



Virginia Department of
Behavioral Health &
Developmental Services

Community Services Boards General Fund Reduction Report Quarter 2

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

November 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.....	3
A. Methodology Used	3
CSB Revenue Generation related to Medicaid Expansion.....	3
Appendix A – Community Service Boards General Fund Reduction Information	5
Appendix B – Community Services Boards Reporting Requirements.....	6
Appendix C – CSB Collections for Services Provided.....	7
Appendix D – CSB Billings for Services Provided	8
Appendix E – CSB Collections for Services Provided and Projected Billings	9

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 generate the anticipated revenue as a result of Medicaid Expansion, most certainly if GAP recipients already receiving CSB services were excluded from the methodology. Based on this feedback to Executive Leadership and discussions with Community Service Boards, 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 started by looking at known areas for additional revenue generation resulting from Medicaid expansion. The focus was on 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 five months. 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 the total budget. The two key points are that DBHDS was conservative in its estimate of new revenue generation resulting from Medicaid expansion due to limited information on eligible services. In addition, the \$6.7 million remaining was spread based on the ability of which CSBs would best be able to absorb such a reduction; to mitigate any impact on service delivery if revenues did not materialize. Along this

same line of thinking, DBHDS identified unrestricted general fund programs or funding streams that could be used to absorb the reduction, in order to protect those 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 started by looking 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 CSB. The formula put two ceilings on this distribution: 1) ensured no CSB experienced a greater than 6 percent reduction in total revenue (most fell between 3 and 4 percent); and 2) kept 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 at the start of FY 2020..

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 spring 2019 of CSB financial officers to determine the best method for compiling information in a uniform fashion from the CSBs 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. Uninsured Individuals 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 was offset by additional new revenues from Medicaid expansion. The CSBs completed the template for services provided through June 30, 2019 with associated collections through August 31, 2019, and submitted this information to the department by September 24, 2019. DBHDS then spent the greater part of October 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.

Using the current data to make projections about FY 2020 shortfalls is a difficult process for the following reasons:

- There is still a large difference between billings and collections. According to discussions with CSBs, this difference is the combination of factors:
 - Some CSBs have a significant lag time upwards of 120 days between billing and collections for services rendered.
 - CSBs are still adjusting from the transition to managed care. Each Managed Care Organization (MCO) has different billing requirements which can result in increased denied claims and delays in rebilling of denied claims.
 - Clients that transitioned from uninsured to Expanded Medicaid continued to receive services before authorization of service from the MCO; this means these claims will never be paid.
- This data represents a ramping up period which should not occur in future years.
- The services provided and billing for services is not uniform throughout the year.

DBHDS anticipates that this wide variance between projected billing and collections will continue to narrow as CSBs and MCOs address billing issues. To project Medicaid Expansion revenue for FY 2020, DBHDS used 90% of April and May’s billing. The 90% billing rate was chosen to ensure CSBs maximize Medicaid collections. The actual collections for April and May for all CSBs were 73%, with some CSBs achieving over 90%. April and May were used to remove the start/ramp-up associated with January – March data and June was excluded because of the potential of unbilled claims. Annualizing April and May collections would result in \$29.1 million associated with Medicaid Expansion for FY 2020, or \$4.1 million more than the General Fund reduction (See Calculation Below). However, the impact varies by CSB, as some CSBs will not generate enough revenue from expansion to cover the GF reduction while others are over their GF reduction amount.

If new client revenue is excluded there is a projected shortfall of \$7.8 million dollars. See Appendix E for calculations by CSB. The Department will receive its next round of CSB data by December 16th, which should provide a better snapshot of projected FY 2020 revenue billings and collections.

Projected FY 2020 Medicaid Expansion Revenue using 90% of April and May Billings

	All Services	GAP Diff & Prior Uninsured
April and May Billings	\$5,388,792	\$3,184,568
Projected Collection Rate	90%	90%

Projected April & May Collections	\$4,849,913	\$2,866,111
Projected Annual Collections	\$29,099,477	\$17,196,665
Current FY 2020 GF Reduction	\$24,980,796	\$24,980,796
Projected GF (Shortfall)/Surplus	\$4,118,681	(\$7,784,131)

Appendix A – Community Service Boards General Fund Reduction Information

	GF Reduction	GF Reduction and Amount CSBs Need to Generate in Revenue	GF Reduction Amount CSBs Absorbed as of November 15th
	FY 2019	FY2020	FY 2020
	Item 310. Y. 3 (i)	Item 310. Y. 3 (iii and iv)	
Community Service Boards			
Alexandria	\$330,758	\$876,373	\$365,155
Alleghany	\$78,883	\$141,622	\$59,009
Arlington	\$636,277	\$1,627,683	\$678,201
Blue Ridge	\$358,453	\$811,854	\$338,273
Chesapeake	\$166,355	\$446,264	\$185,943
Chesterfield	\$201,056	\$453,906	\$189,128
Colonial	\$154,376	\$347,531	\$144,805
Crossroads	\$156,525	\$262,258	\$109,274
Cumberland Mountain	\$180,162	\$403,621	\$168,175
Danville Pittsylvania	\$159,888	\$207,730	\$86,554
Dickenson	\$112,343	\$82,230	\$34,263
District 19	\$225,075	\$511,219	\$213,008
Eastern Shore	\$60,273	\$132,676	\$55,282
Fairfax Falls Church	\$1,686,609	\$4,359,126	\$1,816,303
Goochland	\$41,868	\$91,704	\$38,210
Hampton Newport News	\$499,314	\$1,333,415	\$555,590
Hanover	\$176,783	\$382,283	\$159,285
Harrisonburg-Rockingham	\$125,405	\$279,120	\$116,300
Henrico	\$294,968	\$664,385	\$276,827
Highlands	\$315,819	\$573,583	\$238,993
Horizon	\$543,158	\$469,323	\$195,551
Loudoun	\$208,155	\$564,205	\$235,085

Mid. Peninsula Northern Neck	\$165,620	\$361,794	\$150,748
Mount Rogers	\$413,358	\$929,762	\$387,401
New River Valley	\$424,367	\$948,166	\$395,069
Norfolk	\$337,553	\$877,561	\$365,650
Northwestern	\$200,413	\$438,142	\$182,559
Piedmont	\$196,872	\$322,190	\$134,246
Planning District 1	\$140,766	\$315,423	\$131,426
Portsmouth	\$86,235	\$189,729	\$79,054
Prince William	\$238,384	\$642,112	\$267,547
Rapp Area	\$266,426	\$602,970	\$251,238
Rapp-Rapidan	\$132,725	\$297,417	\$123,924
Region 10	\$367,253	\$503,514	\$209,798
Richmond	\$484,980	\$1,295,101	\$539,625
Rockbridge	\$57,026	\$128,241	\$53,434
Southside	\$70,345	\$153,537	\$63,974
Valley	\$141,597	\$313,472	\$130,613
Virginia Beach	\$463,378	\$1,193,687	\$497,370
Western Tidewater	\$202,775	\$445,865	\$185,777
Totals	\$11,102,576	\$24,980,796	\$10,408,667

Appendix B – Community Service Boards Reporting Requirements

Data Field Name	Data Field Description	Additional Information
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 the claim 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	
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 June 30, 2019

CSB Name	Medicaid Expansion Client Type			Grand Total
	Prior GAP	Prior Uninsured	New	
Alexandria	\$5,224	\$24,688	\$228,755	\$258,667
Alleghany Highlands CSB	\$12,799	\$29,153	\$31,307	\$73,259
Arlington County	\$11,052	\$105,610	\$13,515	\$130,176
Blue Ridge Behavioral Healthcare	\$85,769	\$101,523	\$65,524	\$252,815
Chesapeake Integrated	\$20,693	\$74,873	\$71,156	\$166,722
Chesterfield	\$24,866	\$74,767	\$86,294	\$185,928
Colonial Behavioral Health	\$43,337	\$49,879	\$27,417	\$120,633
Crossroads	\$71,330	\$65,180	\$56,104	\$192,613
Cumberland Mountain	\$56,686	\$50,608	\$72,543	\$179,838
Danville-Pittsylvania Community Services	\$29,091	\$62,144	\$18,233	\$109,469
Dickenson County	\$24,030	\$3,823	\$6,222	\$34,075
District 19	\$35,263	\$44,311	\$239	\$79,813
Eastern Shore	\$51,624	\$47,718	\$9,313	\$108,655
Fairfax-Falls Church	\$116,753	\$423,873	\$82,997	\$623,623
Goochland-Powhatan	\$5,877	\$6,148	\$17,406	\$29,432
Hampton-Newport News	\$184,123	\$27,651	\$95,965	\$307,739
Hanover County	\$27,831	\$64,872	\$17,186	\$109,889
Harrisonburg-Rockingham	\$15,933	\$99,352	\$42,677	\$157,963
Henrico Area Mental Health &	\$47,669	\$54,248	\$5,396	\$107,312
Highlands Community Services	\$107,001	\$120,903	\$110,792	\$338,695
Horizon Behavioral Health Services	\$188,098	\$190,960	\$188,848	\$567,905
Loudoun County Department of	\$17,215	\$60,559	\$6,345	\$84,119
Middle Peninsula - Northern Neck	\$25,649	\$90,737	\$89,230	\$205,616
Mount Rogers	\$170,778	\$70,988	\$171,589	\$413,355
New River Valley	\$63,080	\$322,278	\$214,638	\$599,997

Norfolk Community Services Board	\$134,387	\$94,703	\$113,948	\$343,038
Northwestern Community Services	\$85,190	\$135,594	\$181,572	\$402,356
Piedmont Community Services	\$66,300	\$28,537	\$83,594	\$178,431
Planning District One	\$85,259	\$56,346	\$101,681	\$243,285
Portsmouth BHS	\$48,084	\$98,014	\$49,399	\$195,497
Prince William County	\$67,961	\$38,284	\$122,328	\$228,574
Rappahannock Area CSB	\$17,931	\$99,089	\$21,879	\$138,899
Rappahannock-Rapidan CSB	\$34,985	\$21,452	\$386,291	\$442,727
Region Ten CSB	\$62,840	\$145,864	\$108,103	\$316,807
Richmond Behavioral Health	\$179,085	\$909,708	\$372,223	\$1,461,016
Rockbridge Area	\$24,019	\$9,145	\$17,523	\$50,687
Southside	\$363	\$26,039	\$10,153	\$36,555
Valley	\$26,848	\$74,690	\$58,160	\$159,698
Virginia Beach CSB	\$353,204	\$174,702	\$50,762	\$578,667
Western Tidewater CSB	\$54,330	\$113,693	\$20,458	\$188,481
Grand Total	\$2,682,557	\$4,292,705	\$3,427,766	\$10,403,028

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

CSB Name	Medicaid Expansion Client Type			
	Prior GAP	Prior Uninsured	New	Grand Total
Alexandria	\$6,922	\$56,212	\$650,372	\$713,506
Alleghany Highlands CSB	\$13,042	\$29,248	\$32,122	\$74,412
Arlington County	\$12,097	\$151,685	\$23,714	\$187,496
Blue Ridge Behavioral Healthcare	\$97,392	\$121,973	\$88,501	\$307,866
Chesapeake Integrated	\$21,069	\$97,837	\$92,210	\$211,116
Chesterfield	\$25,737	\$88,687	\$103,531	\$217,955
Colonial Behavioral Health	\$49,839	\$58,315	\$32,926	\$141,081
Crossroads	\$71,567	\$65,180	\$57,867	\$194,614
Cumberland Mountain	\$128,126	\$84,918	\$90,723	\$303,767
Danville-Pittsylvania Community Services	\$38,624	\$96,636	\$35,513	\$170,773
Dickenson County	\$25,206	\$4,358	\$7,627	\$37,190
District 19	\$40,529	\$58,835	\$239	\$99,604
Eastern Shore	\$57,867	\$61,473	\$11,584	\$130,924
Fairfax-Falls Church	\$147,405	\$621,303	\$146,978	\$915,687
Goochland-Powhatan	\$5,877	\$6,233	\$17,406	\$29,517
Hampton-Newport News	\$275,213	\$39,754	\$155,252	\$470,220
Hanover County	\$29,533	\$97,969	\$38,615	\$166,118
Harrisonburg-Rockingham	\$17,762	\$140,314	\$58,280	\$216,355
Henrico Area Mental Health &	\$50,281	\$63,003	\$10,092	\$123,376

Highlands Community Services	\$162,334	\$202,620	\$203,308	\$568,261
Horizon Behavioral Health Services	\$188,098	\$190,984	\$188,848	\$567,930
Loudoun County Department of	\$17,565	\$82,591	\$11,309	\$111,465
Middle Peninsula - Northern Neck	\$40,567	\$121,442	\$101,854	\$263,863
Mount Rogers	\$213,953	\$83,378	\$229,096	\$526,427
New River Valley	\$67,211	\$325,460	\$217,898	\$610,568
Norfolk Community Services Board	\$134,387	\$94,703	\$113,948	\$343,038
Northwestern Community Services	\$89,558	\$186,584	\$235,494	\$511,636
Piedmont Community Services	\$85,043	\$45,973	\$106,908	\$237,924
Planning District One	\$91,956	\$73,365	\$125,398	\$290,720
Portsmouth BHS	\$58,386	\$117,434	\$66,525	\$242,345
Prince William County	\$96,697	\$59,797	\$179,937	\$336,431
Rappahannock Area CSB	\$18,430	\$107,581	\$24,948	\$150,959
Rappahannock-Rapidan CSB	\$35,115	\$22,114	\$388,361	\$445,591
Region Ten CSB	\$78,958	\$297,950	\$258,936	\$635,844
Richmond Behavioral Health	\$220,612	\$2,174,012	\$728,854	\$3,123,478
Rockbridge Area	\$25,689	\$9,415	\$21,479	\$56,582
Southside	\$363	\$26,763	\$11,342	\$38,467
Valley	\$26,848	\$74,690	\$58,160	\$159,698
Virginia Beach Community Services Board	\$451,643	\$230,739	\$83,582	\$765,964
Western Tidewater CSB	\$57,165	\$138,035	\$25,261	\$220,461
Grand Total	\$3,274,666	\$6,609,566	\$5,034,996	\$14,919,229

Appendix E – Projected FY 2020 Collections Assuming 90% Collection Rate by Annualizing April & May Billings

CSB Name	April and May Total Collections	90% of April & May Collections	Annualized Collections	FY 2020 General Fund Reduction	Estimated Revenue Shortfall/ Surplus	GF Adjustment Needed to Reduce shortfall to 90% of Projected Collections
Alexandria	\$283,508	\$255,157	\$1,530,942	\$876,373	\$654,570	
Alleghany Highlands CSB	\$26,636	\$23,973	\$143,835	\$141,622	\$2,214	
Arlington County	\$77,437	\$69,694	\$418,162	\$1,627,683	(\$1,209,520)	\$1,163,058
Blue Ridge Behavioral Healthcare	\$108,769	\$97,893	\$587,355	\$811,854	(\$224,499)	\$159,237
Chesapeake Integrated	\$86,125	\$77,512	\$465,075	\$446,264	\$18,811	
Chesterfield	\$90,689	\$81,620	\$489,721	\$453,906	\$35,815	

Colonial Behavioral Health	\$60,089	\$54,080	\$324,480	\$347,531	(\$23,051)	
Crossroads	\$72,124	\$64,911	\$389,468	\$262,258	\$127,210	
Cumberland Mountain	\$88,073	\$79,265	\$475,592	\$403,621	\$71,971	
Danville-Pittsylvania Community Services	\$66,586	\$59,928	\$359,566	\$207,730	\$151,836	
Dickenson County	\$11,174	\$10,057	\$60,341	\$82,230	(\$21,890)	\$15,185
District 19	\$36,649	\$32,984	\$197,905	\$511,219	(\$313,314)	\$291,324
Eastern Shore	\$45,870	\$41,283	\$247,698	\$132,676	\$115,022	
Fairfax-Falls Church	\$364,640	\$328,176	\$1,969,058	\$4,359,126	(\$2,390,068)	\$2,171,284
Goochland-Powhatan	\$12,919	\$11,627	\$69,762	\$91,704	(\$21,942)	\$14,191
Hampton-Newport News	\$162,784	\$146,505	\$879,032	\$1,333,415	(\$454,384)	\$356,713
Hanover County	\$61,356	\$55,220	\$331,321	\$382,283	(\$50,963)	\$14,149
Harrisonburg-Rockingham	\$82,907	\$74,616	\$447,699	\$279,120	\$168,578	
Henrico Area Mental Health &	\$41,508	\$37,357	\$224,143	\$664,385	(\$440,242)	\$415,337
Highlands Community Services	\$208,616	\$187,755	\$1,126,528	\$573,583	\$552,945	
Horizon Behavioral Health Services	\$226,212	\$203,591	\$1,221,546	\$469,323	\$752,223	
Loudoun County Department of	\$46,677	\$42,009	\$252,057	\$564,205	(\$312,149)	\$284,142
Middle Peninsula - Northern Neck	\$110,761	\$99,685	\$598,107	\$361,794	\$236,313	
Mount Rogers	\$192,848	\$173,563	\$1,041,380	\$929,762	\$111,618	
New River Valley	\$248,862	\$223,976	\$1,343,855	\$948,166	\$395,690	
Norfolk Community Services Board	\$129,454	\$116,509	\$699,054	\$877,561	(\$178,508)	\$100,835
Northwestern Community Services	\$208,048	\$187,244	\$1,123,461	\$438,142	\$685,319	
Piedmont Community Services	\$87,110	\$78,399	\$470,393	\$322,190	\$148,202	
Planning District One	\$95,292	\$85,763	\$514,577	\$315,423	\$199,154	
Portsmouth BHS	\$91,279	\$82,151	\$492,908	\$189,729	\$303,179	
Prince William County	\$126,236	\$113,612	\$681,674	\$642,112	\$39,562	
Rappahannock Area CSB	\$54,101	\$48,691	\$292,145	\$602,970	(\$310,825)	\$278,365
Rappahannock-Rapidan CSB	\$260,736	\$234,662	\$1,407,972	\$297,417	\$1,110,555	
Region Ten CSB	\$247,362	\$222,626	\$1,335,755	\$503,514	\$832,241	
Richmond Behavioral Health	\$850,623	\$765,561	\$4,593,366	\$1,295,101	\$3,298,265	

Rockbridge Area	\$19,433	\$17,490	\$104,938	\$128,241	(\$23,303)	\$11,644
Southside	\$19,825	\$17,842	\$107,053	\$153,537	(\$46,484)	\$34,589
Valley	\$54,070	\$48,663	\$291,980	\$313,472	(\$21,492)	
Virginia Beach Community Services Board	\$264,887	\$238,398	\$1,430,389	\$1,193,687	\$236,702	
Western Tidewater CSB	\$66,516	\$59,864	\$359,184	\$445,865	(\$86,681)	\$46,772
Grand Total	\$5,388,792	\$4,849,913	\$29,099,477	\$24,980,796	\$4,118,681	\$5,356,826