COMMONWEALTH of VIRGINIA

Office of the Governor

Janet Vestal Kelly
Secretary of Health and Human Resources

December 1, 2024

To: The Honorable L. Louise Lucas, Chair, Senate Finance & Appropriations Committee
The Honorable Luke E. Torian, Chair, House Appropriations Committee
The Honorable R. Creigh Deeds, Chair, Behavioral Health Commission

From: Secretary Janet V. Kelly, Health and Human Resources

RE: Item 267 C.1 of the 2024 Special Session I Appropriations Act

Item 267 C.1 of the 2024 Special Session I Appropriations Act directs the Secretary of Health and Human Resources to report on the expansion and modernization of comprehensive crisis services system. The language reads:

> *C.1 The Secretary of Health and Human Resources shall report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees and to the Behavioral Health Commission by December 1, 2024 a plan detailing how funds appropriated during the 2023 and 2024 Sessions of the General Assembly shall be expended to expand and modernize the comprehensive crisis services system.*

In accordance with this item, please find enclosed the report for Item 267 C.1. Staff are available should you wish to discuss this request.

cc: Nelson Smith, Commissioner, DBHDS
Nathalie Molliet-Ribet, Executive Director, Behavioral Health Commission

Item 267 C.1 Expansion and Modernization of the Comprehensive Crisis Services System

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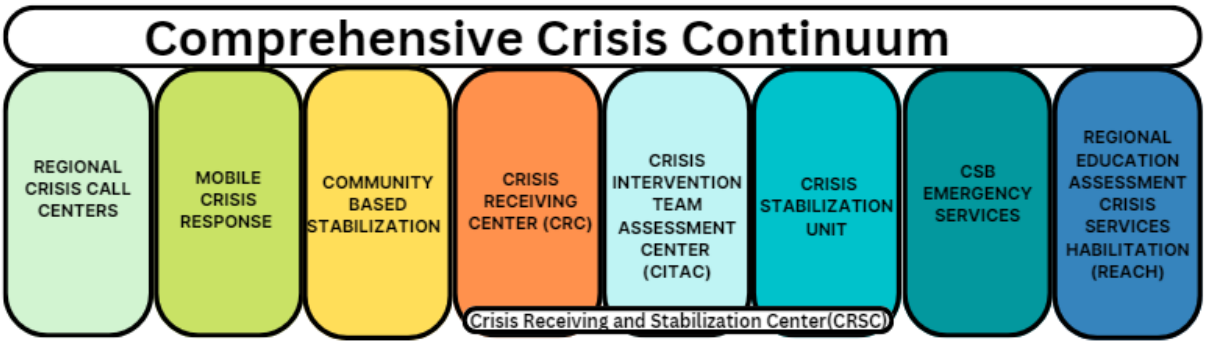
Introduction

Following decades of an over-reliance on inpatient care, Virginia is working to rebalance its behavioral health system to build more community capacity and crisis care. A transformed crisis care system will lead to better outcomes for people with mental illness—reducing unnecessary hospitalizations, decreasing interactions with the criminal justice system, and improving overall well-being. A key priority of Governor Youngkin's *Right Help, Right Now* plan to transform Virginia's behavioral health system is a significant build out of the crisis system to ensure all Virginians have **1) Someone to Talk to, 2) Someone to Respond, and 3) A Place to Go**.

Through *Right Help, Right Now,* Virginia is continuing to transform its crisis system into a fully integrated, statewide continuum of services based on the Crisis Now Model, which offers a proven, innovative framework, focused on providing the right help at the right time through a call center, mobile crisis teams, community-based crisis centers and other non-hospital alternatives. This model has been shown to improve outcomes by preventing escalation of symptoms, diverting unnecessary hospitalizations and incarcerations, reducing involvement with law enforcement, facilitating access to treatment, and ultimately improving overall mental health stability by providing timely intervention and stabilization during a crisis.

As a result, the Commonwealth is building a comprehensive crisis system and ensuring Virginians have Someone to Talk to through the 988 call centers, Someone to Respond through mobile crisis teams, and a Place to Go through building crisis centers across the Commonwealth. All Virginians will be able to access high quality behavioral health services aimed at managing symptoms before they become crisis-level and avoiding expensive, restrictive in-patient services or possible incarceration. This initiative calls for a stronger crisis system that meets the needs of youth and adults in their communities, supporting them in the least restrictive environment where they can safely and successfully live. The graphic below highlights major components of Virginia's Comprehensive Crisis System.

Figure 1 – *Components of the Virginia Comprehensive Crisis System*



Thanks collaboration with the General Assembly, the crisis transformation under *Right Help, Right Now* has seen tremendous progress. Major project status as of November 2024 includes:

- In September 2024, 988 in Virginia received over 14,600 calls, which is 148 percent more calls than last year at this time.

- Virginia currently has 102 mobile crisis teams statewide and logged over 16,000 dispatches so far this year.
- The goal of ensuring a mobile crisis team can respond to any Virginian in an hour or less has been exceeded and is currently under 50 minutes.
- There are now have 329 active community crisis center beds and chairs throughout Virginia, and there are 334 more currently in development.
- The numbers of youth CRCs and CSUs are also increasing, with 46 active beds and chairs and 55 more in development.

This report provides additional details on how funds appropriated in the FY23 and FY24will impact crisis transformation in Virginia.

Someone to Talk to – 988 Call Centers

In 2021, Virginia was the first state to pass a 9-8-8 cell phone tax, via Senate Bill 1302. The infrastructure changes that follow Marcus Alert implementation allow for increased utilization of Regional Crisis Call Centers and the three-digit 9-8-8 National Suicide Prevention Lifeline supports and services. The 9-8-8 line is managed by two regional crisis call centers under the purview of five CSBs representing each DBHDS region: Region Ten CSB (Region 1), Fairfax-Falls Church (Region 2), New River Valley (Region 3), Richmond Behavioral Health Authority (RBHA; Region 4), and Western Tidewater (Region 5).

Marcus Alert plays a critical role in connecting the interoperability of law enforcement and behavioral health systems, as well as systems seen in the Comprehensive Crisis Continuum. This is shown by outlined roles and responsibilities within the MOUs for 9-1-1 call takers to transfer Level 1 calls to 9-8-8, relieving 9-1-1 call centers of non-emergency calls. Additional details are contained in the annual report on Marcus Alert Act implementation submitted by DBHDS.

Virginia Crisis Connect

DBHDS is responsible for data from Virginia Crisis Connect (VCC), which will include behavioral health only responses, behavioral health responses with law enforcement back up, and calls transferred from 9-1-1 to 9-8-8. It is the intention that data from 9-1-1 centers be reported to the crisis call center data platform, although the technical details have not yet been completed. The VCC platform provides tools for intake, mobile crisis dispatch, facility referral/bed registry (including CSUs, Crisis Therapeutic Homes, Private Psychiatric Hospitals, and State Hospitals), resource referral, and data analytics. These components will provide a base functionality with training being provided to users in ongoing format and as new modules are released.

VCC went live on December 1, 2021 and has rolled out new modules each subsequent year. It has built out functionality for receiving and triaging crisis calls and is currently utilized by all regions. On December 15, 2023, statewide dispatch of both public and private providers of Mobile Crisis Response as the centralized dispatch platform for the service. In 2024, VCC completed two enhancement modules: 1) Community Resources – an integration of all national 211 resources enhances the ability of call center staff to identify and connect individuals to community resources as a follow up to access crisis services; and 2) Messaging and

Communication – this allows call center agents, mobile dispatch, and mobile team members to communicate in real time to effectively and efficiency provides crisis services to Virginians. VCC can both monitor the sending and acceptance of referrals by hospital and the ability to track bed inventory across systems.

Call Center Data for Calendar Year 2023

In calendar year 2023 (January 1, 2023 - December 31, 2023), a total of 72,886 calls to 9-8-8 were routed to Virginia, with an average answer rate of 91 percent. Table 5, below, shows a monthly breakdown of calls provided Vibrant Emotional Health, the 9-8-8 Administrator. DBHDS is collecting this data for calendar year 2024 as well.

Figure 2 – Summary of In-State Call Metrics: KPIs for Calls in Virginia

	Jan 2023	Feb 2023	Mar 2023	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023
Routed	6,017	5,331	5,692	5,671	6,017	5,679	6,057	6,075	5,941	6,428	6,236	7,742
Received	6,017	5,331	5,692	5,671	6,017	5,679	6,057	6,075	5,941	6,428	6,236	7,742
Answered In-State	5,261	4,747	5,223	5,239	5,553	5,223	5,557	5,540	5,343	5,853	5,601	6,841
In-State Answer Rate	87%	89%	92%	92%	92%	92%	92%	91%	90%	91%	90%	88%

Note: This is a monthly breakdown of calls routed to Virginia call centers. The in-state rate provides the total number of answered in-state calls over the total number of calls routed to the state.

988 Call Center Funding

In 2021, Virginia instituted a 988 use-tax. DBHDS distributes funds to the five regional hubs for call center operations. DBHDS will continue to work with the Department of Taxation to ensure responsible use of the revenue to sustain 988 Call Centers. FY 2023 allocations to the regional hubs is shown in Figure 3 below. While the use-tax revenue is the primary source of call center funding, some additional federal grant dollars pass through DBHDS to call center vendors.

Figure 3 – *FY 2023 Funds for 988 Call Centers*

CSB Regional Hub	Region	Call Center Fund
Region 10	1	$911,580.00
Fairfax	2	$1,294,600.00
Planning District 1	3	$667,840.00
Richmond Behavioral Health Authority	4	$841,940.00
Western Tidewater CSB	5	$1,016,040.00
	Total	**$4,732,000.00**

Someone to Respond – Mobile Crisis

Mobile crisis services are deployed by VCC in real-time to the location of the individual experiencing a behavioral health crisis. The purpose of this service is to provide for rapid response, assessment, and early intervention to individuals experiencing a behavioral health crisis. This service is provided 24 hours a day, 7 days a week, 365 days a year. The regional hubs are managed by a local community service board, listed below, and, together, they served over 6,500 individuals in FY 2024:

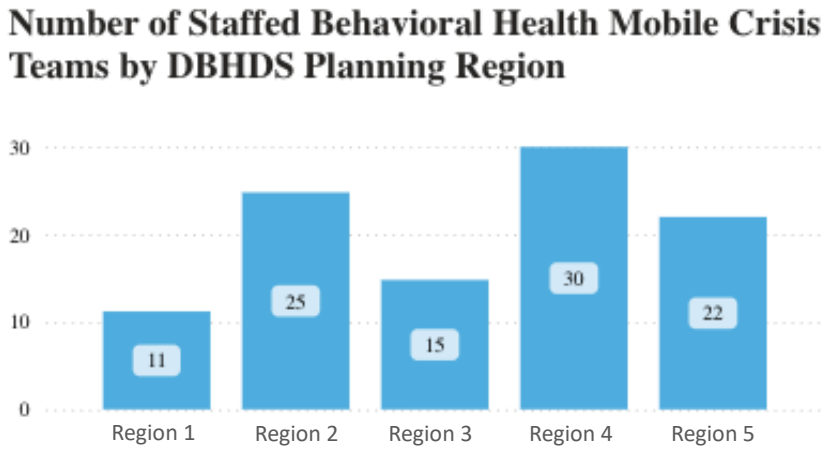
- Region 1: Region Ten Community Services Board,
- Region 2: Fairfax-Falls Church Community Services Board,
- Region 3: New River Valley Community Services Board,
- Region 4: Richmond Behavioral Health Authority,
- Region 5: Western Tidewater Community Services Board.

On December 15, 2023, the provision Mobile Crisis Response was centralized to dispatch from Virginia Crisis Connect. This allowed for increased visibility, service fidelity, and the monitoring of outcomes for both public and private providers throughout the Commonwealth. Calls now come through regional crisis call centers and 988, which can be linked to a mobile crisis responder and monitored in the field by regional dispatchers.

As of November 15, 2024, there were 22,640 mobile responses through this centralized dispatch across all 5 regions by both public and private providers with an average time of transit to the individual of 43:01 minutes.

There are currently 102 public mobile crisis teams across Virginia. The number of teams currently active in each region is shown in Figure 4 below.

Figure 4



Mobile Crisis Funding

Funding through System Transformation, Excellence and Performance (STEP-VA) is allocated for the publicly supported mobile crisis teams through the five regional hubs. FY 2023 amounts are shown in Figure 5 below.

Figure 5 – *FY 2023 Funds for Mobile Crisis Response*

CSB	Region	Mobile Crisis
Region 10	1	$2,844,562
Fairfax	2	$3,208,006
New River	3	$2,672,421
RBHA	4	$2,309,762
WTCSB	5	$2,920,173
	Total	**$13,954,924**

Additionally, in FY 2024, one-time dollars were distributed to the hubs to support recruitment and retention efforts for this critical workforce, as shown in Figure 6. Each hub is deploying funds regional specific strategies designed to best meet the needs of their workforce, including bonuses, relocation costs, and student loan reimbursement. DBHDS is collaborating with partners to effectively utilize an additional one-time appropriation of $10 million and expect to distribute these funds in the third quarter of FY 2025.

Figure 6 – *FY 2024 One-Time Mobile Crisis Response Recruitment and Retention Funds*

Region	CSB	Purpose	Amount
Region 1	Region 10	Paid Indeed or marketing/recruiting service	$3,000
Region 1	Region 10	Strategies to improve recruitment and retention	$1,597,000
Region 2	FFX Falls Church	Paid Indeed or marketing/recruiting service	$3,000
Region 2	FFX Falls Church	Strategies to improve recruitment and retention	$1,597,000
Region 3	NRVCS	Paid Indeed or marketing/recruiting service	$3,000
Region 3	NRVCS	Strategies to improve recruitment and retention	$1,597,000
Region 4	RBHA	Paid Indeed or marketing/recruiting service	$3,000
Region 4	RBHA	Strategies to improve recruitment and retention	$1,597,000
Region 5	WTCSB	Paid Indeed or marketing/recruiting service	$3,000
Region 5	WTCSB	Strategies to improve recruitment and retention	$1,597,000

A Place to Go – Crisis Centers

In addition to best practices established in the Crisis Now Model, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) supports the research advocating for the creation of crisis facilities that can accommodate individuals for up to 23-hours of outpatient observation, evaluation, and treatment as a viable addition to a crisis system and has created recommended guidelines for the placement of such facilities. Virginia is currently in the process of increasing the footprint of crisis receiving center (CRC) and crisis stabilization unit (CSU) capacity. CRCs provide immediate evaluation, initial treatment, and case navigation for individuals experiencing behavioral health crises, while CSUs offer short-term overnight care, including therapy, medication support, and group services. The goal for the addition of new CRC chairs and new short-term residential CSU crisis beds is ensure that every Virginian is within an hour's reach of a CRC. This ongoing work is also informed by population and geographical considerations.

Strategic Deployment of Funding and Unmet Needs

A small number of CSUs operated in Virginia with state funding assistance in every region prior to the *Right Help, Right Now* initiative; however, the need has historically been greater than the number of beds available. Utilizing information provided by SAMSHA's National Guidelines for Behavioral Health Crisis Care Best Practices toolkit, Virginia identified the integration of CSUs and CRCs into the larger crisis system and expand into priority areas to establish an appropriate network of care. The initial mapping of priority crisis areas for the crisis center build out was based on regional capacity to implement, the metric of one CSU or CRC per 250,000 people or drive time of one hour between population bases.

Figure 7 below represents the total population of CSB catchment areas in Virginia with an overlay of the current operational crisis programs. These include Crisis Intervention Team Assessment Centers (CITACs), CRCs, CSUs, and Crisis Therapeutic Homes (CTHs). Figure 8 shows the distribution of Temporary Detention Orders (TDOs) executed in FY 2021- 2022. A normalized TDO rate (TDO per 1,000 population) were used to compare need. A key goal of the CRC projects specifically is to reduce the reliance on inpatient hospitalization for individuals who can benefit from less restrictive options. These graphics were used to establish priority areas for crisis center development. The population and TDO numbers are not a perfect overlay, which helps provide further insight into the placement of future crisis facility priority projects as shown below in Figure 9. Two of the priority CSU areas shown in Figure 9 below have projects currently under negotiation (Shenandoah Valley/Augusta County and Fairfax/Region 2). CRC projects have also been funded through Blue Ridge (Roanoke), Rappahannock Area (Fredericksburg), Colonial (Williamsburg) and Region Ten (Charlottesville) Community Services Boards (CSBs). An additional project is in early planning stages for Petersburg area.

Figure 7 – *Total population of CSB catchment areas with an overlay of current operational crisis programs*

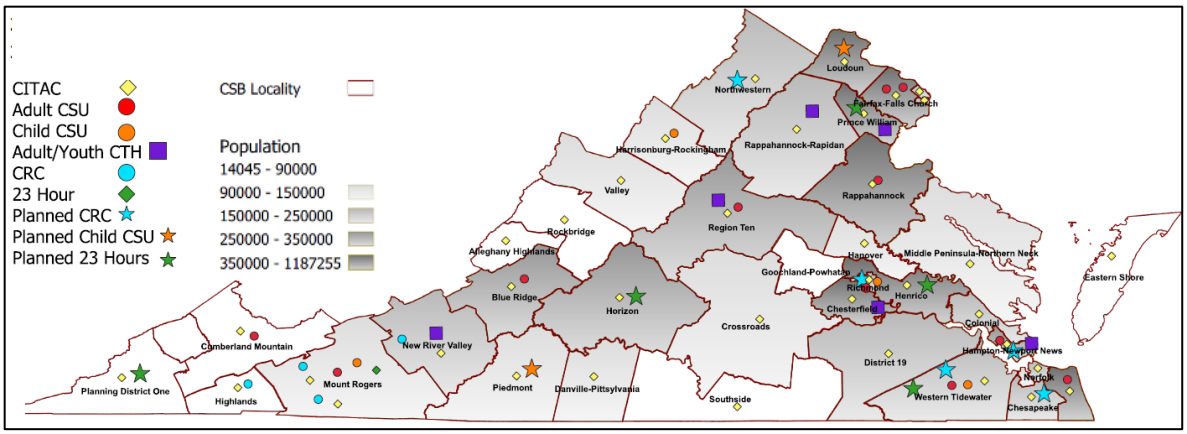


Figure 8 – *Distribution of TDOs executed in FY 2021-2022*

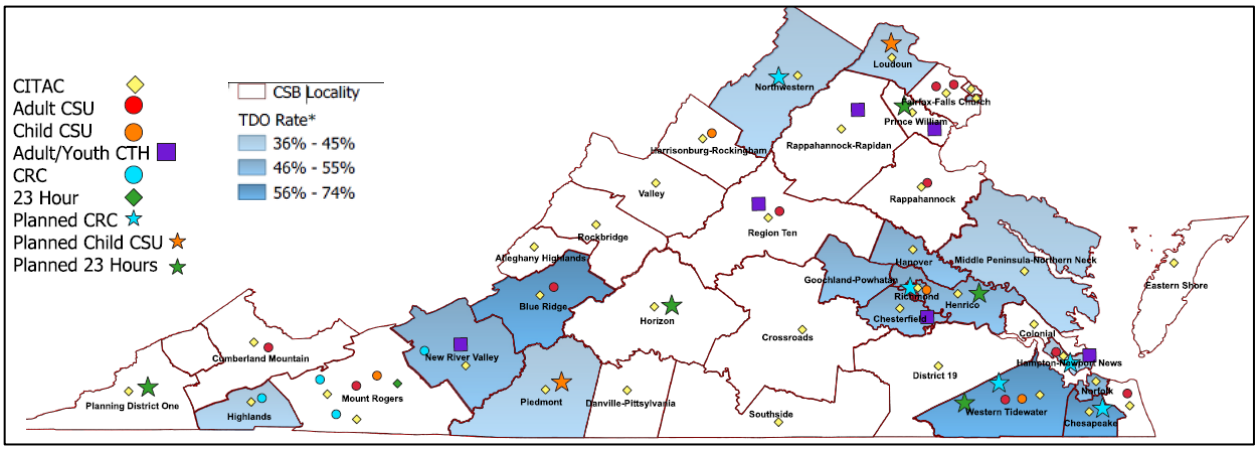
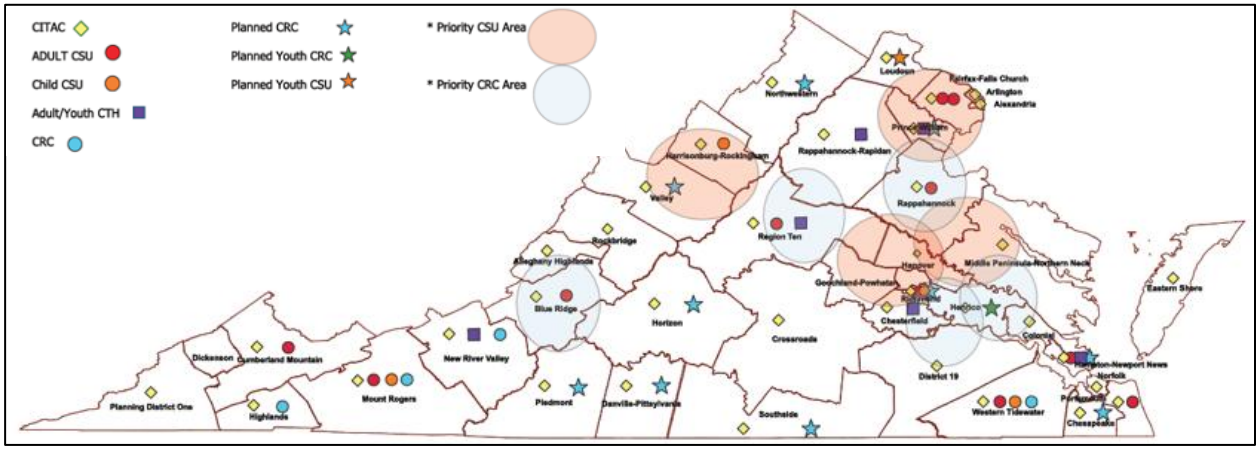


Figure 9 – *Placement of future crisis facility projects*



Project Identification and Buildout

Project planning involves consideration of various factors as well as partnerships with the community leaders to ensure effective stewardship of state funds and a common understanding of the desired program goals and results. Notification was provided to all Virginia CSBs of the opportunity to propose new projects or request enhancement funds for existing sites to be provided through the Crisis Funding Request process. Reviewers then ascertained the readiness of the applicant locality for a crisis program. In addition to what is submitted with the proposal, the rate of TDOs resulting in the use of inpatient beds is utilized when evaluating the merit of some projects, similarly to how the above priority areas of need were developed.

Because of the scope of the crisis facility projects, the submitting agencies include details for all aspects of the program including floor plans/blueprints, budgets, emergency crisis service data, service description, funding availability, and plans for partnerships. The plans must show alignment with requirements for operating each type of program as delineated in regulations of the DBHDS Office of Licensing, the Department of Medical Assistance Services, and all applicable health care law. Proposals for new and existing crisis facilities offer staffing plans to include varying combinations of CSB, private hospital, and contractor personnel to help meet stringent staffing requirements.

Through this process, DBHDS has supported communities in creating additional bed spaces, which will result in over 700 beds and chairs after the current projects reach completion (Figure 10). Many CRCs and CSUs are being co-located, leading to a single point of care for individuals in one location. Several rounds of crisis proposals have been approved, in which supports new facility projects in every region. The Governor's Office and DBHDS continue to review submitted proposals and work to identify locations for new facilities to serve the greatest unmet needs.[1]

Figure 10 – *Right Help, Right Now* Build Out

Crisis Build Outs	Total
Operational Beds and Chairs	329
Developing Beds and Chairs	334
Planning Beds and Chairs	80
TOTAL	**743**

Ability to serve individuals under Temporary Detention Orders (TDOs)

TDOs provide up to 72 hours of overnight evaluation and treatment to allow for stabilization of an individual's symptoms. A hearing is held at the end of the 72-hour period to determine the

[1] Updated information regarding buildout progress and other crisis services available in each region can be accessed at: https://dbhds.virginia.gov/about-dbhds/strategic-plans/

next proper course of action. Inpatient psychiatric units at local or state hospitals have been the default for TDO acceptance, however, CSUs also can accept TDOs. Historically, each locality had the option to choose whether to accept TDOs, however, new projects are mandated to accept them in support of the goals of *Right Help, Right Now* to reduce unnecessary inpatient hospitalization. The expectation is that individuals of a lower acuity who may still require 72 hours of evaluation time can be diverted away from hospital beds, thereby leaving hospital beds for individuals experiencing higher acuity behavioral health emergencies.

Localities are often challenged to locate property and request state financial assistance with purchase and renovations. While some localities have existing space that requires only minor renovation and purchase of equipment and furnishings, others require the purchase or building of suitable space to meet all regulatory and programmatic needs of behavioral health crisis facilities. CSUs often incur higher capital cost than CRCs, the variability in associated resources for each project also accounts for differences in the awards to support programs. There has been significant interest and proposal submissions, offering promising build out of the crisis continuum.

Timeframe for Operationalization

The variety in types of crisis facility projects supported through the crisis system transformation leads to significant differences in project timelines. Proposals have been accepted on an ongoing basis, and the projects are widely varied in scope. Accordingly, the starting dates and the total length of each project will be different. Additional considerations include the aforementioned approval process, the technical aspects of contracting with DBHDS, and positive assessment of resources required for successful completion of the project.the Some of these steps are demonstrated below in Figure 11, along with the category of project for each locality that has so far received *Right Help, Right Now* funding. It is important to note that the chairs and beds listed indicate the total expected to be available upon completion for each project. Some already have those in place and received funding to upgrade and/or enhance their facilities while others are creating these spaces from the beginning.

Figure 11 – *Buildout Progress by Region*

Region	Facility	Facility Type	Beds	Chairs	ELT/HHR Approved	Ratified Contract	Start/ Break Ground	Facility Opening
Region 1	Horizon	Adult CRC & CSU	16	16	✓	✓		
	Region 10	Adult CRC	0	16	✓			
	Rappahannock Area	Adult CRC	0	12	✓	✓		
	Valley	Adult CRC & CSU	16	16	✓			

Region 2	**Loudoun**	**Adult CRSC**	**10**	**16**	✓			
	Prince William	**Adult & Youth CRSC**	**32**	**32**	✓			
	Fairfax	**Adult CTH**	**6**	**0**	✓			
	Fairfax	**Youth CTH**	**6**	**0**	✓			
Region 3	**Blue Ridge**	**Adult CRC**	**16**	**10**	✓	✓		
	Danville-Pittsylvania	**Adult CRC**	**0**	**4**	✓	✓	✓	✓
	Highlands	**Adult CRSC**	**12**	**12**	✓	✓	✓	✓
	Mount Rogers	**Adult CRC**	**8**	**16**	✓			
	New River Valley	**Adult CSU**	**16**	**0**	✓			
	New River Valley	**Youth CRSC & CTH**	**16**	**5**	✓			
	Planning District 1	**Adult CRC**	**0**	**5**	✓	✓	✓	✓
	Piedmont	**Adult CRC**	**0**	**4**	✓	✓	✓	✓
	Southside	**Adult CRC**		**5**	✓			
Region 4	**Henrico**	**Adult CRC**	**TBD**	**16**	✓			
	Henrico	**Youth CRC**	**0**	**8**	✓	✓	✓	✓
	RBHA	**Youth CSU**	**8**	**0**	✓	✓	✓	✓
	RBHA	**Adult CRC**	**0**	**8**	✓	✓	✓	✓
	RBHA	**Adult CSU**	**16**	**0**	✓	✓	✓	✓
	RBHA	**Adult CTH**	**12**	**0**	✓			
Region 5	**Chesapeake**	**Adult CRC**	**0**	**16**	✓	✓		
	Colonial	**Adult CRSC**	**8**	**12**	✓	✓		
	Hampton Newport News	**Adult CRSC**	**16**	**16**	✓	✓		

	Western Tidewater	Adult CRC	0	16	✓			✓
	Western Tidewater	Adult CTH	6	0	✓	✓		
	Western Tidewater	Youth CTH	6	0	✓			

Crisis Center Funding

DBHDS has worked diligently to support projects to fully utilize general fund dollars for crisis transformation. Unlike DBHDS grants to localities where funds are disbursed as warrant payments, *Right Help, Right Now* funds are paid based on project progress. Build-out funds, both one-time capital and operational expenses, are disbursed by fund drawdown initiated by the CSB. For capital project costs, an initial disbursement serving as an advance enables the CSB to begin project development, with subsequent disbursements paid on a reimbursement basis. With this method, there can be a lag between project activity and funds disbursed. Crisis operational expenses are distributed quarterly and are contingent on receipt of operational and reimbursement metrics. Undisbursed committed funds at the close of the fiscal year are carried forward to the subsequent fiscal year as the project moves toward completion. At project close, should there be cost savings, funds not disbursed can be reallocated to existing or new projects.

Committed, or obligated, dollars are assigned to an approved project and held until funds can be appropriately drawn down and disbursed. Figure 12 and Figure 13, below, show committed and disbursed funds in FY 2024 and FY 2025 as of November 2024, by service type.

Figure 12 – *FY 2024 committed and disbursed crisis center funding*

Funding Year	**FY 2024**								
Appropriation	$58,000,000								
	CRC	**%**	**CSU**	**%**	**CTH**	**%**	**Total**	**%**	**Uncommitted**
Committed	$45,068,666		$7,604,377		$3,000,000		$55,673,043		$2,326,957
Disbursed	$25,658,043	56.9%	$1,604,377	21.1%	$3,000,000	100.0%	$30,262,420	54.4%	
Balance	$19,410,623		$6,000,000		$0		$25,410,623		

Figure 13 – *FY 2025 committed and disbursed crisis center funding*

Funding Year	**FY 2025**								
Appropriation	$64,845,204								
	CRC	**%**	**CSU**	**%**	**CTH**	**%**	**Total**	**%**	**Uncommitted**
Committed	$29,705,987		$6,072,577		$3,086,000		$38,864,564		$25,980,640
Disbursed	$0	0.0%	$0	0.0%	$0	0.0%	$0	0.0%	
Balance	$29,705,987		$6,072,577		$3,086,000		$38,864,564		

Importantly, DBHDS is currently in pre-planning conversations with three additional CSBs and localities around addition build out projects. *The uncommitted funds shown above will become committed when these projects mature enough that contracts and budgets can be developed*. DBHDS is working to have all funds committed by the end of the 3rd quarter of FY 2025.

Figure 14, below, is a high-level summary of how these funds are distributed across the capital and operational expenses, and Figure 15, below, breaks down committed dollars by individual project. The range in dollar amounts is due to the wide variety of project types including enhancements to currently operational programs, renovations to existing building, and some are new build projects.

Figure 14 – *Average Funds per Program Type*

Program Type	Capital Obligated through FY25	Ops Obligated through FY25	Total Other Funds Utilized (local, federal, etc)
Crisis Receiving Centers	$61,977,147	$21,177,592	$17,105,181
Crisis Stabilization Units	$7,686,200	$3,849,763	$7,244,177
Crisis Therapeutic Homes	$8,420,000	$3,086,000	$0

Figure 15 – Funds to Each Program Locality

Program Locality	Through FY25 (Cap + Ops)	Other State General Funds	Local/Other Funding
Blue Ridge CRC	$2,503,010	N/A	N/A
Blue Ridge CSU	$117,000	N/A	N/A
Chesapeake	$3,332,210	4,250,000	N/A
Colonial	$12,000,000	N/A	N/A
Danville-Pittsylvania	$369,754	$2,355,181	N/A
Hampton-Newport News	$3,334,742	$3,000,000	$3,000,000
Henrico	TBD	N/A	N/A
Highlands CRC	$1,000,000	$2,000,000	$1,097,120
Highlands CSU	$750,000	N/A	N/A
Horizon CRSC	N/A	$4,400,000	$4,750,000
Loudoun CRC	$4,100,000	N/A	$35,100,000
Mount Rogers	$3,900,000	N/A	$360,707
New River Valley CRSC	$74,000	$2,900,000	$1,000,000
New River Valley Youth	$4,230,000	N/A	N/A
Planning District 1	$2,831,938	N/A	N/A
Prince William CRSC	$2,250,000	$2,100,000	$1,500,000
Rappahannock Area	$6,500,000	N/A	$6,500,000
Richmond Behavioral Health Authority CRC	$4,003,582	N/A	$900,000
Richmond Behavioral Health Authority CSU	$1,604,377	$844,177	N/A
Region 4 (Central Virginia) Child/Youth CSU	$676,495	N/A	N/A
Region 4 (Central Virginia) Adult CTH	$1,236,000	N/A	N/A
Region Ten CRC	$3,064,277	N/A	N/A
Valley CRSC	$9,600,000	$2,500,000	N/A
Western Tidewater Adult CTH	$3,000,000	N/A	N/A

Western Tidewater Youth CTH	$4,500,000	N/A	N/A

Next Steps

DBHDS continues to work with localities to develop crisis site projects and commit all funds by the end of the 3rd quarter of FY 2025. In addition, work will continue to ensure robust, staffed call centers, an effective VCC, and continue building mobile crisis teams to respond quickly to any Virginian, no matter where they live. Moving forward, there will be increased attention to measuring utilization and outcomes, implementing regular quality assurance and quality improvement reviews, and exploration of efficient and sustainable funding strategies. Through the support of the Governor and the General Assembly, and the hard work of dedicated providers across the Commonwealth, continuing to implement the Crisis Now continuum of care in Virginia through *Right Help, Right Now*. This new system of care is being supported in a data-driven way to ensure it matures into a strong and integrated continuum of services that meets people where they are, intervenes earlier during crises, and keeps people experiencing crisis out of the hospital and in the community.