COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
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December 1, 2024

To: The Honorable Winsome E. Sears, Lieutenant Governor of Virginia
The Honorable Don Scott, Speaker, Virginia House of Delegates
The Honorable R. Creigh Deeds, Chair, Behavioral Health Commission
Rebecca Graser, Chair, State Board of Behavioral Health and Developmental Services

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

RE: Chapter 683, 2017 Acts of Assembly & Item 295 OO.1

Chapter 683 of the 2017 Acts of Assembly and Item 295 OO.1 of the 2024 Special Session I Appropriations Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to report on the implementation of System Transformation Excellence and Performance (STEP-VA) and on the performance of Community Services Boards (CSB) in improving the functioning levels of consumers. The language states:

Chapter 683 (HB 1549, SB 1005) of the 2017 Acts of Assembly directs the Department of Behavioral Health and Developmental Services to report on the implementation of System Transformation Excellence and Performance (STEP-VA) annually. The language reads:

> *§37.2-601 – 1. In order to provide comprehensive mental health, developmental, and substance abuse services within a continuum of care, the behavioral health authority shall function as the single point of entry into publicly funded mental health, developmental, and substance abuse services.*
>
> *2. That the provisions of the first enactment of this act shall become effective on July 1, 2019.*
>
> *3. That, effective July 1, 2021, the core of services provided by community services boards and behavioral health authorities within cities and counties that they serve shall include, in addition to those set forth in subdivisions B 1, 2, and 3 of § 37.2-500 of the Code of Virginia, as amended by this act, and subdivisions C 1, 2, and 3 of §*

37.2-601 of the Code of Virginia, as amended by this act, respectively, (i) crisis services for individuals with mental health or substance use disorders, (ii) outpatient mental health and substance abuse services, (iii) psychiatric rehabilitation services, (iv) peer support and family support services, (v) mental health services for members of the armed forces located 50 miles or more from a military treatment facility and veterans located 40 miles or more from a Veterans Health Administration medical facility, (vi) care coordination services, and (vii) case management services.

4. That the Department of Behavioral Health and Developmental Services shall report by December 1 of each year to the General Assembly regarding progress in the implementation of the provisions of this act.

Item 295 - OO.1. The Department of Behavioral Health and Developmental Services (DBHDS) shall report annually on (i) Community Services Boards (CSB) performance in improving the functioning levels of its consumers based on composite and individual item scores from the DLA-20 assessment, or results from another comparable assessment, by CSB, (ii) changes in CSB performance in improving consumer functioning levels over time, by CSB, (iii) any substantial underperformance or non-compliance and associated enforcement actions, and (iv) the use of functional assessment data by the DBHDS to improve CSB performance to the State Board of Behavioral Health and Developmental Services, the Behavioral Health Commission, and each CSB governing board.

Please find enclosed the report in accordance with Chapter 683 & Item OO.1. DBHDS Staff are available should you wish to discuss this request.

cc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources
Ruth Anne Walker

Report on STEP-VA Implementation and CSB Performance Relating to the DLA-20 Assessment

(Chapter 683, 2017; Item 295.OO.1 of the 2024 Special Session I Appropriations Act)

December 1, 2024

DBHDS Vision: A Life of Possibilities for All Virginians

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Chapter 683 (STEP-VA) & Item 295 OO.1 (CSB Performance Related to DLA-20 Assessment)

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Introduction

The System Transformation Excellence and Performance (STEP-VA) initiative is Virginia's effort to reform the public mental health system by improving access, quality, consistency, and accountability in public mental health services across the Commonwealth. It requires that all 40 community services boards (CSBs) implement nine essential services, referred to as steps, and requires consistent quality measures and oversight. The nine services mirror the Substance Abuse and Mental Health Services Administration (SAMHSA) national best practice model of Certified Community Behavioral Health Clinics (CCBHCs) and include:

- Same Day Access
- Primary Care Screening
- Outpatient Services
- Crisis Services
- Peer and Family Support Services
- Psychiatric Rehabilitation Services
- Services for Service Members, Veterans, and their Families
- Case Management
- Care Coordination

The focus of STEP-VA is to ensure Virginians have access to the services they need within their communities to increase and maintain behavioral health stability, and to decrease the need for crisis interventions. DBHDS anticipates that STEP-VA will assist the Commonwealth in reaching key outcomes including decreased emergency room visits for psychiatric crisis and reduced criminal justice system involvement for individuals with behavioral health disorders.
STEP-VA planning and implementation was delayed by the COVID-19 pandemic and the behavioral health workforce crisis. However, in the past year, DBHDS has renewed focus on STEP-VA, with targeted work aimed at updating the service requirements to better align with current nationally recognized best practices and SAMHSA guidance, and to identify opportunities for improvement based on the data gathered in the initial stages of the project. In 2024, DBHDS completed STEP-VA site visits with 20 of the 40 CSBs and launched multiple collaborative workgroups, meetings, and listening sessions to ensure that the experience, feedback, and successful strategies from CSB partners are taken into consideration throughout the process of examining and re-aligning the initiative. In FY 2024:

- **Overall delivery** – CSBs report ongoing barriers preventing full implementation of components of all nine required steps. Setting baselines was one of the primary focal points for this iteration of STEP-VA for improved compliance monitoring to ensure CSBs could demonstrate access to services and outcomes related to the continuum.
- **Same Day Access (SDA)** – 43,278 SDA assessments were completed.
- **Primary Care Screenings** – 40,304 metabolic screens were conducted for 14,792 individuals.
- **Outpatient Services** – The Columbia suicide screening was implemented and 74.5 percent of children ages six to 17, and 73.9 percent of adults received a screening. Of the

2,147 eligible staff, 1,791 met the minimum eight-hour trauma training requirement (83 percent). Also, outpatient services demonstrated positive clinical outcomes as measured by the DLA-20, a functional impairment measure used at each CSB.

- **Service Member, Veteran or Family (SMVF)** – Of applicable direct service staff, 97 percent were trained in Military Cultural Competency, up two percent from last year.
- **Peer and Family Support Services -** STEP-VA funds 103 out of 476 Peer and Family Services Full Time Equivalents (FTE) throughout the 40 CSBs
- **Initial Funding Received** – all nine steps have been funded by General Fund dollars since FY 2023, with increases seen to all steps over the FY 2025-2026 biennium. Total funding for STEP-VA in FY 2025 is set at $139.8 million to be distributed across the 40 CSBs to cover each of the nine steps.

Over the past year, DBHDS has focused on examining each component of STEP-VA to ensure that the requirements are updated to align with national best practices, SAMHSA requirements, and the changing needs that have been identified across the Commonwealth over the past several years. In collaboration with the 40 CSBs, DBHDS has worked to identify ways to better define each step, refine the requirements outlined in the performance contracts, and improve methods for measuring success and service efficacy. In addition, DBHDS will be working to employ a funding formula method to the STEP-VA funding allocation to ensure that funds are fairly distributed across the 40 CSBs based on data informed determination of needs using the most up-to-date data. Table 1 shows total FY 2024 STEP-VA funding by category.

Table 1.

		SFY 2024 Budget
Grants to Localities Agency 790	Same Day Access	$11,964,986
	Primary Care Screening	$8,245,867
	Detoxification (Crisis Services)	$2,000,000
	Crisis Dispatch	$2,697,020
	Crisis Dispatch NGF	$7,453,798
	Mobile Crisis	$26,954,924
	Outpatient Services	$24,299,778
	Veterans Services	$3,840,490
	Peer Support & Recovery Services	$5,334,000
	Cross-Step Infrastructure	$10,962,375
	Psychiatric Rehabilitation	$3,820,000
	Case Management	$4,078,500
	Care Coordination	$6,514,138
	Marcus Alert	$6,000,000
	Transitioning Data Systems and Clinical Procedure	$5,190,000
	790 Total	**$129,355,876**
Central Office Agency 720	Same Day Access	
	Primary Care Screening	
	Crisis Dispatch	$500,000
	Crisis Dispatch NGF	$1,671.214
	Mobile Crisis	
	Outpatient Services	
	Veterans Services	
	Peer Support & Recovery Services	

	Cross-Step Infrastructure	
	CO STEP-VA Position	
	720 Total	**$2,958,065**
	720 + 790 Total	**$132,313,941**

Infrastructure for STEP-VA

STEP-VA has required significant changes, updates, and upgrades across the behavioral health system, both at CSBs and at DBHDS. Of primary significance have been improvements to information technology systems, data collection and reporting systems, electronic health records systems at CSBs, and administrative requirements. Funding for IT infrastructure improvements began in FY 2023 with a $2.6 million appropriation that increased to $5.2 million in FY 2024. This funding is set to continue through the upcoming biennium. These funds have primarily been utilized for the Electronic Health Records System and IT updates needed to meet the new requirements. In addition, cross-step administration funding began with an initial investment in FY 2022 of $4.9 million, increasing to $10.9 million in FY 2024, and $11 million over the upcoming biennium. These funds have primarily been utilized to support the ancillary costs of expanding STEP-VA services at CSBs; ancillary costs may include cost items such as supplies and indirect costs.

Same Day Access

Over the past year, DBHDS has worked closely with the 40 CSBs to examine the current Same Day Access (SDA) requirements, identifying barriers to successful implementation and opportunities to replicate successes. The current requirements, which were based on recommendations by MTM (a private consultant hired in 2018), have not proven to appropriately meet the needs of some localities across the diverse geographic, demographic, and socio-economic topography of Virginia. In addition, changes in both the expectations of individuals needing services as well as to the behavioral health workforce have created new challenges as well as new opportunities. Through careful consideration of the needs of the varying communities across Virginia and review of best practices outlined in SAMHSA's CCBHC specifications, DBHDS has updated the requirements of this step to better reflect the identified needs and available resources across the Commonwealth.

The original SDA model required that each CSB employ a walk-in model which would ensure that a comprehensive needs assessment was completed for any individual who presented for services on the same day that they first walk into the CSB. This model proved successful in some communities but created unanticipated barriers in others. For example, walk-in clinics must operate on a first-come first-serve basis, which does not evenly or efficiently utilize the time of licensed clinical staff, who have become more difficult to recruit and retain in the current workforce shortage, and can create bottle-neck situations in which individuals may need to wait for many hours before they can receive an intake (or perhaps may need to be turned away if a clinic is overwhelmed with new walk-ins on that day). In communities with limited access to

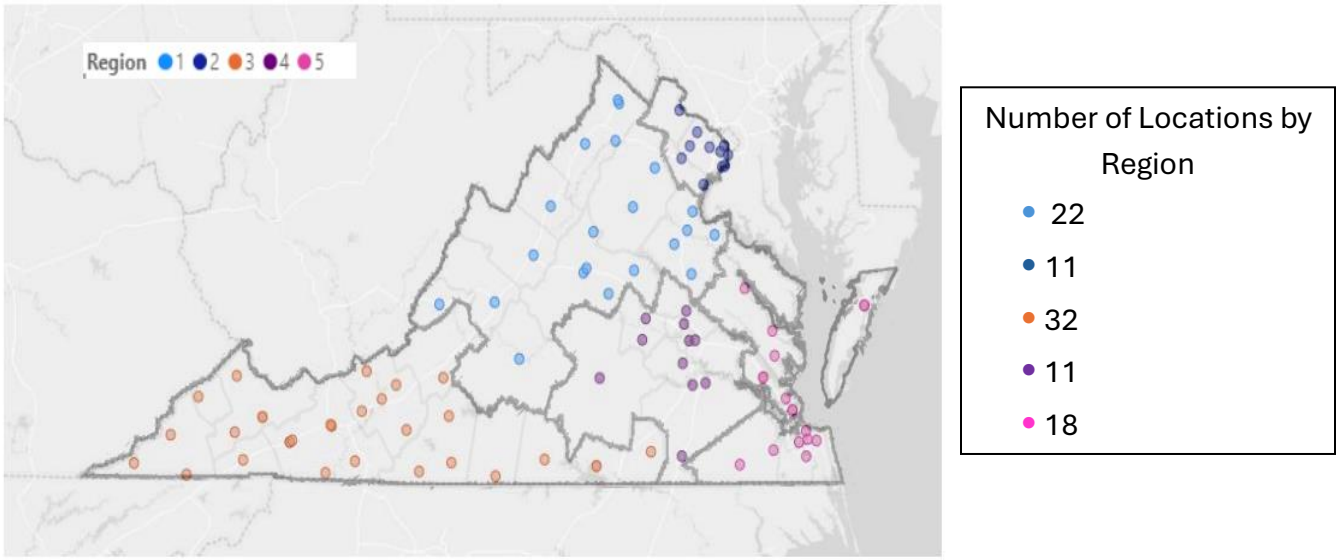
transportation, replacing the ability to schedule an intake assessment with the need to come in-person to initiate services created unanticipated barriers for some, especially for those with school or work schedules that made it impractical to have to wait for a first-come first-served service.

By modeling the requirements on the updated CCBHC guidance from SAMHSA and CMS, DBHDS hopes to create a SDA service that will provide each CSB with the flexibility to meet the needs of their unique communities, efficiently utilize valuable staff resources, and ensure that services are provided rapidly to those who need them. The updated requirements will still allow for walk-in assessment services in communities where that has proven successful but will allow communities to utilize a same day screening service to identify those Virginians with critical needs who require same-day services, and those who are able to be scheduled within the upcoming 1-10 days based on low-moderate levels of risk.
Total SDA funding was $11,964,986 for FY 2024, an increase from FY 2023. Allocations of $299,124 were made to 25 CSBs and $299,125 were made to 15 CSBs for ongoing implementation of SDA.

Currently, there are 94 service locations where SDA services are being offered statewide as noted in the August 2022 qualitative check-in survey (see Figure 1).

Figure 1.

Same Day Access Locations

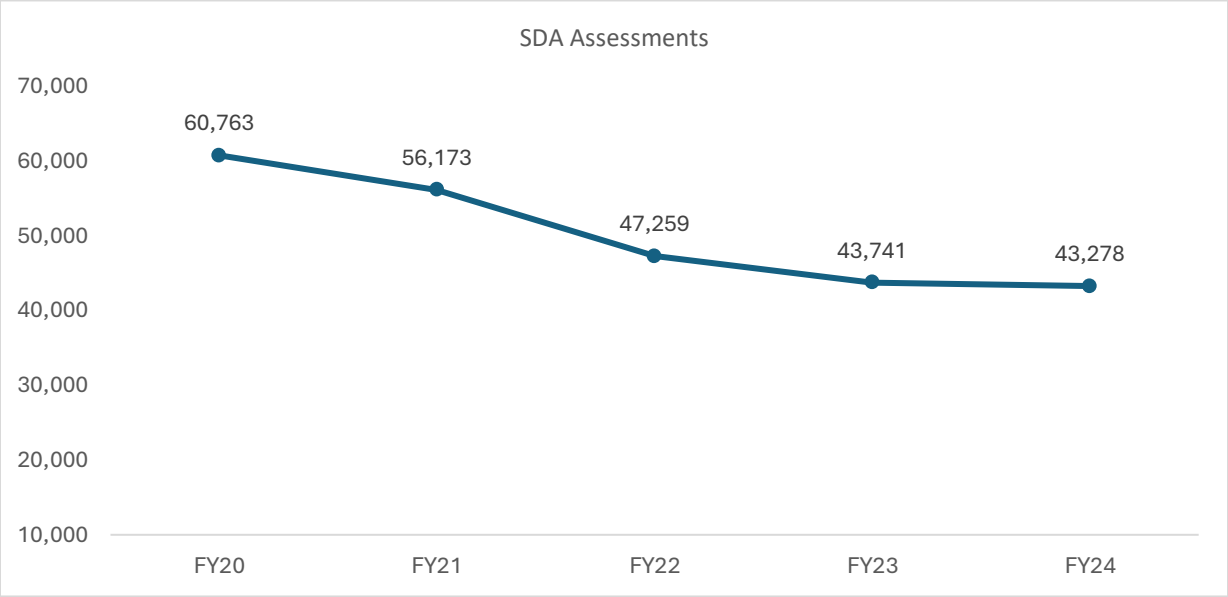


During fiscal year 2024, there were a total of 43,278 SDA assessments.

There was a total of 43,278 SDA assessments conducted in FY 2024, with 36,233 follow up appointments offered (See Figure 2). Of these assessments, there were 31,606 follow up

appointments offered within ten days, and 27,573 of those follow up appointments were kept and attended within ten business days.

Figure 2.
Trends in SDA Assessments



Performance metrics for SDA focused on appointments being offered within ten business days, as well as the number of individuals attending their scheduled follow up appointments. Of those offered follow-up appointments:

- 73.0 percent had appointments offered within ten days
- 16.3 percent had no appointments offered
- 10.7 percent had an appointment offered more than ten days

Of the appointments kept:

- 81.5 percent were kept within 30 days
  - 67.7 percent were kept within ten days
  - 13.8 percent were kept 11-30 days
  - 2.8 percent were kept 31-60 days
- 15.6 percent of appointments were not kept

Primary Care Screening

Funding for Primary Care Screening increased from $7.4 million in FY 2023 to $8.2 million in FY 2024. Individuals with serious mental illness (SMI), a population primarily served by the CSB/BHAs, are known to be at higher risk for poor physical health outcomes largely due to unidentified chronic conditions. Therefore, it is important for behavioral health staff to provide primary care screening to identify and provide related care coordination to ensure access to

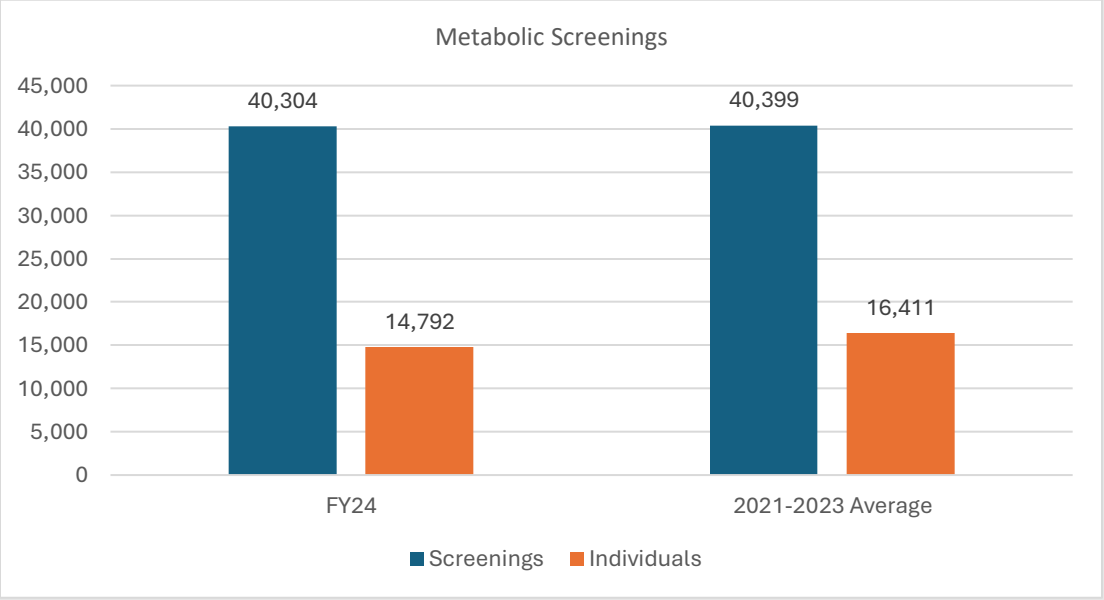
needed physical health care. DBHDS requires that CSBs must complete the following activities as components of this step:

1. Any child diagnosed with a serious emotional disturbance and receiving ongoing CSB/BHA behavioral health service, or any adult diagnosed with a serious mental illness and receiving ongoing CSB/BHA behavioral health service will be provided or referred for a primary care screening on a yearly basis.
2. Screen and monitor any individual over age 3 being prescribed an antipsychotic medication by a CSB prescriber for metabolic syndrome following the American Diabetes Association guidelines.

In FY 2024, a total of 50,485 individuals within the SMI and/or serious emotional disturbance (SED) population should have received a primary care screening. In total, slightly half of the population, 25,390 received a primary care screening.

For individuals prescribed an antipsychotic medication, a total of 40,304 metabolic screens were conducted on 14,792 individuals. This averages out to 2.7 screens per individual. This is a slight increase from the previous three years, with an average of 2.5 screens per individual per year (See Figure 3).

Figure 3.



Outpatient Services

Funding for Outpatient Services was increased from $21.9 million in FY 2023 to $24.3 million in FY 2024, with additional increases (to $27.9 million) planned for the upcoming biennium.

Outpatient services are a critical component of an effective behavioral health continuum because these services can prevent people from going into crisis and needing to access higher intensity, more costly services and as such is a central step of STEP-VA. Outpatient services include both psychotherapy and psychiatry services for individuals across the lifespan. The Outpatient Services step seeks to ensure that every Virginian has access to high quality, evidence-based outpatient services regardless of where in the Commonwealth they live.

Over the past year, DBHDS has worked closely with the CSBs to determine how to better align the requirements of this step with national best practices. Through this process, DBHDS has identified a core set of Evidence Based Practices that will be required as components of this core service across all 40 CSBs, in addition to a list of optional Evidence Based Practices from which CSBs can choose those most applicable to the needs identified within the communities they serve. The performance contracts will be updated in the upcoming year to reflect these enhanced requirements.

The proposed changes for FY 2025 will reflect that STEP Virginia requires that each CSB offer, at a minimum, the following Evidence Based Practices (EBP) for psychotherapy:

- Cognitive Behavioral Therapy (CBT)
- Motivational Interviewing (MI)
- **And** CSBs must select at least one EBP selected from the list provided below which meets the community needs identified by each individual CSB.
    - Acceptance and Commitment Therapy
    - Collaborative Assessment and Management of Suicidality (CAMS)
    - Cognitive Behavioral Intervention for Trauma in Schools (CBITS)
    - Dialectical Behavior Therapy (DBT)
    - Eye Movement Desensitization and Reprocessing (EMDR)
    - Functional Family Therapy (FFT)
    - Hi-Fidelity Wraparound (HFW)
    - Integrated Treatment for Co-Occurring Disorders
    - Living in Balance
    - Medication Assisted Treatment (MAT)
    - Moral Resonation Therapy
    - Motivational Enhancement Therapy
    - Multi-Systemic Family Therapy (MFT)
    - Parent Child Interaction Therapy (PCIT)
    - Screening, Brief Intervention, and Referral to Treatment (SBIRT)
    - Seeking Safety
    - Solution Focused Brief Therapy
    - Trauma Focused CBT (TF-CBT)
    - Effective but underutilized medications for SUD treatment

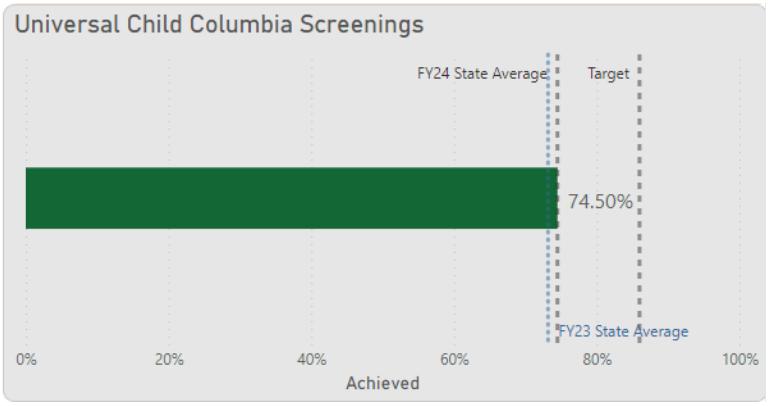
Each CSB will also be required to offer the following Evidence Based Practices for psychiatry:

- Medication Management
- Long-Acting Injectable Psychotropic Medications

Primary metrics for monitoring and accountability for the Outpatient Services step include training, screening data (using the Columbia Screening), measures of engagement, and change scores for the DLA-20. Current outcome measures for the four are as follows:

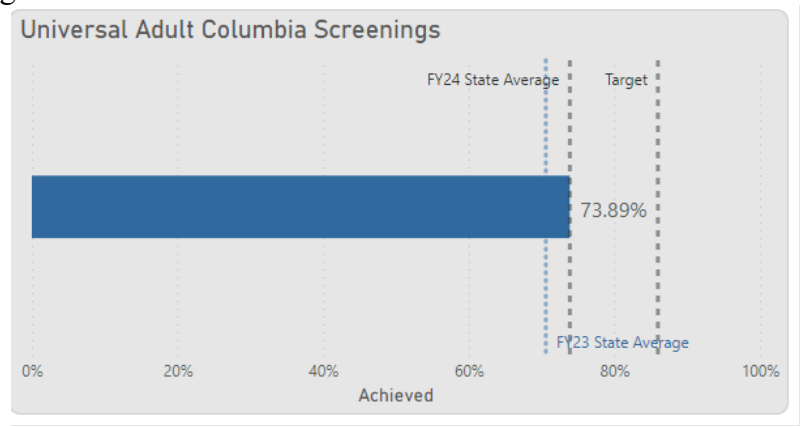
- Engagement in SUD Services (target of 50 percent)
    - Statewide: 60.2 percent of individuals with a new SUD diagnosis were considered engaged in SUD services
- Columbia Screening (target of 86 percent) (see Figure 4)
    - 74.5 percent of children six to 17 received a screening

Figure 4.



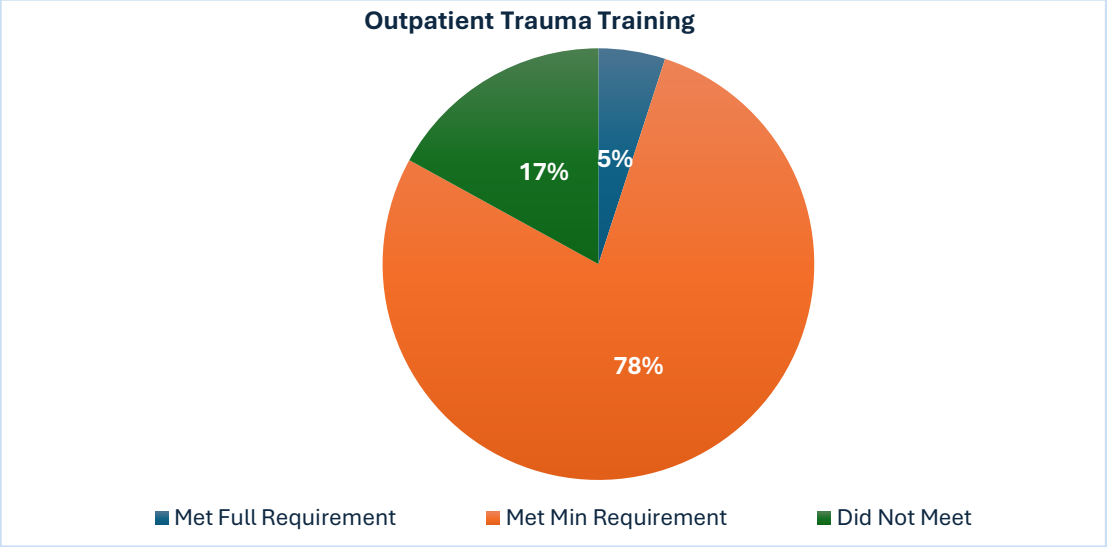
    - 73.9 percent of adults received a screening (See Figure 5)

Figure 5.



- Training
    - Of the 2,147 eligible staff, 1,791 met the minimum eight-hour training requirement, and 1,676 of those met the full requirement.

Figure 6.



Outcomes and Performance Utilizing the DLA-20

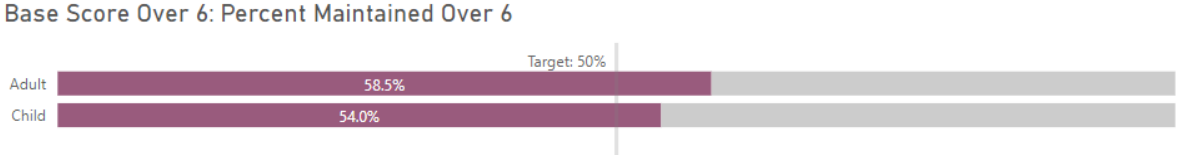
CSBs are evaluated using composite scores derived from the DLA-20 assessment, which measures the daily living activities and overall functioning of individuals receiving services. Individual item scores further assess specific areas of functioning, including self-care, social interactions, and managing mental health symptoms. This assessment is tracked by DBHDS in composite scores, score descriptions are shown below:

- DLA-20 > 6.00 = Adequate Independence, no significant or slight impairment in functioning
- DLA-20: 5.10- 6.0 = Mild impairments, minimal interruptions in recovery
- DLA-20: 4.10- 5.0 = Moderate impairment in functioning
- DLA-20: 3.10- 4.0 = Serious impairments in functioning
- DLA-20: 2.10- 3.0 = Severe impairments in functioning
- DLA-20: <= 2.0 Extremely severe impairments in functioning

For the reporting period, performance data shows (Summary of Overall Performance):

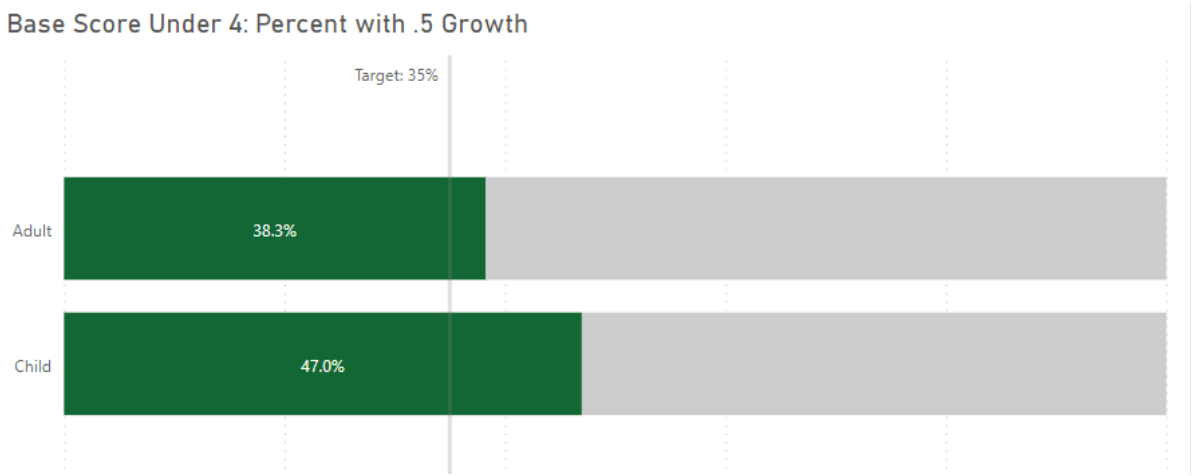
- The average composite score across CSBs was 4.61, with the highest performing CSB achieving a score of 5.55 and the lowest performing CSB recording 3.81 (see Figure 7).
- Over half of both children and adults with scores over six are maintaining that score.

Figure 7.



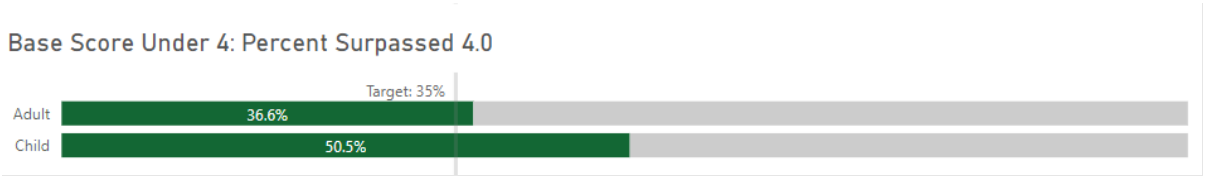
- 47.0 percent of children with a score under 4.0 had at least a .5 point growth (see Figure 8).

Figure 8.



- Both children and adults with scores under 4.0 had surpassed 4.0 (see Figure 9).

Figure 9.



- Both children and adults with scores 4.0-5.9 were slightly off target of the .4 point growth (see Figure 10).

Figure 10.

Measuring CSB Performance Over Time

DBHDS monitors changes in CSB performance over time to assess improvements or regressions in consumer functioning levels. Due to certain limitations of the data systems, we are unable to track the change in functioning scores for a large range of individuals. Of the 83,974 individuals that have at least one DLA-20 screenings, only 14,932 follow-up screenings were available to compare. This does not indicate that these screenings were not done, but rather that there are still significant improvements in the data system that need to be made to evaluate CSB performance effectively. Projects like the current data modernization at DBHDS will help make this evaluation possible.

Use of Functional Assessment Data to Improve CSB Performance
DBHDS utilizes the data from the DLA-20 and other comparable assessments to guide technical assistance and improve CSB performance. The Department has implemented a number of strategies based on functional assessment data, including:

- **Targeted Training and Support**: CSBs demonstrating areas of weakness have received additional technical assistance from DBHDS staff to address these gaps.
- **Performance Dashboards**: A performance dashboard was created to allow CSBs to track their progress over time and compare their performance to other boards.

These actions have contributed to several findings. For example, the acknowledgement of the administrative burden around the DLA-20 assessment, and the limitations of the current available data set. In the coming years, we hope to address these issues.

STEP-VA Crisis Services, Children's Psychiatry and Crisis Response

STEP-VA funding for crisis services builds on existing investments in specialized children's crisis services. The report to the General Assembly regarding the impact of this funding is included as part of this STEP-VA report. We first describe the impact of this investment, followed by planning and initial implementation of the new STEP-VA funds for crisis services. It is important to note that DBHDS provides an annual report on the comprehensive crisis continuum as required by the Marcus-David Peters Act, which is the most comprehensive annual report regarding the crisis system, including:

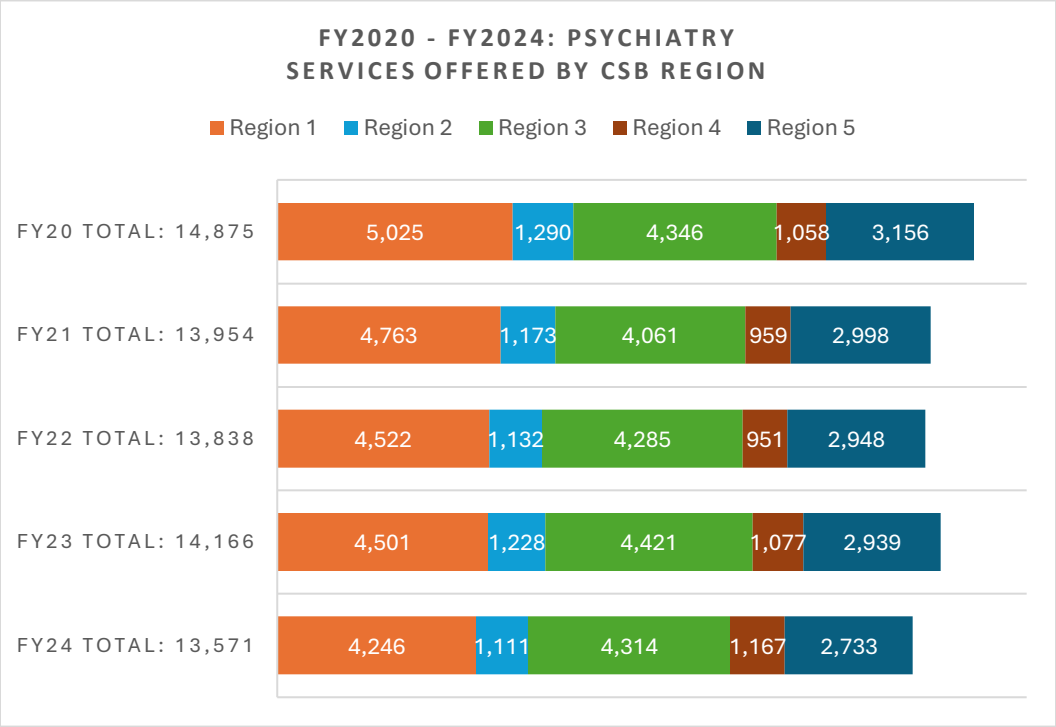
1. Psychiatry services,
2. Mobile crisis services, and
3. Residential crisis stabilization services.

Strategy 1: Child and Adolescent Psychiatry Services
To extend the reach of very limited child psychiatry resources, regions were asked to provide child psychiatry in one or more of the following three venues:

- Face-to-face office visits with children;
- Tele-psychiatry services to children in remote sites; and
- Child psychiatry consultations to other providers, such as pediatricians, primary care providers and others.

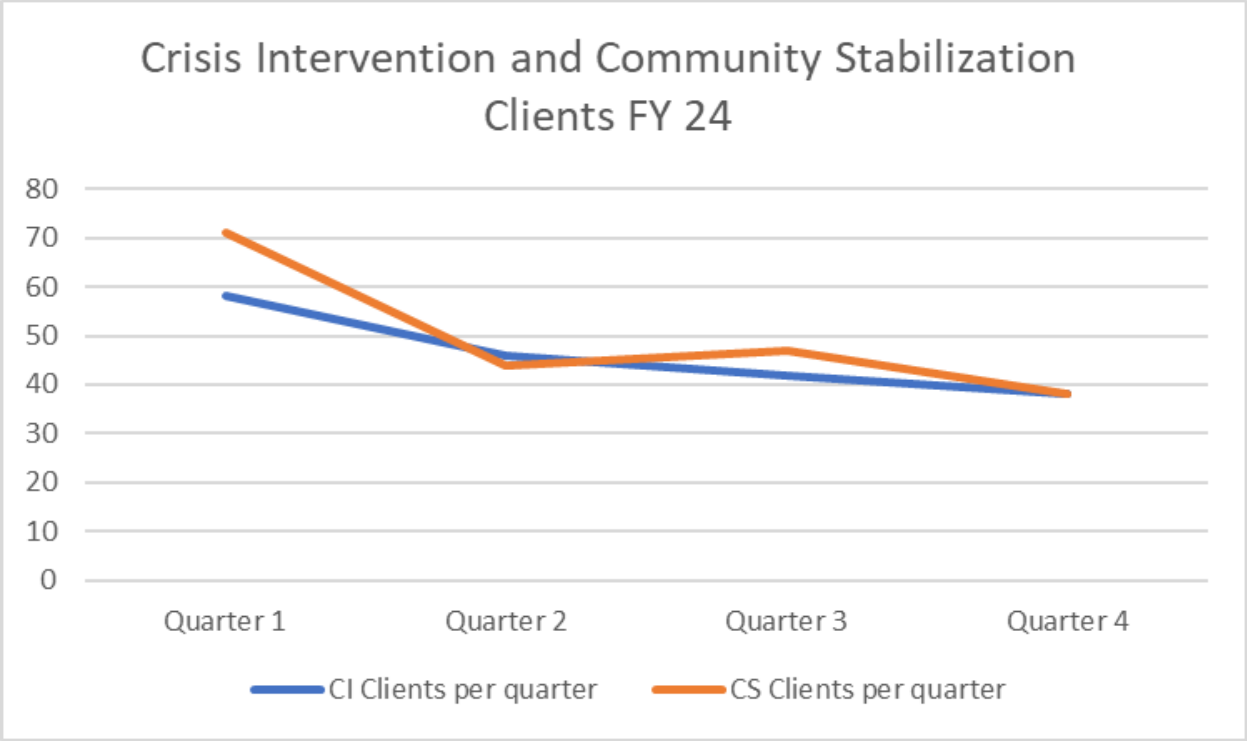
Child psychiatry services are reported in the Medical Services category in CCS. Medical Services are defined as the provision of psychiatric evaluations and psychiatric, medical, psychiatric nursing, and medical nursing services by licensed psychiatrists, physicians, psychiatric nurse practitioners, other nurse practitioners, and nurses and the cost of medications purchased by the CSB and provided to individuals. Medication services include prescribing and dispensing medications, medication management, and pharmacy services. Medication only visits are provided to individuals who receive only medication monitoring on a periodic (monthly or quarterly) basis from a psychiatrist, other physician, psychiatric nurse, or physician's assistant. Figure 11, below, depicts the number of children served by psychiatric services in FY 2020 through FY 2024.

Figure 11.



Region 1: In Region 1, the Regional Office provides funding to nine CSBs for Child Crisis and Psychiatry services. Approximately half of the Region 1 CSBs have submitted reports regularly detailing Crisis Intervention, Crisis Stabilization, and Psychiatric services being provided. Of the CSBs who have consistently reported back to the Regional Office, the CSBs are consistently providing either crisis intervention or community stabilization services but currently there are not any Region 1 CSBs providing both service types. Child Crisis services are reported as being provided in CSB settings as well as schools and other community settings. Figure 12 shows how services have trended throughout the fiscal year with noted decreases in the number of individuals served under both crisis intervention and community stabilization. Workforce shortage is the predominant reason cited for the inability to provide services in greater volume.

Figure 12.



Region 2: In Region 2, funding for child psychiatry provides access to a psychiatric prescriber for children receiving a mobile crisis response by the Community Regional Crisis Response (CR2) program. All CSBs in Region 2 provide child psychiatry.

Region 3: In Region 3, the Regional Office has a contract with the University of Virginia's Department of Psychiatry and Neurobehavioral Sciences (UVA) to provide tele-psychiatry. In times of need, up to 42 hours per week of psychiatry care can be requested. The wait to obtain a psychiatric intake tends to be 6-12 weeks or more. Since the region has a tele-psychiatry contract with UVA, children referred for an emergency intake are scheduled within the week of request. Children that are admitted to any crisis stabilization service offered in Region 3 are seen within 72 hours, some even the same day.

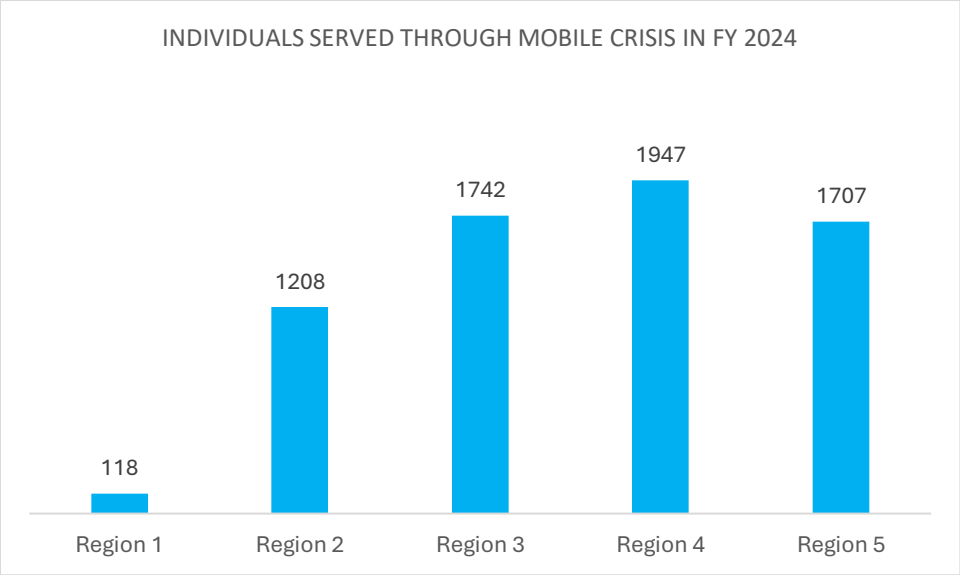
Region 4: In Region 4, while children are receiving services at St. Joseph's Villa's Crisis Stabilization Unit (CSU), the unit partners with a contracted provider to deliver tele-psychiatry and psychiatric consultation, expanding psychiatric availability using On-Demand Tele-psychiatry. Additionally, the region continues to provide 20 hours per week of child psychiatry and consultation services through the RBHA-operated community-based mobile crisis program, Crisis Response and Stabilization Team (CReST).

Region 5: In Region 5, psychiatry services are provided by the Children's Behavioral Health Urgent Care Center (CBHUCC). The Center provides rapid access to crisis intervention and psychiatric care to the entire region and can maintain services for children until they are linked

with long term providers. Additionally, eight out of nine CSBs in Region 5 provide outpatient child psychiatry.

Strategy 2. Mobile Crisis Services
Mobile crisis services provide direct care and treatment to non-hospitalized individuals. The goals are to avoid unnecessary hospitalization, re-hospitalization, or disruption of living situation, assure safety and security, and stabilize a person in crisis. Mobile crisis services may be provided in an individual's home or in a community-based program. Figure 13 offers data on the number of individuals served through mobile crisis services in FY 2024.

Figure 13.



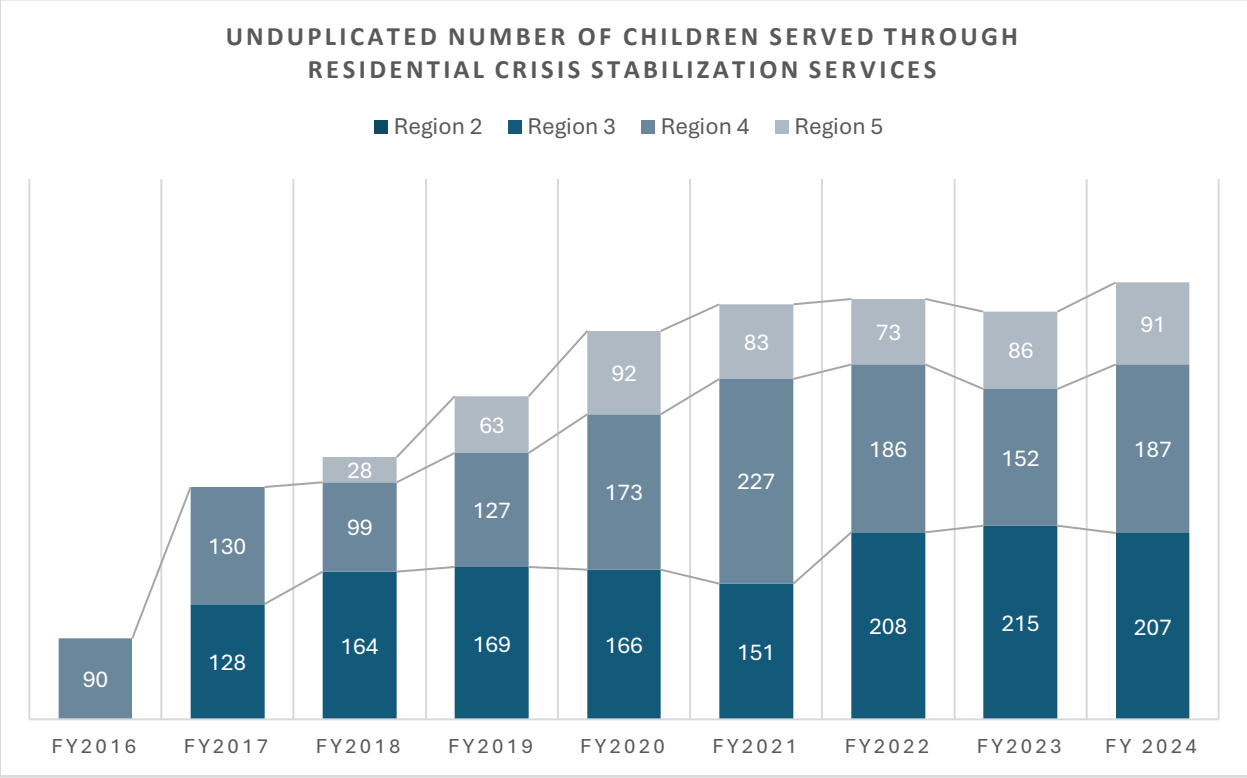
Cross-trained as responders to behavioral health and developmental services crisis, mobile teams are trained to ensure adequate statewide 24/7 coverage. DBHDS's initial goal of 70 cross-trained Mobile Crisis Response (MCR) teams in early 2023 was quickly accomplished and a new goal was set in late 2023 for 140 cross-trained MCR teams. Currently, the teams are 70.5 percent staffed, with 102 fully operational publicly funded teams. These teams are supplemented by private teams through memorandums of understanding with each of the CSB regional hubs.

The build out of the implementation of the Virginia Crisis Connect portal for MCR dispatch function and access to authorization codes for billing is fully operational with two call centers. DBHDS dispersed $1.6 million to each of the five regional HUBs in February 2024 for use in recruiting and retention of funded and cross-trained MCR team members. Since the implementation of centralized dispatch on December 15th, 2023 through June 30th of 2024, there have been 2,589 mobile crisis responses to individuals in the Commonwealth via teams funded through STEP-VA.

Strategy 3. Children's Residential Crisis Stabilization Services/Crisis Stabilization Units
The information contained in the report is specific to Children's Residential Crisis Services and Stabilization Units, information on the entire system can be found in the separate Crisis Stabilization and Receiving Center Expansion report. Based on service gaps identified in their

proposals, each region has different needs and resources for residential crisis stabilization services. All residential crisis stabilization services are short-term and focused on maintaining family contact and returning children to their homes and schools. Regions 3, 4, and 5 have residential crisis stabilization units. The table below provides data on the number of children served through residential crisis stabilization services from FY 2016 through FY 2024.

Figure 14.



Region 3: In Region 3, there is a 12-bed crisis stabilization unit (CSU) located at Mount Rogers Community Services Board. When needed, the region provides transportation assistance to overcome geographic barriers. A behavior analyst is available at the CSU to provide the expertise needed to address the needs of children with developmental disabilities. Psychological testing when requested is an additional service provided by the CSU. At times, during the COVID-19 pandemic, Region 3 reduced the number of available beds. This may account for the decrease in number of children served during FY 2021. No bed adjustments occurred between July 2023 and June 2024.

Region 4: In Region 4, through a public-private partnership, Region 4 maintains its eight-bed crisis stabilization unit at St. Joseph's Villa (SJV). St. Joseph's Villa works closely with both Crisis Response and Stabilization Team (CReST) and REACH to ensure youth are accessing the most appropriate level of crisis care at the right time. St. Joseph's Villa has a defined referral process with Commonwealth Center for Children and Adolescents, for CSB/BHA referrals, as well as for direct referrals from local hospitals and families. SJV developed a virtual tour to the CSU and posted it on their website, along with admissions forms and information, to allow families and others to be able to view and access the unit remotely. In this post-pandemic era

they have worked to enhance marketing and education about their unit and the ways to access it for youth in need.

The needs of youth and their families presenting for CSU services have continued to grow in acuity and complexity. As well, there is an increased percentage of families who refuse to allow admitted youth to return to home and/or convey they want to give up custody. Also, the greatest number of referrals are from hospitals requesting youth be admitted as a step-down from inpatient before returning home.

There remains a challenge in hiring employees with the right credentials and competencies to work in a crisis setting. Candidates are few and the staffing vacancies create a heavier load on the remaining employees, exacerbating the cycle of turnover. Further straining the workforce challenges is the current process candidates and employers endure for staff to become licensed eligible. The lack of credential prevents newly hired staff from fully functioning in their role. The employee vacancies, candidate salary expectations, the expanded array of required professionals (clinical, medical, psychiatric) contribute to the overall strain impacting operational viability and service responsiveness at CSUs.

Region 5: In Region 5, there is an eight-bed Crisis Stabilization Unit (CSU) located in Suffolk, Virginia. This unit remains at a current capacity of seven throughout FY 2024, short of the licensed capacity of eight, due to previous COVID restrictions and one room being double occupancy; however, with the current CDC guidelines, The Region is looking to open the eighth bed before the end of the year. The Region collaborates with regional emergency services departments, local inpatient and residential facilities, weekly outreach to CCCA, and other CSB departments to divert children from inpatient hospitalization. Overall, the unit continues to work hard to establish a full workforce to support the needs of the unit, through contacts for nursing agencies and PRN contracts within the WTCSB agency. This has allowed Region 5 to service the community at the maximum level without staffing issues being a barrier.

Services for Service Members, Veterans, and their Families

The fifth STEP of STEP-VA requires that CSBs provide specialized and culturally informed services for service members, veterans, and their family members (SMVF). There are additional requirements for supports and services when a CSB serves communities that are further away from VA medical centers. Initial funding for this STEP was appropriated in FY 2022 in the amount of $3.8 million. Alexandria and Arlington pooled their funding to best maximize the utilization of the funding, as well as provide the best quality service to the most individuals in the community. There are four major areas for use of funds for each region – support a Regional Navigator position; support the goals of Lock and Talk; promote training and capacity building; and enhance clinical services. The regional office or a CSB that serves as the fiscal agent for the CSBs in that region will receive equal allocations for the first three aforementioned areas (with a rate differential for Region 2 related to the Regional Navigator). The five Regional Navigators have been in collaboration with DBHDS and the Department of Veterans Services (DVS) for continued support and resources, as needed.

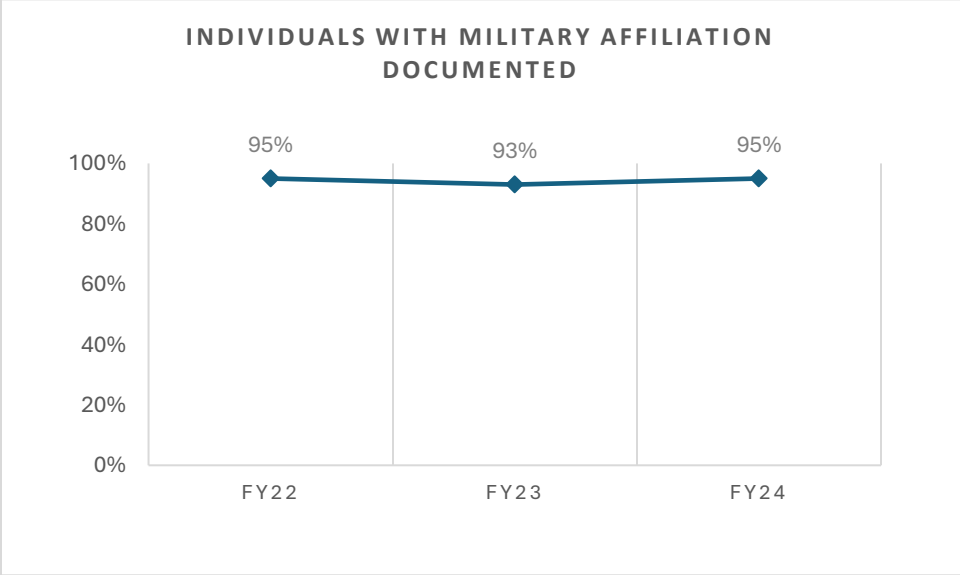
Additionally, DBHDS continues to collaborate with DVS to review and update a Memorandum of Understanding to continue promoting partnerships and initiatives that advance behavioral health, supportive services, and suicide prevention for SMVF. Also, DBHDS and DVS work together to support implementation and STEP-VA initiatives for SMVF.

Performance measures for SMVF step have thus far focused on process data to determine to what extent the step is being implemented at each CSB. Below, a review of this data will demonstrate the extent to which this step has been implemented across the state. In upcoming years, DBHDS will shift to measuring success of this step through measuring the outcomes of those individuals identified as SMVF who are receiving services at a CSB utilizing an outcome measurement instrument such as the DLA-20 or comparable assessment.

Currently, the goal is to measure the following performance indicators:

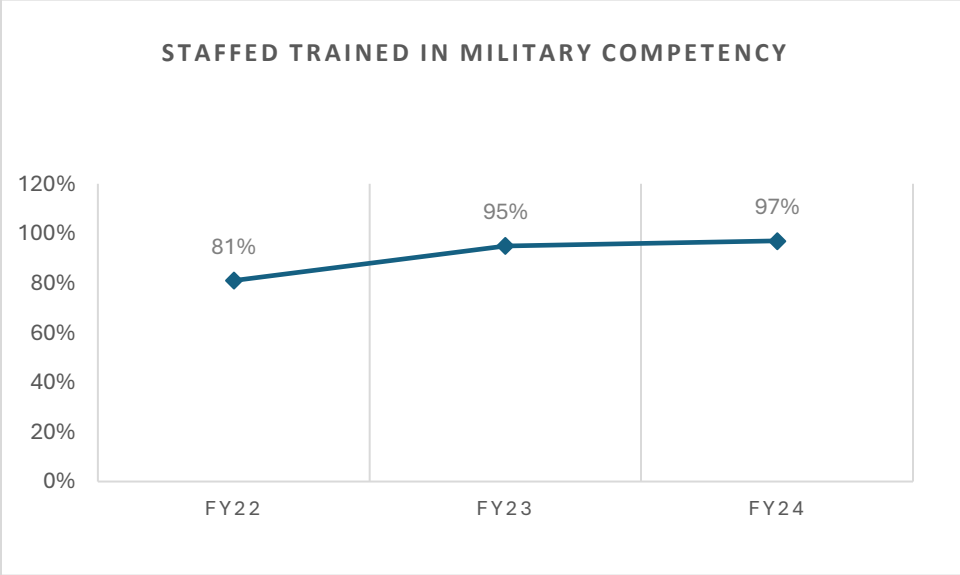
- **Military status of all individuals seen at the CSBs**, as current, met and passed benchmark for FY 2024 (Figure 15).

Figure 15.



- **Make appropriate referrals**
- **Columbia Suicide Screening for all veterans**, as current, 76 percent conducted on all veterans, a two percent increase from FY 2023 but slightly below benchmark of 86 percent.
- **Military Cultural Competence Training (goal: 100 percent of staff)**, as current, 97 percent were trained for FY 2024, up two percent from prior fiscal year (Figure 16).

Figure 16.



Peer and Family Support Services

Peer and Family Support Services is the sixth STEP-VA step. Peer and Family Services are person-centered, strength-based, and recovery-oriented services provided by individuals and family members with experience living with, and transitioning into recovery from, mental health and substance use challenges. These services are evidence-based and demonstrate improved outcomes throughout the continuum of care, explore multiple pathways to recovery, increase recovery capital, and build on self-determined recovery, resiliency, and wellness. The General Assembly allocated $5.33 million (Grants to Localities) in FY 2024 to support the implementation of this step. Each CSB received funding to hire one full-time Peer Supporter/Family Support Partner. Additional funding was made available to build and develop the peer workforce across Virginia by allowing CSBs to fund internships, so people are paid while working toward certification. Funding could be used to ensure staff obtained the PRS Supervision training and a portion of these funds were made available to develop infrastructure that leads to Medicaid billing of peer and family support services.

The Peer and Family step has been initiated in all the Boards. Despite providing funding for full-time Family Support Partners, challenges persist in the hiring of and retention of these valuable employees likely due to the relatively new concept and job duties related to that of a Family Support Partner. DBHDS is continually offering information and technical assistance on this unique position.

Several Boards are high utilizers of the peer and family workforce, and other Boards use the workforce less. Figures 17 and 18 reflect CSBs that are high users (top) of the peer and family workforce and the lower users of the service (bottom). STEP-VA funded peer and family workforce are depicted in red.

Figure 17.

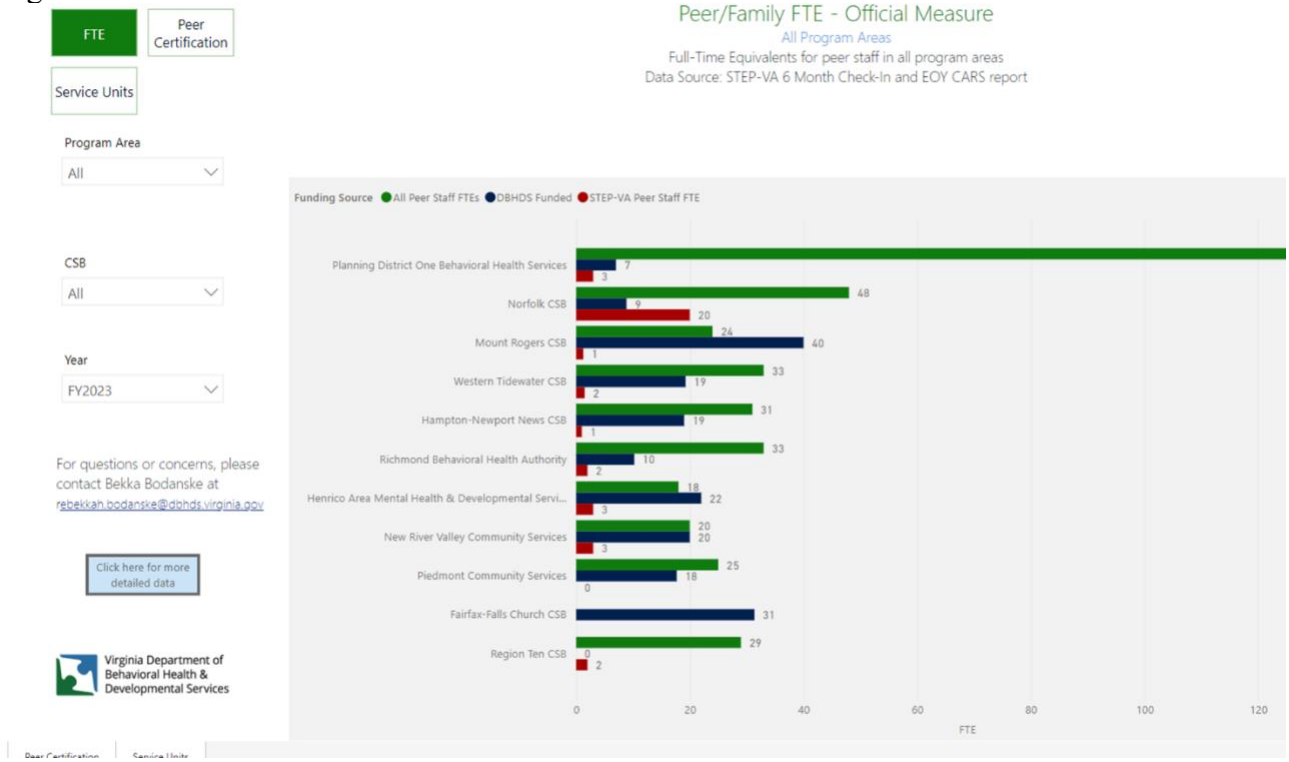
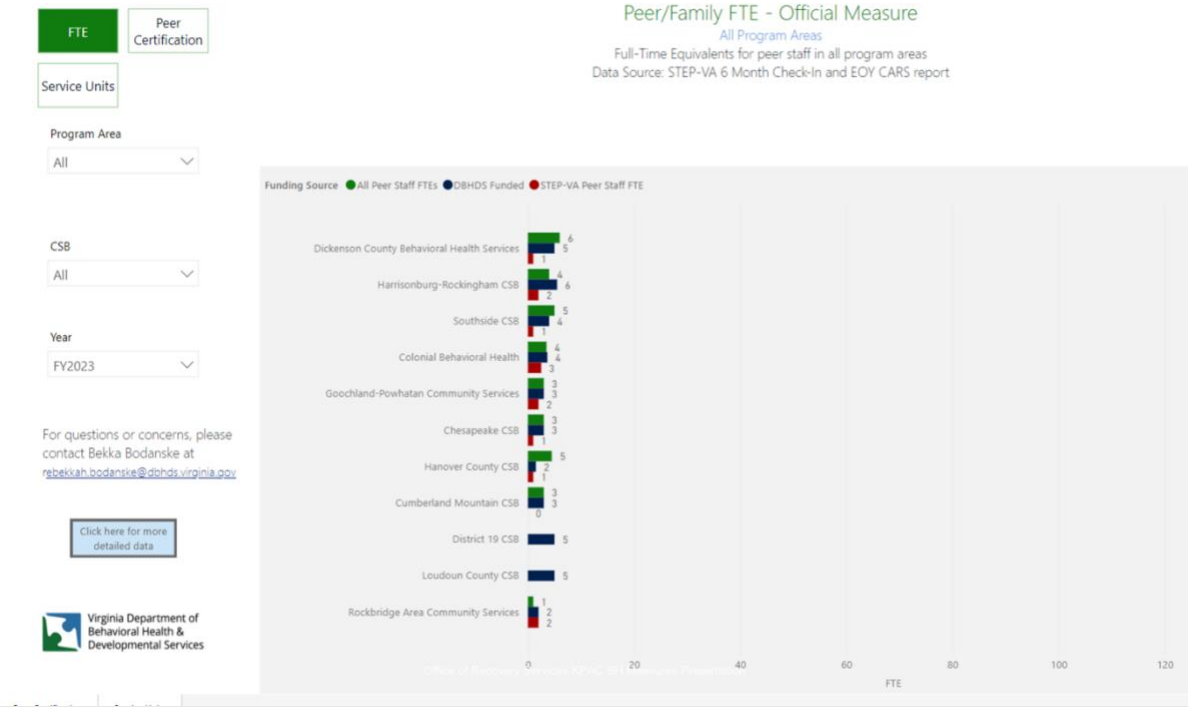


Figure 18.



Psychiatric Rehabilitation Services

First funded in FY 2023 at $2.2 million per year, this step has seen a slight increase in funding, with $3.8 million allocated for FY 2024, and $4 million in the upcoming biennium.

Psychiatric Rehabilitation Services (PRS) promote recovery, full community integration, and improved quality of life for persons who have been diagnosed with any mental health condition that seriously impairs their ability to lead meaningful lives. PRS are collaborative, person directed, and individualized. These services are an essential element of the health care and human services spectrum and should be evidence-based. (*Anthony, W. A., & Farkas, M. D. (2009). Primer on the psychiatric rehabilitation process. Boston: Boston University Center for Psychiatric Rehabilitation.)*

PRS emphasizes functional outcomes focused on building competency and enhancing a person's quality of life and supporting long term recovery. To explain the process most simply and to facilitate the involvement and understanding of the persons served and their families, the Boston University Center for Psychiatric Rehabilitation also has explained the psychiatric rehabilitation process from the service recipient's perspective as a Choose-Get-Keep (CGK) process. In other words, from the perspective of the people being served, the psychiatric rehabilitation process helps people choose their goals, get, or achieve their goals, and/or keep their goals, depending on their needs and wants. (*Anthony, W. A., & Farkas, M. D. (2009). Primer on the psychiatric rehabilitation process. Boston: Boston University Center for Psychiatric Rehabilitation.)*

Over the past year, DBHDS has worked closely with the CSBs to determine how to improve the requirements of this step to better align with national best practices and current evidence and data informed decision making. Through this process, DBHDS has defined a set of services that meet the definition and requirements of the step, and plan to update the upcoming performance contracts to reflect the service requirements.

As part of the updated definition and requirements, CSBs will be required to select one or more of the following services to provide based on the needs identified within the communities they serve:

- MH intensive outpatient (IOP)
- SUD intensive outpatient (IOP)
- Assertive Community Treatment (ACT)
- MH and SU Supported Employment
- MH and SU supervised residential
- MH and SU intensive residential
- Intensive In-Home Services
- Therapeutic Day Treatment TDT
- Coordinated Specialty Care (CSC) for First Episode Psychosis
- Mental Health Skill Building (MHSS)
- Psychosocial Rehabilitation Services (PRS)
- Clubhouse model/Fountain House model
- Permanent Supportive Housing (PSH)
- High Fidelity Wraparound
- Parent Child Interaction Therapy (PCIT)
- MH and SU individual peer support
- MH and SU group peer support
- Illness Management and Recovery (IMR)
- Social Skills Training
- Cognitive Behavioral Therapy for Psychosis

Case Management

Case Management is one of the required services for STEP-VA and must be available at each CSB for both adults and children. The purpose of Case Management is to ensure behavioral health and physical health needs are routinely assessed to link appropriate services in a coordinated, effective, and in an efficient manner to support the needs of the individual and family and promote wellness and integration into all aspects of life. Each CSB is responsible for providing high quality targeted case management services that will assist individuals diagnosed with serious mental illness, substance use disorder, or serious emotional disturbance in sustaining recovery and gaining access to needed medical, social, legal, educational, and other services and supports.

Services include: identifying and reaching out to individuals in need of services, assessing needs and planning services, linking the individual to services and supports, assisting the individual directly to locate, develop, or obtain needed services and resources, coordinating services with other providers, enhancing community integration, making collateral contacts, monitoring service delivery, and advocating for individuals in response to their changing needs and preferences, increasing health literacy and empowering self-advocacy.

High quality targeted case management should include supports for persons deemed at high risk of suicide, particularly during times of transitions such as from an emergency room or psychiatric hospitalization.

Targeted Case Management, often seen as the core or backbone service of the behavioral health continuum of care, are generally not covered by private insurance or Medicare, but are funded through Virginia Medicaid for specific populations and needs. The STEP-VA funding for Case Management services allows CSBs to ensure that Targeted Case Management is available to all Virginians who qualify for and need this service, regardless of their insurance provider or ability to pay. Funding for Case Management began in FY 2023 at $3.2 million and increased to $4.1 million in FY 2024. Funding for the upcoming biennium is set at $4.3 million.

DBHDS is currently working to develop methods for effectively measuring the success of Case Management services at CSBs and will likely look to improvements in outcome measurement scores using instruments such as the DLA-20 or comparable assessment. DBHDS continues to look at refining the measures related to case management as additional data becomes available through the new data exchange. One limitation of relying on outcome measurement instruments for measuring the success of case management services is intent and goal of the service, which is designed to assist individuals with maintaining stability in the community over a long period of time, rather than focusing on targeted improvements in a short span. Thus, it will be essential for DBHDS to have access to updated data reporting capabilities to allow the tracking of the individuals served across multiple systems.

Care Coordination

Individuals served by Virginia's CSB system tend to have complex needs that extend beyond their behavioral health diagnosis, often including chronic and acute medical issues, as well as needs connected with other services and systems (such as the Department of Social Services (DSS), Corrections, Judicial system, law enforcement, etc.) Care coordination is an activity, practice, and philosophy that promotes team-based care among all the participants concerned with an individual's care and is not a distinct service. Care coordination activities are an essential component to all healthcare services-- including but not limited to case management services, hospital liaison services, and discharge planning services.

Based on a person and family-centered plan of care and consistent with best practices, CSBs coordinate care across the spectrum of health services, including access to physical health services (acute and chronic) and behavioral health care, as well as social services, housing, educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person. Care coordination strives for seamless transitions of care in and out of CSB services, considering individuals' choice. Care coordination facilitates integrated care by intentionally organizing individual care activities, information, and needs and preferences across all appropriate care settings.

STEP-VA requires that everyone served by a CSB must have care coordination included as a part of their care. Funding for care coordination began in FY 2023 at $6.5 million and remained stable through FY 2024. Funding for this service will increase to $6.8 million over the upcoming biennium.

Data Quality

In FY 2024, DBHDS' Behavioral Health Quality Management System was fully functional. This Continuous Quality Improvement (CQI) structure served as a standardized method for the development and review of STEP-VA performance metrics. This system provided an organized framework for the review and analysis of data to drive informed decision-making and quality improvement across the state through established Behavioral Health Quality Committees.

As part of the BH Quality Management System, a monitoring and technical assistance process has been developed and implemented with CSBs regarding STEP-VA metrics in FY 2024. This process outlined a standardized approach for:

- Monitoring STEP-VA data via the Behavioral Health Dashboard
- Identifying opportunities for improvement
- Providing technical assistance and support to CSBs
- Elevating identified system-level needs to the appropriate Behavioral Health Quality Committee

Since successful implementation of the monitoring and technical assistance process, nine CSBs have received assistance from DBHDS from March 2024- August 2024 outside of and/or in

addition to the regularly scheduled 20 site visits. All CSB requests for technical assistance were responded to within one business day and resolved in 90 days or less.

Implementation Barriers during FY 2024 and Expected Upcoming Activities for FY 2025

CSB staffing has been an ongoing concern related to all services but has had significant impact on continuation of STEP-VA activities. Throughout the review period, community service board partners have been dealing with crippling workforce shortages across all populations. The recruitment of all positions is a challenge in community services. This creates a situation where it is difficult to hire qualified staff for new roles related to STEP-VA thus slowing down program development at the provider level. Importantly, CSBs have made a significant effort to maintain and expand services despite these issues; however, the strain of long-standing workforce concerns has created additional burdens to sustainment felt across the aspects of planning.

Additionally, several CSBs have provided feedback to DBHDS regarding the DLA-20 indicating that the measure is not effectively meeting the needs of the system as intended. Problems identified by the CSBs included the following:

- Length of time to complete the measure is greater than initially anticipated. Training for use of the DLA-20 is time-consuming. Training for adult or child versions of the DLA-20 takes approximately four hours, and each version requires a separate training.
- The tool was not normed for use with SUD populations.
- Validity of DLA-20 scoring is questionable, with CSBs observing both inter-rater and intra-rater reliability to be poor due to the complexity and subjectivity of the tool.
- Scoring is overly complicated. With 20 areas each being scored on a seven-point scale, the tool also has specific, detailed scoring criteria within each scored area that can be difficult to memorize and are not universally used in a consistent way by all clinicians.
- Individuals served do not engage well with the tool, and do not seem to find the measurements meaningful. CSBs report that both clinicians and individuals served have discomfort with some of the items, and that individuals served feel judged or criticized by scores on some of the items, making it less useful for those served and less likely to be a trauma-informed tool.
- The tool is not consistently delivered as intended. Due to the length of time required to complete the tool alongside the individual served and individuals' discomfort with some of the items/scores, staff often complete the DLA-20 based on their own observations and do not include the individuals' direct participation or may provide the DLA-20 to the client as a self-report measure rather than complete it together with the clinician.

Given the consistent and extensive criticism of the DLA-20 as an outcome measure for the CSB/BHA system, consideration was given to adopt a different tool to serve as the required outcome measure across the public mental health system.

Next Steps and Conclusion

Expected activities for FY 2025 include the piloting of the WHODAS 2.0 to replace the DLA-20. This pilot will include, at minimum, three CSBs, from varying areas of Virginia. WHODAS will be piloted on a range of programs to determine administrative burden, and efficacy of this tool.

Additional activities will include the ongoing evaluation of current performance measures, and development of performance measures that measure areas like access, outcomes, and CSB Performance, rather than processes. CSB Performance measures will be developed for Case Management, Care Coordination, and Psychiatric Rehab. DBHDS will continue the site visit process implemented this year to provide technical assistance, review performance measures and glean more information about what resources are needed for success. DBHDS has found that this process increases accountability and collaboration. DBHDS will visit CSBs more frequently that demonstrated significant deviation from expectations. All CSB performance contracts will be updated accordingly to reflect areas which need more detail, as well as any changes. DBHDS also provides several forums for CSB feedback as it pertains to the ongoing implementation of STEP-VA, to include weekly office hours.

As DBHDS considers ongoing improvement to STEP-VA over the next year, the following considerations have been made:

- Review of finalized changes made during DMAS' Medicaid Redesign and their impact on service provision through STEP-VA.
- Development and implementation of a formalized community needs assessment in order to determine what needs exist in communities and which resources are available to them either at the local CSB or through private entities (potential contract relationships).
- Consideration of funding formulas for disbursement of funds in order to better account for various funding sources which vary greatly between CSBs.
- Reduction of redundancy between steps so as to better clarify funding and outcome data.

Finally, STEP-VA implementation and sustainability has continued reflecting the quality of care they are receiving in the community. With recent additional funding investments in the FY 2024 budget of $4.35 million to increase outpatient, primary care and same day access, DBHDS will be able to monitor in future years how those investments allow for expanded service delivery at the community services boards.

Appendices

Allocations by CSB-SDA

CSB	Same Day Access Allocation FY24
Alexandria	$299,125.00
Alleghany	$299,125.00
Arlington	$299,124.00
Horizon/Central Va	$299,124.00
Chesapeake	$299,124.00
Chesterfield	$299,125.00
Colonial	$299,125.00
Crossroads	$299,124.00
Cumberland	$299,124.00
Danville Pittsylvania	$299,124.00
Dickenson	$299,125.00
Eastern Shore	$299,125.00
Fairfax Falls Church	$299,124.00
Goochland	$299,125.00
Hampton NN	$299,124.00
Hanover	$299,125.00
Harrisonburg-Rock	$299,124.00
Henrico	$299,124.00
Highlands	$299,125.00
Loudoun	$299,125.00
Mid Peninsula NN	$299,124.00
Mt. Rogers	$299,124.00
New River Valley	$299,124.00
Norfolk	$299,124.00
Northwestern	$299,124.00
Piedmont	$299,124.00
PD1	$299,124.00
District 19	$299,124.00
Portsmouth	$299,125.00
Prince William	$299,124.00
Rapp Area	$299,124.00
Rapp-Rapidan	$299,125.00
Region Ten	$299,124.00
Richmond	$299,124.00

Blue Ridge	$299,124.00
Rockbridge	$299,125.00
Southside	$299,125.00
Valley	$299,125.00
Virginia Beach	$299,124.00
Western Tidewater	$299,124.00
Total	**$11,964,986**

Primary Care Allocations

CSB	Primary Care Screening Allocations FY24
Alexandria	$144,299.00
Alleghany	$67,307.00
Arlington	$181,869.00
Horizon/Central Va	$503,142.00
Chesapeake	$132,364.00
Chesterfield	$125,600.00
Colonial	$89,105.00
Crossroads	$263,807.00
Cumberland	$175,300.00
Danville Pittsylvania	$164,879.00
Dickenson	$76,596.00
Eastern Shore	$110,021.00
Fairfax Falls Church	$450,177.00
Goochland	$57,993.00
Hampton NN	$365,391.00
Hanover	$45,794.00
Harrisonburg-Rock	$110,397.00
Henrico	$228,204.00
Highlands	$153,618.00
Loudoun	$54,275.00
Mid Peninsula NN	$245,844.00
Mt. Rogers	$405,380.00
New River Valley	$294,073.00
Norfolk	$313,438.00
Northwestern	$246,990.00
Piedmont	$297,546.00
PD1	$213,311.00
District 19	$179,299.00
Portsmouth	$125,541.00
Prince William	$144,421.00
Rapp Area	$280,458.00
Rapp-Rapidan	$91,529.00
Region Ten	$315,727.00
Richmond	$398,785.00
Blue Ridge	$385,993.00

Rockbridge	$110,766.00
Southside	$173,604.00
Valley	$101,475.00
Virginia Beach	$218,602.00
Western Tidewater	$202,945.00
Total	**$8,245,865**

Outpatient Services Allocation

CSB	Outpatient Allocation FY24
Alexandria	$505,152.00
Alleghany	$432,450.00
Arlington	$535,350.00
Horizon/Central Va	$642,567.00
Chesapeake	$569,670.00
Chesterfield	$469,119.00
Colonial	$404,249.00
Crossroads	$521,635.00
Cumberland	$536,383.00
Danville Pittsylvania	$503,448.00
Dickenson	$430,487.00
Eastern Shore	$477,281.00
Fairfax Falls Church	$1,223,870.00
Goochland	$496,820.00
Hampton NN	$552,893.00
Hanover	$432,429.00
Harrisonburg-Rock	$563,560.00
Henrico	$662,303.00
Highlands	$458,626.00
Loudoun	$561,889.00
Mid Peninsula NN	$589,998.00
Mt. Rogers	$547,533.00
New River Valley	$956,439.00
Norfolk	$671,282.00
Northwestern	$687,606.00
Piedmont	$562,279.00
PD1	$513,317.00
District 19	$667,305.00
Portsmouth	$503,910.00
Prince William	$754,525.00
Rapp Area	$728,445.00
Rapp-Rapidan	$548,644.00
Region Ten	$974,142.00
Richmond	$976,189.00
Blue Ridge	$649,268.00
Rockbridge	$471,481.00

Southside	$479,697.00
Valley	$485,647.00
Virginia Beach	$674,936.00
Western Tidewater	$876,799.00
Total	**$24,299,778**

Mobile Crisis Allocations

Region	Mobile Crisis Allocation FY24
Region I	$5,557,433
Region II	$6,253,878
Region III	$5,285,407
Region IV	$4,358,394
Region V	$5,499,812
Total	**$26,954,924**

Marcus Alert

CSB	Marcus Alert Allocation FY24
Chesterfield	$600,000
Fairfax Falls Church	$600,000
Hampton NN	$600,000
Highlands	$600,000
Prince William	$600,000
Rapp Area	$600,000
Rapp-Rapidan	$600,000
Richmond	$600,000
Blue Ridge	$600,000
Virginia Beach	$600,000
Total	**$6,000,000**

SMVF Allocations

CSB	SMVF Allocation FY24
Alexandria	$0
Alleghany	$56,025
Arlington	$129,920
Horizon/Central Va	$81,546
Chesapeake	$84,961
Chesterfield	$72,127
Colonial	$77,765
Crossroads	$78,780
Cumberland	$64,286

Danville Pittsylvania	$78,489
Dickenson	$50,073
Eastern Shore	$85,854
Fairfax Falls Church	$273,363
Goochland	$58,947
Hampton NN	$92,892
Hanover	$60,305
Harrisonburg-Rock	$71,501
Henrico	$68,295
Highlands	$62,346
Loudoun	$75,443
Mid Peninsula NN	$88,774
Mt. Rogers	$61,719
New River Valley	$69,090
Norfolk	$84,924
Northwestern	$99,269
Piedmont	$82,079
PD1	$72,015
District 19	$77,856
Portsmouth	$81,178
Prince William	$82,206
Rapp Area	$82,991
Rapp-Rapidan	$70,737
Region Ten	$238,684
Richmond	$222,388
Blue Ridge	$235,265
Rockbridge	$68,940
Southside	$78,488
Valley	$69,575
Virginia Beach	$102,108
Western Tidewater	$249,286
Total	**$3,840,490**

Peer and Family Allocations

CSB	Peer Support Allocation FY24
Non-CSB	$200,121
Alexandria	$121,073
Alleghany	$92,000
Arlington	$130,516
Horizon/Central Va	$132,361
Chesapeake	$109,565
Chesterfield	$100,255
Colonial	$92,000
Crossroads	$94,545
Cumberland	$105,942
Danville Pittsylvania	$92,000
Dickenson	$92,000
Eastern Shore	$92,000
Fairfax Falls Church	$321,185
Goochland	$92,000
Hampton NN	$126,451
Hanover	$92,000
Harrisonburg-Rock	$107,655
Henrico	$145,318
Highlands	$96,974
Loudoun	$126,927
Mid Peninsula NN	$102,238
Mt. Rogers	$102,643
New River Valley	$223,764
Norfolk	$141,340
Northwestern	$132,760
Piedmont	$107,255
PD1	$98,730
District 19	$126,411
Portsmouth	$92,000
Prince William	$171,100
Rapp Area	$145,530
Rapp-Rapidan	$102,990
Region Ten	$229,300
Richmond	$236,726
Blue Ridge	$120,772
Rockbridge	$92,000

Southside	$92,000
Valley	$105,424
Virginia Beach	$142,482
Western Tidewater	$205,647
Total	**$5,334,000**

Psychiatric Rehabilitation Allocations

CSB	Psychiatric Rehabilitation Services Allocation FY24
Alexandria	$95,500
Alleghany	$95,500
Arlington	$95,500
Horizon/Central Va	$95,500
Chesapeake	$95,500
Chesterfield	$95,500
Colonial	$95,500
Crossroads	$95,500
Cumberland	$95,500
Danville Pittsylvania	$95,500
Dickenson	$95,500
Eastern Shore	$95,500
Fairfax Falls Church	$95,500
Goochland	$95,500
Hampton NN	$95,500
Hanover	$95,500
Harrisonburg-Rock	$95,500
Henrico	$95,500
Highlands	$95,500
Loudoun	$95,500
Mid Peninsula NN	$95,500
Mt. Rogers	$95,500
New River Valley	$95,500
Norfolk	$95,500
Northwestern	$95,500
Piedmont	$95,500
PD1	$95,500
District 19	$95,500
Portsmouth	$95,500
Prince William	$95,500
Rapp Area	$95,500
Rapp-Rapidan	$95,500
Region Ten	$95,500
Richmond	$95,500
Blue Ridge	$95,500

Rockbridge	$95,500
Southside	$95,500
Valley	$95,500
Virginia Beach	$95,500
Western Tidewater	$95,500
Total	**$3,820,000**

Case Management Allocations

CSB	Case Management Allocation FY24
Alexandria	$101,962
Alleghany	$101,962
Arlington	$101,962
Horizon/Central Va	$101,962
Chesapeake	$101,962
Chesterfield	$101,962
Colonial	$101,962
Crossroads	$101,962
Cumberland	$101,962
Danville Pittsylvania	$101,962
Dickenson	$101,962
Eastern Shore	$101,962
Fairfax Falls Church	$101,962
Goochland	$101,962
Hampton NN	$101,962
Hanover	$101,962
Harrisonburg-Rock	$101,962
Henrico	$101,962
Highlands	$101,962
Loudoun	$101,962
Mid Peninsula NN	$101,962
Mt. Rogers	$101,962
New River Valley	$101,962
Norfolk	$101,962
Northwestern	$101,962
Piedmont	$101,962
PD1	$101,962
District 19	$101,962
Portsmouth	$101,962
Prince William	$101,962
Rapp Area	$101,962
Rapp-Rapidan	$101,962
Region Ten	$101,962
Richmond	$101,962
Blue Ridge	$101,962

Rockbridge	$101,962
Southside	$101,962
Valley	$101,962
Virginia Beach	$101,962
Western Tidewater	$101,962
Total	**$4,078,480**

Care Coordination Allocations

CSB	Care Coordination Allocation FY24
Alexandria	$145,299
Alleghany	$92,784
Arlington	$179,103
Horizon/Central Va	$206,483
Chesapeake	$121,231
Chesterfield	$90,000
Colonial	$116,969
Crossroads	$162,521
Cumberland	$149,170
Danville Pittsylvania	$109,982
Dickenson	$90,000
Eastern Shore	$107,950
Fairfax Falls Church	$284,201
Goochland	$90,000
Hampton NN	$184,127
Hanover	$90,000
Harrisonburg-Rock	$170,139
Henrico	$208,650
Highlands	$138,843
Loudoun	$141,285
Mid Peninsula NN	$170,937
Mt. Rogers	$165,963
New River Valley	$226,653
Norfolk	$198,269
Northwestern	$220,228
Piedmont	$183,125
PD1	$162,219
District 19	$203,606
Portsmouth	$93,096
Prince William	$249,050
Rapp Area	$225,787
Rapp-Rapidan	$175,787
Region Ten	$210,036
Richmond	$198,570
Blue Ridge	$187,524

Rockbridge	$131,500
Southside	$120,387
Valley	$179,159
Virginia Beach	$155,304
Western Tidewater	$178,201
Total	**$6,514,138**