely with the Intensive Care Coordinator/HFW facilitator to support positive outcomes for the family.\(^4\)

NAMI Virginia supports increasing the number of Peer Recovery Specialists and Family Support Partners in the Virginia workforce. NAMI Virginia also supports an increased Medicaid reimbursement rate for peer and family support services to ensure this evidence-based practice that is found to reduce re-hospitalization rates, reduce inpatient stays, lower overall costs of services for people living with mental illness, increased use of outpatient services, and increased quality of life outcomes\(^5\) continues to be a viable service in Virginia. Currently the reimbursement rate barely covers the costs of the services and many providers are losing money and discontinuing the services. NAMI Virginia supports an increase in the reimbursement rate to protect this valuable service.

**Expansion of Permanent Supportive Housing for Individuals with Serious Mental Illness**

Permanent Supportive Housing (PSH) is an evidence-based practice that meets the housing preferences of many individuals with serious mental illness (SMI) and demonstrates positive outcomes such as reduced hospitalizations and homelessness, increased housing stability, and improved behavioral and physical health. Data from the Virginia Department of Behavioral Health and Development Services’ PSH program demonstrates positive results in all of these areas. In November 2018, Governor Northam issued Executive Order 25, recognizing Virginia’s unmet housing needs and highlighting the need for PSH as a top priority. At the request of the Deeds Commission, DBHDS assessed the need for PSH for adults with serious mental illness who need PSH to address extreme crises such as long-term homelessness, institutionalization, and frequent use of emergency services and criminal justice interventions. DBHDS’s assessment established a need for 5,000 PSH units.\(^6\)

**2020 – 2022 Budget Items:**

- **Budget Approved funds:** $17 million in FY22 for Permanent Supportive Housing (PSH)
- **SB1185 Auxiliary Grant for goods and services in supportive housing. A BILL to amend and reenact § 51.5-160 of the Code of Virginia, relating to auxiliary grants; assisted living facilities.**

**Expansion of Crisis Intervention and Stabilization Services including Mobile Crisis Units and Crisis Intervention Teams (CIT)**

**Mobile Crisis Units**

Mobile Crisis Units are an emergency mental health program in Virginia. On March 1, 2021, the Marcus Alert system will be implemented. The Marcus Alert builds on STEP-VA. The Marcus Alert program is a Mobile crisis and/or community care team that consists of one or more qualified or licensed mental health professionals and may include a registered peer recovery specialist or a family support partner. A law-enforcement officer is not a member of the mobile crisis team, but law enforcement may provide backup support as needed to a mobile crisis team.

---


A mobile crisis response is professional, same-day intervention for children or adults who are experiencing crises and whose behaviors are consistent with mental illness or substance abuse, or both, including individuals experiencing a behavioral health crisis that is secondary to mental illness, substance abuse, developmental or intellectual disability, brain injury, or any combination thereof.\(^7\)

**Crisis Intervention Team (CIT)**

In 2010, Virginia made funds available to support the development and establishment of crisis intervention team programs in areas throughout the Commonwealth to assist law-enforcement officers in responding to crisis situations involving persons with mental illness, substance abuse problems, or both. The goals of the crisis intervention team program are:\(^8\)

1. Providing immediate response by specially trained law-enforcement officers;
2. Reducing the amount of time officers spend out of service awaiting assessment and disposition;
3. Affording persons with mental illness, substance abuse problems, or both, a sense of dignity in crisis situations;
4. Reducing the likelihood of physical confrontation;
5. Decreasing arrests and use of force;
6. Identifying underserved populations with mental illness, substance abuse problems, or both, and linking them to appropriate care;
7. Providing support and assistance for mental health treatment professionals;
8. Decreasing the use of arrest and detention of persons experiencing mental health and/or substance abuse crises by providing better access to timely treatment;
9. Providing a therapeutic location or protocol for officers to bring individuals in crisis for assessment that is not a law-enforcement or jail facility;
10. Increasing public recognition and appreciation for the mental health needs of a community;
11. Decreasing injuries to law-enforcement officers during crisis events;
12. Reducing inappropriate arrests of individuals with mental illness in crisis situations; and
13. Decreasing the need for mental health treatment in jail.

CIT programs bring community leaders together and help keep people with mental illness out of jail and in treatment. That’s because diversion programs like CIT reduce arrests of people with mental illness while simultaneously increasing the likelihood that individuals will receive mental health services. Research shows that CIT is associated with improved officer attitude and knowledge about mental illness.

NAMI Virginia supports the Governors proposed budget amendments plus an additional $3 million in funding for the Marcus Alert and mobile crisis and community care teams. NAMI Virginia supports the expansion of CIT programs in Virginia.

**2020 – 2022 Budget Items:**

*Budget request: an additional $3 million in funds to implement additional community care and mobile crisis teams.*

---


Governor Proposed Amendment to budget: $80,000 for FY21 and $691,692 for FY22 to fund additional administrative costs of Marcus Alert legislation.

Expansion of Jail-based Mental Health Services and Criminal Justice Diversion Programs

In 2014, 20% of individuals in jails had a serious mental illness\(^9\) and a vast majority of these individuals committed non-violent offenses\(^10\). Often incarcerated for minor infractions related to instable housing, while incarcerated their access to mental health services are severely limited, and once released, many do not have access to necessary health services and benefits. In accordance to previous General Assembly action in 2019, NAMI Virginia supports legislative action to require the Department of Corrections to develop standards for mental health treatment in jails and also to divert criminal justice matters to mental health services in non-violent offense cases.

Expansion of Discharge Assistance Planning (DAP)

Discharge Assistance Planning (DAP) was created in response to the 1999 U.S. Department of Justice finding that Virginians remained in psychiatric hospitals too long after they had been determined clinically ready for discharge from state operated facilities. DBHDS discharge protocol anticipates that individuals will be discharged within 30-days of being determined clinically ready for discharge. If this 30-days is exceeded, those individuals are placed on the extraordinary barriers list until they are discharged or no longer deemed ready for discharge.

Across the Commonwealth today, DAP funding is an essential element of the discharge planning process. DAP funding is supplemental funding that assists individuals discharged from state behavioral health hospitals with mental health and other services to reintegrate into their communities.\(^11\)

NAMI Virginia supports an increase in DAP funding to assure individuals are not kept in state behavioral health facilities longer than necessary and to assure that mental health and other services are provided to meet the needs of individuals upon discharge.

**2020 – 2022 Budget Items:**

Governor Proposed Amendment to budget: $2.5 million for FY22 to Increase the availability of discharge planning funding for those individuals moving from state-operated mental health facilities to community placements.

Behavioral Health Enhancement

Behavioral Health Enhancement (formerly referred to as the "Redesign") is an interagency partnership effort between Department of Medical Assistance Services (DMAS) and Department of Behavioral Health & Developmental

---


Services (DBHDS) that strives for systems alignment in developing an evidence-based, trauma-informed and prevention-oriented array of services for the Medicaid-funded behavioral health system. Behavioral Health Enhancement goals are to implement fully-integrated behavioral health services that provide a full continuum of care to Medicaid members. This comprehensive system will focus on access to services that are evidence-based, trauma informed, and cost effective while maintaining high quality.

NAMI Virginia supports behavioral health enhancement to improve outcomes and promote recovery.

2020 – 2022 Budget Items:
Governor Proposed Amendment to budget: $129,253 additional funding for FY22 to train the workforce for an enhanced behavioral health care system.

---