



# **Community Services Boards General Fund Reduction Report Quarter 1**

**(Item 310 Y.3. of the 2019 Appropriations Act)**

**August 15, 2019**

*DBHDS Vision: A Life of Possibilities for All Virginians*

# **Community Services Boards General Fund Reduction Report Table of Contents**

Background.....	2
GF Reduction FY 2019.....	2
A. Methodology Used .....	2
GF Reduction FY 2020.....	4
A. Methodology Used .....	4
CSB Revenue Generation related to Medicaid Expansion.....	4
Appendix A – Community Services Boards Financial Information .....	6
Appendix B – Community Services Boards Reporting Requirements.....	7
Appendix C – CSB Collections for Services Provided.....	8
Appendix D – CSB Billings for Services Provided .....	9
Appendix E – CSB Collections for Services Provided and Projected Billings .....	10

*DBHDS Report to Governor and General Assembly*  
**Community Service Board General Fund Replacement related to Medicaid Expansion**

**Background**

During the 2018 session, the Governor proposed and the General Assembly passed Medicaid expansion. As part of this process, the Executive Branch conducted and completed a financial analysis, identifying several program resources that would benefit from additional revenue generation through Medicaid expansion and where general fund support could be offset in anticipation of this new Medicaid revenue. One of the program areas identified was Community Service Board (CSB) programs supported through general fund grants to localities. The analysis made the assumption that the CSBs would realize new revenue for the individuals that are currently receiving services who would now be eligible for Medicaid, to include those currently served through Governor's Access Program (GAP). Based on this analysis, the finalized bill Chapter 2, 2018 Acts of Assembly Special Session I, reduced the general fund appropriation of the CSBs by \$11.1 million in FY 2019 and \$25.0 million in FY 2020.

Based on a subsequent analysis conducted by the Department of Behavioral Health and Developmental Services (DBHDS) and confirmed through discussion with CSB leadership, it was determined that Community Service Boards may not immediately generate the anticipated revenue as a result Medicaid Expansion. Based on this feedback, the Executive Branch included in the proposed budget and the General Assembly later modified this language to address the concern. The current Appropriation Act (2019 Acts of Assembly, Chapter 854) includes language requiring the Department of Behavioral Health and Developmental Services to provide a report to the Governor and General Assembly on May 15, 2019, and quarterly thereafter on status of CSB general fund reductions resulting from anticipated new revenue generated from Medicaid Expansion. The language in Item 310 reads as follows:

*Y.1. The Department of Behavioral Health and Developmental Services, in consultation with the Department of Medical Assistance Services, shall, on a monthly basis, monitor the fiscal impact of Medicaid expansion on community services boards. The Department of Behavioral Health and Developmental Services shall require community services boards to submit monthly expenditure reports documenting additional federal revenues received as a result of Medicaid expansion on a timely basis. In the event that the reduction in general fund appropriation allocated to a community services board in this Act in anticipation of additional revenues from Medicaid expansion exceeds, by more than ten percent, the total additional revenue collections as of May 15, 2019, the Commissioner, Department of Behavioral Health and Developmental Services, may allocate up to \$7,000,000 from available special fund revenue balances to address shortfalls, on a pro rata basis, if necessary.*

*2. Prior to the distribution of any special revenue fund balances for this purpose, the Department shall notify the Secretary of Finance and the Chairmen of the House Appropriations and Senate Finance Committees.*

*3. The Department of Behavioral Health and Developmental Services, in consultation with the Department of Medical Assistance Services, shall submit a letter to the Secretary of Health and Human Resources and the Chairmen of the House Appropriations and Senate Finance Committees by May 15, 2019, and each fiscal quarter thereafter, that reports on: (i) the state general fund reductions taken by each Community Services Board (CSB) or Behavioral Health Authority (BHA) in fiscal year 2019 in anticipation of projected savings from the expansion of Medicaid eligibility to existing CSB clients who were previously uninsured; (ii) the actual Medicaid-generated reimbursements realized by each CSB/BHA in fiscal year 2019 as a result of the expansion of Medicaid eligibility to existing CSB clients who were previously uninsured; (iii) the state general fund reductions to be taken by each CSB/BHA in fiscal year 2020 in anticipation of projected savings from the expansion of Medicaid eligibility; and (iv) the amount of Medicaid reimbursements that each CSB/BHA would have to achieve in order to meet the anticipated general fund savings/budget reductions in fiscal year 2020, as well as any actions the Department proposes to take to address any shortfalls and to ensure continuity in the provision of services. The Department of Medical Assistance Services shall require the managed care organizations to report encounter data impacting Community Services Boards on a monthly basis, with the data submitted no later than 20 days after the end of each month in order to determine the revenue impact to fulfill the intent of this paragraph.*

The following sections provide details, including the methodology and status of the required General Fund Reduction information in the attached Appendix A.

### **GF Reduction FY 2019**

*Item 310, Y. 3. i.*

#### **Methodology Used**

To apply the required \$11.1 million general fund appropriation reduction by CSB, DBHDS first looked at known areas for additional revenue generation resulting from Medicaid expansion. The focus here was the total number of uninsured individuals served in FY 2018 and the projected amount of Medicaid case management revenue that each CSB would generate based on those individuals. Case management is the only billable service used since this is what the original reduction was based on. Additionally, DBHDS identified that the case management rate under Medicaid is higher than GAP. DBHDS calculated this differential and applied it across the population currently receiving the service. These two items collectively generated \$10.4 million projected in new Medicaid annually, or for FY 2019, \$4.4 million over a five month period. The differential of \$6.7 million was then spread based on CSB total revenue (to include all sources of funding) at a rate of .81 percent reduction in total budget. Important points in this process include: 1) DBHDS was conservative in its estimate of new revenue generation resulting from Medicaid expansion due to limited information on eligible services, and 2) the \$6.7 million remaining was spread based on which CSBs would best be able to absorb such a reduction, looking at total revenues generated from all sources. This was done in order to mitigate any impact on service delivery if new revenues did not materialize. Along this same line of analysis, DBHDS identified unrestricted general fund programs or funding streams that could be used to absorb the reduction, so as to protect those funding streams that are restricted in the Appropriation Act or have federal requirements. DBHDS adopted this methodology based on

extensive conversations with CSB leadership on the best available option for spreading the required reduction in general fund appropriation.

## **GF Reduction FY 2020**

*Item 310, Y. 3. Iii & Iv.*

### **Methodology Used**

FY 2020 reduction methodology is similar to FY 2019 reduction. To apply the required \$25.0 million general fund appropriation reduction by CSB, DBHDS first looked at known areas for additional revenue generation due to Medicaid expansion. The focus here was the total number of uninsured individuals served in FY 2018 and the projected amount of Medicaid case management revenue that each CSB would generate based on those individuals. Case management is the only billable service used since this is what the original estimate was based on. Additionally, DBHDS identified that the case management rate under Medicaid is higher than GAP. DBHDS calculated this differential and applied it across the population currently receiving the service. This generated \$10.4 million projected in new Medicaid for FY 2020.

To make up the remaining \$14.5 million general fund reduction, DBHDS staff applied a 1.74 percent reduction of the total revenues for FY 2018 for Mental Health and Substance Abuse services at each individual CSB. The formula did put two ceilings on this distribution: 1) ensure no CSB experienced a greater than 6 percent reduction in total revenue (most fell between 3 and 4 percent); 2) keep the replacement to less than 60 percent unrestricted funds so that they could identify non-obligated dollars to replace. For FY 2020 only, several CSBs exceeded these thresholds and once capped the remaining dollars were allocated using a VDH Healthy Opportunities Index spreading the difference to those CSBs in the Top 10 of this metric. These actions resulted in the final distribution of the projected cuts. At the start of May, DBHDS identified unrestricted programs and funding streams that CSBs could use to absorb the general fund reduction starting with its first warrant payment here at the start of FY 2020 in July.

### **CSB Revenue Generation related to Medicaid Expansion**

*Item 310, Y. 3. ii.*

In order to ascertain the amount of Medicaid revenue resulting from Medicaid Expansion generated by the CSBs for those individuals previously served as uninsured, the department convened a workgroup in the spring 2019 of CSB financial officers to determine the best method for compiling information in a uniform fashion from the boards on a monthly basis. This workgroup developed a standard template which captures individuals served by the CSBs receiving Medicaid Expansion into three client types:

1. Individuals previously served on Governor's Access Program (GAP), looking specifically at the rate differential between this program and Medicaid
2. Individuals uninsured previously served by CSB in Calendar year 2018 (Prior Uninsured)
3. Individuals new to the CSB system (New)

These client types were used to comply with the reporting requirements in Item 310 Y 1-3 and provide the level of detail necessary to identify general fund resources within the CSB budget that were being offset by additional new revenues from Medicaid expansion. The CSBs

completed the template for services provided through April 30, 2019, with associated collections thru May 31, 2019, and submitted this information to the department by July 31, 2019. DBHDS then spent August reviewing and validating this information to ensure its accuracy. The summary of this collection and billing data are presented in Appendices C & D. The template layout is in attached Appendix B.

Based on the submitted data of the CSBs, DBHDS determined that collections through May 15 were less than 90% the allocated reduction, therefore, the shortfall threshold was met for DBHDS to issue reimbursement to CSBs. The amount of this shortfall – May 15 collections minus GF Reduction – was \$7.8 million when looking at the GAP differential plus the uninsured previously served. A determination was made to issue reimbursement dollars. Based on numerous discussions and a coordinated effort between the DBHDS and CSB leadership, it was determined to pro rate the \$7 million reimbursement based on Case Management information. Case Management was used to calculate the FY 19 General Fund Reduction to CSBs and all 40 CSBs agreed to this payment methodology (see Appendix C for detailed collection information).

Using the current data to make projections about shortfalls for FY 2019 is a difficult process due to the large difference between collections and billing as of May (about a \$3.1 million total difference). It should be recognized that the January through May 15 period was a transition to Medicaid expansion during which time CSB cash flow was negatively impacted. Many CSBs also have a significant lag time upwards of 120 days between billing and collections for services rendered. The largest variance between billing and collections is associated with prior uninsured, accounting for about 61 percent or about \$1.9 million of the difference. CSBs are currently projected to bill a total of \$8.2 million in new revenue for FY 2019 – based on using GAP differential for CM and looking at all services for individuals previously uninsured. Collections through May 15, however, are significantly less. This leaves a shortfall of about \$2.9 million on the basis of billing. Adding new revenue reduces the projected shortfall to \$2,000,000 (see Appendix E). The appropriation act, however, calls for the basis of reimbursement to be collected revenue through May 15, 2019.

DBHDS anticipates that this wide variance in projected billing and collections will continue to narrow as it receives the next data submission, which is due from CSBs on September 24, 2019, and will cover the complete period of January 1, 2019 through June 2019. Results will be included in the November quarterly report, which will better guide the FY 2020 projections.

Lastly, the department has also held several discussions with DMAS, providing them the CSB template as reference. The goal is for DMAS to validate this information using the data it receives from the Managed Care Organizations on claim billing and payment information for each of the CSBs. To date, the department and DMAS have determined that the DMAS data does not provide sufficient detail required by item 310 Y 1- 3. It has, however, provided aggregate data on Medicaid expansion that is consistent with this analysis. Additionally, in working with the CSB workgroup and DMAS, it was determined that the current DMAS data exchange is essential in helping to identify eligible individuals for the CSBs.

**Appendix A – Community Service Boards General Fund Reduction Information**

<b>Community Service Boards</b>	<b>GF Reduction</b>	<b>GF Reduction and Amount CSBs Need to Generate in Revenue</b>	<b>GF Reduction Amount CSBs Absorbed as of August 15th</b>
	<b>FY 2019</b>	<b>FY2020</b>	<b>FY 2020</b>
	<b>Item 310. Y. 3 (i)</b>	<b>Item 310. Y. 3 (iii and iv)</b>	
Alexandria	\$330,758	\$876,373	\$146,062
Alleghany	\$78,883	\$141,622	\$23,604
Arlington	\$636,277	\$1,627,683	\$271,281
Blue Ridge	\$358,453	\$811,854	\$135,309
Chesapeake	\$166,355	\$446,264	\$74,377
Chesterfield	\$201,056	\$453,906	\$75,651
Colonial	\$154,376	\$347,531	\$57,922
Crossroads	\$156,525	\$262,258	\$43,710
Cumberland Mountain	\$180,162	\$403,621	\$67,270
Danville Pittsylvania	\$159,888	\$207,730	\$34,622
Dickenson	\$112,343	\$82,230	\$13,705
District 19	\$225,075	\$511,219	\$85,203
Eastern Shore	\$60,273	\$132,676	\$22,113
Fairfax Falls Church	\$1,686,609	\$4,359,126	\$726,521
Goochland	\$41,868	\$91,704	\$15,284
Hampton Newport News	\$499,314	\$1,333,415	\$222,236
Hanover	\$176,783	\$382,283	\$63,714
Harrisonburg-Rockingham	\$125,405	\$279,120	\$46,520
Henrico	\$294,968	\$664,385	\$110,731
Highlands	\$315,819	\$573,583	\$95,597
Horizon	\$543,158	\$469,323	\$78,221
Loudoun	\$208,155	\$564,205	\$94,034
Mid. Peninsula Northern Neck	\$165,620	\$361,794	\$60,299
Mount Rogers	\$413,358	\$929,762	\$154,960
New River Valley	\$424,367	\$948,166	\$158,028
Norfolk	\$337,553	\$877,561	\$146,260
Northwestern	\$200,413	\$438,142	\$73,024
Piedmont	\$196,872	\$322,190	\$53,698
Planning District 1	\$140,766	\$315,423	\$52,571
Portsmouth	\$86,235	\$189,729	\$31,622
Prince William	\$238,384	\$642,112	\$107,019
Rapp Area	\$266,426	\$602,970	\$100,495
Rapp-Rapidan	\$132,725	\$297,417	\$49,570

Region 10	\$367,253	\$503,514	\$83,919
Richmond	\$484,980	\$1,295,101	\$215,850
Rockbridge	\$57,026	\$128,241	\$21,374
Southside	\$70,345	\$153,537	\$25,590
Valley	\$141,597	\$313,472	\$52,245
Virginia Beach	\$463,378	\$1,193,687	\$198,948
Western Tidewater	\$202,775	\$445,865	\$74,311
<b>Totals</b>	<b>\$11,102,576</b>	<b>\$24,980,796</b>	<b>\$4,163,466</b>

## Appendix B – Community Service Boards Reporting Requirements

<b>Data Field Name</b>	<b>Data Field Description</b>	<b>Additional Information</b>
Medicaid ID	Medicaid ID for Individual Receiving Expanded Benefits	One of the four identifiers to ensure a unique valid claim
Name	Name of Individual Receiving Expanded Benefits	One of the four identifiers to ensure a unique valid claim
Date of Birth	Date of Birth of for Individual Receiving Expanded Benefits	One of the four identifiers to ensure a unique valid claim
Date of Service	Date of Service of for Individual Receiving Expanded Benefits	One of the four identifiers to ensure a unique valid claim
Pay Source (MCO)	The Managed Care Organization providing the service	Needed to validate against DMAS data
CPT Code	The Current Procedural Terminology number for the service/procedure provided	
Service Type	Description of Service	
Client Type	Prior GAP, Prior Uninsured, New to CSB	Item needed to calculate the projected Medicaid shortfall
Amount Billed	The amount of Medicaid Expansion claims billed	
Amount Collected	The amount collected	Item needed to calculate the projected Medicaid shortfall
Month Billed	The month the claim was billed	
Month Collected	The month the claim was paid	Item needed to calculate the projected Medicaid shortfall
Previous GAP Rate Billed	The amount the CSB would have billed if individual was still receiving GAP	The reason for this data is to calculate the amount associated with Medicaid Expansion (i.e. Case Management GAP paid \$195.90 while Medicaid pays 326.50 the difference is



		associated with Medicaid Expansion)
Incremental Amount Billed	The difference between the GAP rate and the Medicaid rate	
Prior GAP Collection	The amount that would have been collected if the individual was still receiving GAP	Item needed to calculate the projected Medicaid shortfall
Incremental Amount Collected	The amount collected for a prior GAP individual that is attributable to Medicaid Expansion	Item needed to calculate the projected Medicaid shortfall

### Appendix C – CSB Collections for Services Provided as of April 30, 2019

CSB Name	Medicaid Expansion Client Type			
	GAP	New	Prior Uninsured	Grand Total
Alexandria	\$4,179	\$6,728	\$104,864	\$115,771
Alleghany Highlands CSB	\$9,403	\$15,413	\$20,778	\$45,595
Arlington County	\$5,616	\$4,717	\$46,053	\$56,386
Blue Ridge Behavioral Healthcare	\$65,406	\$134,224	\$169,490	\$369,120
Chesapeake Integrated	\$11,542	\$34,281	\$39,400	\$85,224
Chesterfield	\$12,276	\$5,475	\$74,411	\$92,162
Colonial Behavioral Health	\$31,729	\$25,745	\$26,202	\$83,676
Crossroads	\$46,443	\$20,318	\$39,046	\$105,807
Cumberland Mountain	\$39,441	\$45,327	\$20,225	\$104,993
Danville-Pittsylvania Community Services	\$12,156	\$11,880	\$56,423	\$80,459
Dickenson County	\$18,296	\$2,520	\$1,633	\$22,450
District 19	\$24,222	\$0	\$12,615	\$36,838
Eastern Shore	\$11,885		\$3,993	\$15,878
Fairfax-Falls Church	\$1,673	\$18,771	\$161,307	\$181,751
Goochland-Powhatan	\$3,096	\$11,154	\$4,236	\$18,487
Hampton-Newport News	\$31,213	\$44,914	\$14,277	\$90,404
Hanover County	\$19,982	\$6,733	\$37,044	\$63,758
Harrisonburg-Rockingham	\$8,881	\$13,795	\$39,824	\$62,500
Henrico Area Mental Health &	\$27,201	\$3,516	\$35,131	\$65,848
Highlands Community Services	\$63,000	\$24,976	\$46,980	\$134,956
Horizon Behavioral Health Services	\$159,662	\$112,287	\$141,378	\$413,326
Loudoun County Department of		\$1,992	\$3,406	\$5,397
Middle Peninsula - Northern Neck	\$19,536	\$42,164	\$70,321	\$132,021
Mount Rogers	\$82,147	\$102,909	\$48,034	\$233,090
New River Valley	\$41,270	\$51,837	\$146,710	\$239,816

Norfolk Community Services Board	\$24,292	\$36,518	\$29,941	\$90,751
Northwestern Community Services	\$30,699	\$255,135	\$57,415	\$343,249
Piedmont Community Services	\$45,769	\$42,170	\$18,060	\$105,999
Planning District One	\$35,915	\$36,085	\$33,736	\$105,736
Portsmouth BHS	\$4,545		\$76,883	\$81,428
Prince William County	\$47,792	\$68,026	\$25,602	\$141,420
Rappahannock Area CSB	\$26,332	\$3,656	\$37,906	\$67,893
Rappahannock-Rapidan CSB	\$23,156	\$200,675	\$10,841	\$234,672
Region Ten CSB	\$39,964	\$84,765	\$73,634	\$198,362
Richmond Behavioral Health	\$55,820	\$24,079	\$278,477	\$358,377
Rockbridge Area	\$7,444	\$11,159	\$3,965	\$22,568
Southside	\$0	\$3,829	\$12,104	\$15,932
Valley	\$15,827	\$37,557	\$37,570	\$90,954
Virginia Beach Community Services Board	\$37,728	\$18,172	\$79,152	\$135,053
Western Tidewater CSB	\$32,567	\$12,368	\$26,349	\$71,285
<b>Grand Total</b>	<b>\$1,178,104</b>	<b>\$1,575,870</b>	<b>\$2,165,415</b>	<b>\$4,919,390</b>

**Appendix D – CSB Billings for Services Provided as of April 30, 2019**

CSB Name	Medicaid Expansion Client Type			Grand Total
	GAP	New	Prior Uninsured	
Alexandria	6,661	8,135	313,553	328,349
Alleghany Highlands CSB	9,403	17,206	22,721	49,330
Arlington County	8,620	16,235	120,975	145,829
Blue Ridge Behavioral Healthcare	89,671	341,709	300,387	731,766
Chesapeake Integrated	11,673	43,464	49,130	104,267
Chesterfield	15,019	8,273	115,265	138,557
Colonial Behavioral Health	31,729	34,639	32,241	98,609
Crossroads	48,233	28,366	47,870	124,469
Cumberland Mountain	42,706	74,171	38,838	155,715
Danville-Pittsylvania Community Services	12,367	25,022	68,148	105,537
Dickenson County	18,296	2,563	1,787	22,645
District 19	27,559	356	24,885	52,800
Eastern Shore	11,885		8,637	20,521
Fairfax-Falls Church	2,065	77,009	417,318	496,392
Goochland-Powhatan	3,359	12,913	4,837	21,110
Hampton-Newport News	34,609	67,739	28,221	130,569
Hanover County	19,982	7,715	44,320	72,016
Harrisonburg-Rockingham	12,146	39,034	84,943	136,123
Henrico Area Mental Health & Highlands Community Services	33,665	8,602	54,720	96,987
	91,994	117,892	146,763	356,650

Horizon Behavioral Health Services	159,662	124,023	162,960	446,645
Loudoun County Department of		5,444	13,335	18,779
Middle Peninsula - Northern Neck	19,958	58,816	114,095	192,869
Mount Rogers	88,547	184,072	68,191	340,809
New River Valley	41,270	59,414	173,425	274,109
Norfolk Community Services Board	24,292	42,227	33,867	100,386
Northwestern Community Services	31,996	341,433	89,707	463,135
Piedmont Community Services	71,138	64,898	33,513	169,550
Planning District One	35,915	53,551	47,260	136,725
Portsmouth BHS	7,512		139,195	146,707
Prince William County	57,067	99,987	44,796	201,850
Rappahannock Area CSB	64,439	12,288	70,109	146,837
Rappahannock-Rapidan CSB	23,432	206,311	15,631	245,374
Region Ten CSB	39,964	186,718	160,426	387,108
Richmond Behavioral Health	106,319	52,822	736,144	895,285
Rockbridge Area	7,444	18,932	5,250	31,627
Southside	0	5,123	15,605	20,728
Valley	17,009	46,708	53,027	116,744
Virginia Beach Community Services Board	46,159	30,306	145,798	222,262
Western Tidewater CSB	34,396	25,102	45,834	105,332
<b>Grand Total</b>	<b>1,408,157</b>	<b>2,549,219</b>	<b>4,093,725</b>	<b>8,051,100</b>

**Appendix E – Projected Collections Assuming 90% Collection Rate and projecting Billings for May**

CSB Name	Medicaid Expansion Client Type				Grand Total
	GAP	Prior Uninsured	GAP + Prior Uninsured	New	
Alexandria	7,493	352,748	360,241	9,152	369,393
Alleghany Highlands CSB	10,579	25,561	36,140	19,357	55,497
Arlington County	9,697	136,096	145,793	18,264	164,057
Blue Ridge Behavioral Healthcare	100,879	337,935	438,814	384,423	823,237
Chesapeake Integrated	13,132	55,271	68,403	48,898	117,301
Chesterfield	16,896	129,673	146,569	9,307	155,876
Colonial Behavioral Health	35,695	36,271	71,966	38,969	110,935
Crossroads	54,262	53,854	108,116	31,912	140,028
Cumberland Mountain	48,044	43,692	91,736	83,442	175,178
Danville-Pittsylvania Community Services	13,913	76,666	90,579	28,150	118,729
Dickenson County	20,583	2,010	22,593	2,883	25,476
District 19	31,003	27,996	58,999	401	59,400
Eastern Shore	13,370	9,716	23,086	0	23,086
Fairfax-Falls Church	2,323	469,482	471,805	86,635	558,440

Goochland-Powhatan	3,779	5,442	9,221	14,528	23,749
Hampton-Newport News	38,935	31,749	70,684	76,207	146,891
Hanover County	22,480	49,860	72,340	8,679	81,019
Harrisonburg-Rockingham	13,664	95,560	109,224	43,914	153,138
Henrico Area Mental Health &	37,873	61,559	99,432	9,677	109,109
Highlands Community Services	103,494	165,109	268,603	132,628	401,231
Horizon Behavioral Health Services	179,619	183,330	362,949	139,526	502,475
Loudoun County Department of	0	15,002	15,002	6,125	21,127
Middle Peninsula - Northern Neck	22,453	128,357	150,810	66,168	216,978
Mount Rogers	99,615	76,715	176,330	207,080	383,410
New River Valley	46,428	195,104	241,532	66,841	308,373
Norfolk Community Services Board	27,328	38,100	65,428	47,506	112,934
Northwestern Community Services	35,995	100,920	136,915	384,112	521,027
Piedmont Community Services	80,031	37,702	117,733	73,010	190,743
Planning District One	40,404	53,167	93,571	60,244	153,815
Portsmouth BHS	8,451	156,594	165,045	0	165,045
Prince William County	64,201	50,396	114,597	112,485	227,082
Rappahannock Area CSB	72,494	78,873	151,367	13,824	165,191
Rappahannock-Rapidan CSB	26,361	17,585	43,946	232,100	276,046
Region Ten CSB	44,959	180,479	225,438	210,058	435,496
Richmond Behavioral Health	119,609	828,162	947,771	59,425	1,007,196
Rockbridge Area	8,375	5,906	14,281	21,299	35,580
Southside	0	17,555	17,555	5,764	23,319
Valley	19,135	59,656	78,791	52,547	131,338
Virginia Beach Community Services Board	51,929	164,022	215,951	34,094	250,045
Western Tidewater CSB	38,695	51,563	90,258	28,240	118,498
<b>Grand Total</b>	<b>1,584,176</b>	<b>4,605,438</b>	<b>6,189,614</b>	<b>2,867,874</b>	<b>9,057,488</b>