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SENATE BILL NO. 1427

AMENDMENT IN THE NATURE OF A SUBSTITUTE
(Proposed by the Senate Committee on Education and Health
on January 21, 2021)

(Patron Prior to Substitute—Senator Morrissey)

A BILL to amend the Code of Virginia by adding a section numbered 37.2-313.2, relating to Department of Behavioral Health and Developmental Services; Early Psychosis Intervention and Coordinated Specialty Care Advisory Board established.

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 37.2-313.2 as follows:

§ 37.2-313.2. *Early Psychosis Intervention and Coordinated Specialty Care Advisory Board.*

The Early Psychosis Intervention and Coordinated Specialty Care Advisory Board (the Advisory Board) is hereby established as an advisory board within the meaning of § 2.2.-2100 to assist the Department in expanding the provision of high-quality, evidence-based early psychosis and mood disorder detection and intervention services. The Advisory Board shall provide advice and guidance to the Commissioner of the Department of Behavioral Health and Developmental Services on approaches to early psychosis and mood disorder detection approaches, make program funding recommendations, and recommend a core set of standardized clinical and outcome measures. Early psychosis intervention includes services to youth and young adults who are determined to either be at a clinical high risk for psychosis or are experiencing a first episode of psychosis.

The Advisory Board shall consist of nine members to be appointed by the Governor for a term of four years, except that the initial appointment of Advisory Board members shall provide that the terms of three of the members shall be for two years. The membership of the Advisory Board shall be as follows: one member shall be a local community services board member; one member shall be a representative of a nonprofit community mental health organization that focuses on service delivery to transition-aged youth and young adults; two members shall be a licensed psychiatrist or licensed psychologist; one member shall be a representative of a health insurance plan participating in both Virginia's Medicaid managed care program and the private health care market; one member shall be a representative knowledgeable of evidence-based practices as they pertain to the operations of an early psychosis and mood disorder detection and intervention-type program, including knowledge of experiences outside of Virginia; one member shall be a representative of the Department of Behavioral Health and Developmental Services; one member shall be a parent or guardian caring for a young child with mental illness; and one member shall be a person diagnosed with a mental illness.

The Advisory Board shall elect a chairman and vice-chairman from among its membership. The Advisory Board shall meet at least once a year and may hold additional meetings as necessary to perform its duties. A majority of the Advisory Board shall constitute a quorum for the conduct of business.

Vacancies occurring other than by expiration of term shall be filled for the unexpired term. No person shall be eligible to serve on the Advisory Board for more than two successive terms.

The responsibilities of the Advisory Board shall include developing and administering a strategic plan for early psychosis intervention in the Commonwealth. The strategic plan shall be for a period of at least three years and no more than five years. It shall include a strategy to enhance services to existing Coordinated Specialty Care programs; a strategy to expand early psychosis intervention to underserved areas of the Commonwealth; a strategy to identify and apply for funds from individuals, foundations, and federal and state sources; a strategy to disburse funds to existing and start-up programs in the Commonwealth; a strategy to establish billing procedures from commercial insurance, Medicaid, and self-insured employers, including developing an insurance mandate establishing a bundled rate for Coordinated Specialty Care and the establishment of a fair rate for these services; and establishment of a means to evaluate the effectiveness of billing for Coordinated Specialty Care and program sustainability. The strategic plan shall establish and communicate minimum fidelity standards for Coordinated Specialty Care programs; develop procedures for regular fidelity reviews of Coordinated Specialty Care programs; establish and communicate data required for program evaluation; collect and analyze such data in conjunction with the Department of Behavioral Health and Developmental Services; complete reports as needed, but not less than annually; and submit reports to the Commissioner of the Department of Behavioral Health and Developmental Services and the General Assembly. Reports shall include recommendations to improve early psychosis intervention services. Upon receipt of the report, the Commissioner shall respond in writing to the Advisory Board.