



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dhds.virginia.gov

January 16, 2026

To: The Honorable Glenn A. Youngkin, Governor
The Honorable Louis L. Lucas, Chair, Senate Finance Committee
The Honorable Luke E. Torian, Chair, House Appropriations Committee

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

Item 311.J of the 2024 Appropriation Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to submit an annual report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees of the General Assembly by December 1 each year for the preceding fiscal year.

J. The Department of Behavioral Health and Developmental Services shall submit a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than December 1 of each year for the preceding fiscal year that provides information on the operation of Virginia's publicly funded behavioral health and developmental services system. The report shall include a brief narrative and data on the numbers of individuals receiving state facility services or CSB services, including purchased inpatient psychiatric services, the types and amounts of services received by these individuals, and CSB and state facility service capacities, staffing, revenues, and expenditures. The annual report also shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year.

Subsection 12 of § 37.2-304 of the Code of Virginia establishes the annual report requirement in state statute. The section lists the duties and powers of the DBHDS commissioner.

12. To submit a report for the preceding fiscal year by December 1 of each year to the Governor and the Chairmen of the House Appropriations and Senate Finances Committees that provides information on the operation of Virginia's publicly funded behavioral health and developmental services system. The report shall include a brief narrative and data on the number of individuals receiving state facility services or community services board services, including purchased inpatient psychiatric services;

the types and amounts of services received by these individuals; and state facility and community services board service capacities, staffing, revenues, and expenditures. The annual report shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year.

In accordance with these requirements, please find enclosed the FY 2025 DBHDS annual report.

CC:
Secretary Janet Kelly



Virginia Department of Behavioral Health
and Developmental Services

Fiscal Year 2025

Annual Report

(Item 311.J)

December 1, 2025

DBHDS Vision: A Life of Possibilities for All Virginians

Fiscal Year 2025 Annual Report (Item 311.J)

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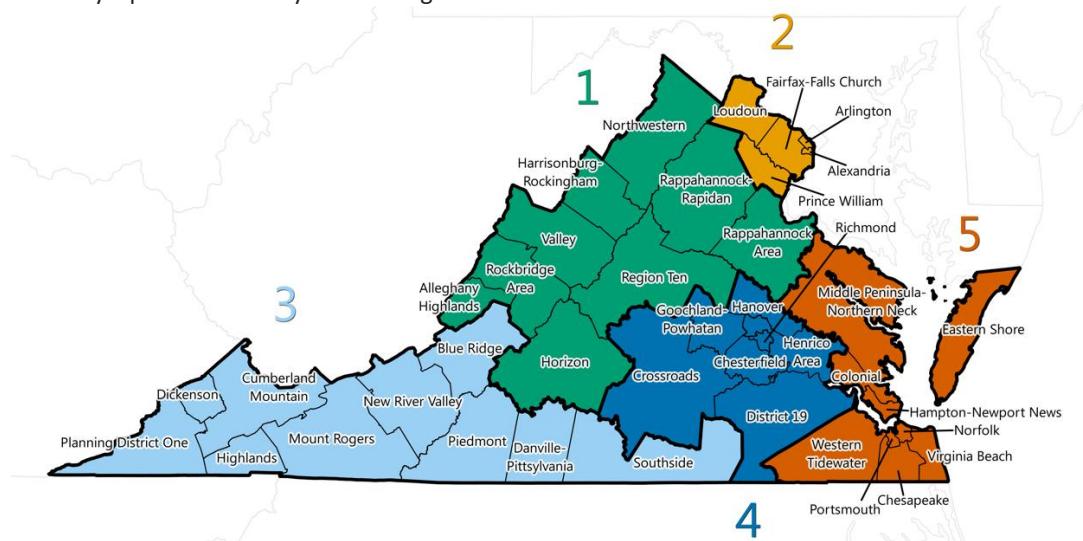
Introduction

Virginia's public behavioral health and developmental services system provides services to individuals with mental illness, developmental disabilities, or substance use disorders through state-operated state hospitals and centers, and 39 locally operated community services boards and one behavioral health authority (CSBs).

CSBs are the single points of entry into public behavioral health and developmental services, including access to state facilities through preadmission screening, case management, and discharge planning for individuals leaving state facilities. While not part of the Department of Behavioral Health and Developmental Services (DBHDS), local CSBs (shown below) are established in cities or counties pursuant to the Code of Virginia. DBHDS negotiates a performance contract with each CSB for the delivery of services, and provides state funds, monitors, licenses, regulates, and provides direction to the CSBs. DBHDS also licenses 2,298 private and community providers of mental health, substance use disorder, and developmental services in 11,784 locations throughout Virginia.

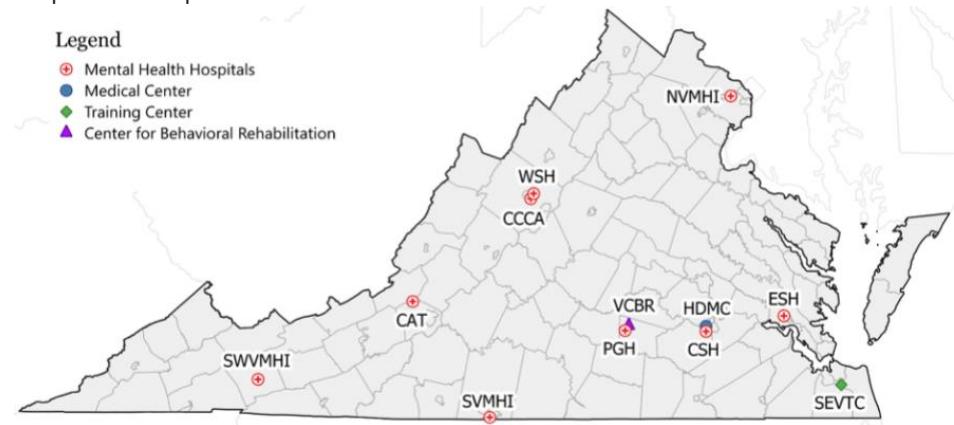
In FY 2025, **186,365** unduplicated people received public behavioral health or developmental disability services: **185,027** unduplicated people received CSB services, and **5,968** unduplicated people received services in DBHDS state hospitals and centers. Many people received services from both.

Virginia's 40 Locally Operated CSBs by DBHDS Region



DBHDS operates 12 state hospitals and centers (shown below). State hospitals provide highly structured and intensive inpatient services, including psychiatric, nursing, psychological, psychosocial rehabilitation, support, and specialized programs for older adults, children and adolescents, and individuals with a forensic status. A state training center provides highly structured habilitation and residential care for individuals with intellectual disability, and a medical center provider medical services for patients in state hospitals or other centers. DBHDS also provides rehabilitation services for persons court-determined to be sexually violent predators.

Virginia's 12 State-Operated Hospitals and Centers



State Hospitals - DBHDS operates nine state hospitals for adults: Catawba Hospital (CH) in Salem, Central State Hospital (CSH) in Petersburg, the Commonwealth Center for Children and Adolescents (CCCA) in Staunton, Eastern State Hospital (ESH) in Williamsburg, Northern Virginia Mental Health Institute (NVMHI) in Falls Church, Piedmont Geriatric Hospital (PGH) in Burkeville, Southern Virginia Mental Health Institute (SVMHI) in Danville, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, and Western State Hospital (WSH) in Staunton.

State Centers - DBHDS operates Southeastern Virginia Training Center (SEVTC) in Chesapeake, Hiram Davis Medical Center (HDMC) in Petersburg, and the Virginia Center for Behavioral Rehabilitation (VCBR) in Burkeville for sexually violent predators.

The DBHDS central office provides leadership to promote partnerships among CSBs and state hospitals and centers with other agencies and providers. The central office supports the provision of accessible and effective services by CSBs and other providers, directs the delivery of services in state hospitals and centers, protects the human rights of individuals receiving services, and assures that public and private providers adhere to licensing regulations.

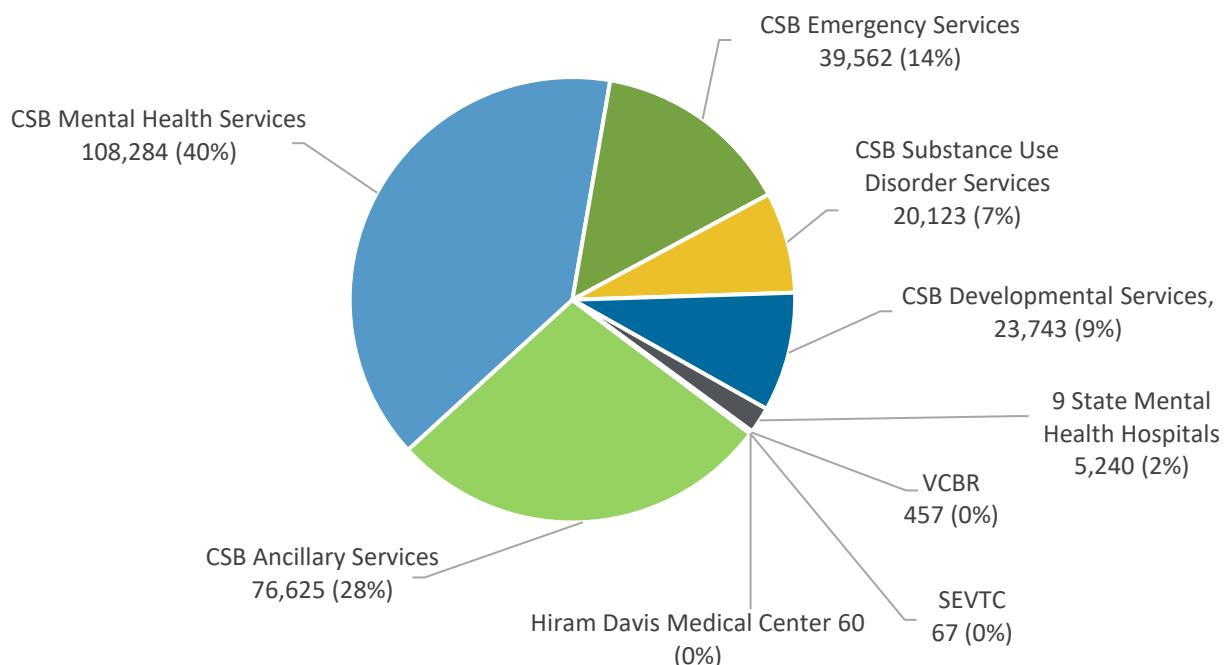
Governor Youngkin's transformational, three-year *Right Help, Right Now* plan offers a road map to ensure every Virginian experiencing crisis, behavioral health disorders or developmental disabilities the help they need, right when they need it. The plan is carefully crafted and comprehensive, making historic investments in crisis services, growing our workforce, expanding community capacity, and innovating service delivery. This report covers the last six months of *Right Help, Right Now* year two, and the first six months of year three. In FY 2025, DBHDS made significant strides advancing the goals of *Right Help, Right Now*, and accomplished targets on its internal strategic plan to support transformation and other system modernization efforts.



Importantly, Virginia's system intersects with many different facets of the Commonwealth's vast and varied service delivery system: private hospitals and health systems, Medicaid, law enforcement, education, social services, the criminal justice and courts systems, and providers, among others. DBHDS values its many partnerships and is working hard to increase collaboration across the system of care. Although meaningful system change is challenging, Virginia is poised to support and develop tangible and achievable means to close capacity gaps, with the goal that every individual will have access to the quality services they need, regardless of where they live.

Individuals Who Received Services

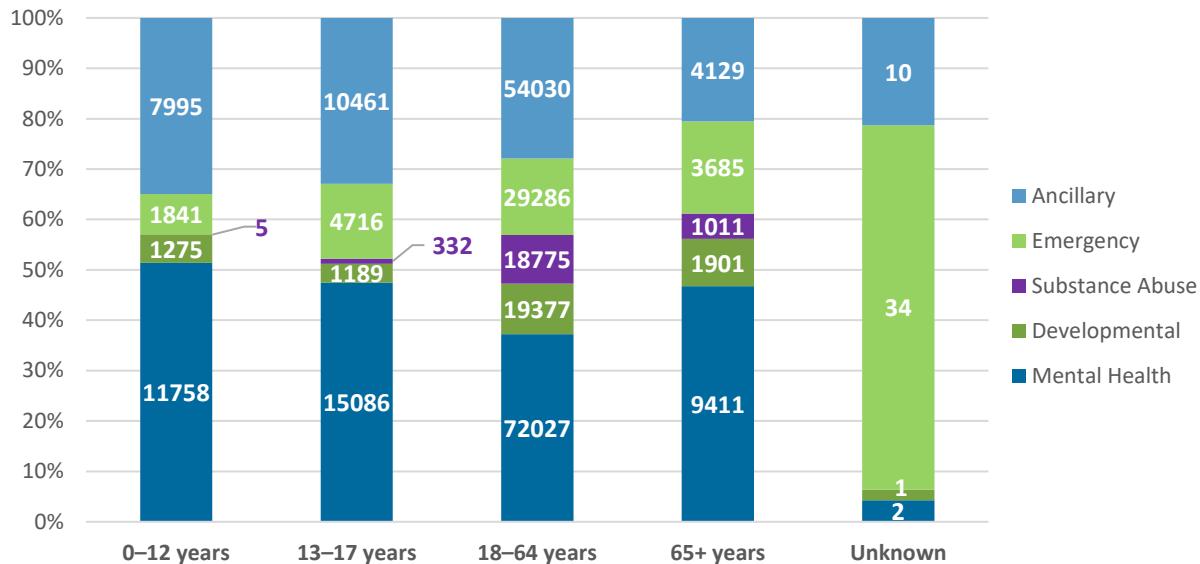
In FY 2025, 186,365 *unduplicated* people received public behavioral health or developmental disability services: 185,027 unduplicated people received CSB services, and 5,968 unduplicated people received services in DBHDS state hospitals and centers. Many people received services from both, and most of these individuals receive multiple services throughout the year. The image below shows the unduplicated numbers of individuals who received services from among the 40 local CSBs or the 12 DBHDS state hospitals and centers during FY 2025.



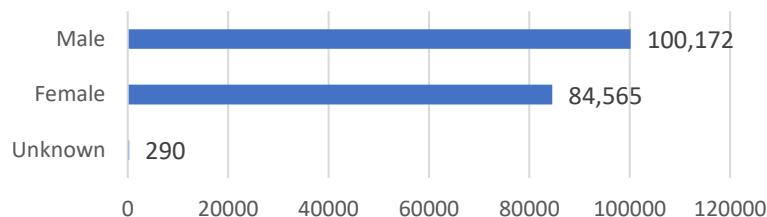
Notes: (1) State hospital services include maximum security. (2) Ancillary services are motivational treatment, consumer monitoring, early intervention, and assessment and evaluation.

The following charts show more information about the individuals served by Virginia's CSBs:

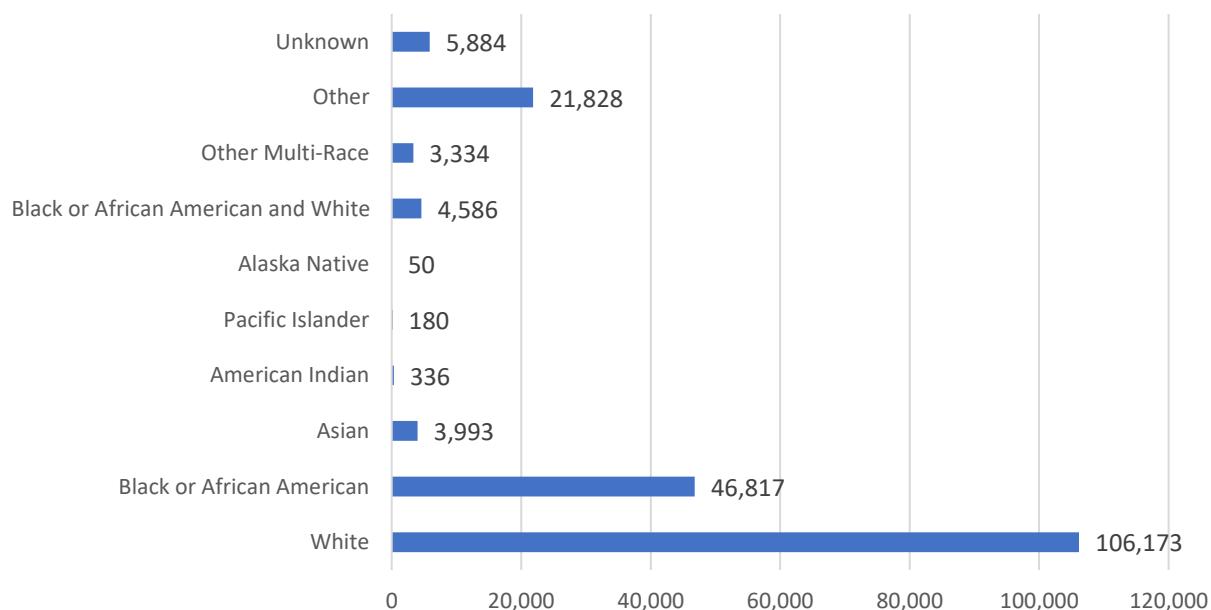
Age Distribution of Individuals by CSB Service Area in FY 2025



Gender of Individuals receiving CSB services in FY 2025



Races of individuals receiving CSB services in FY 2025



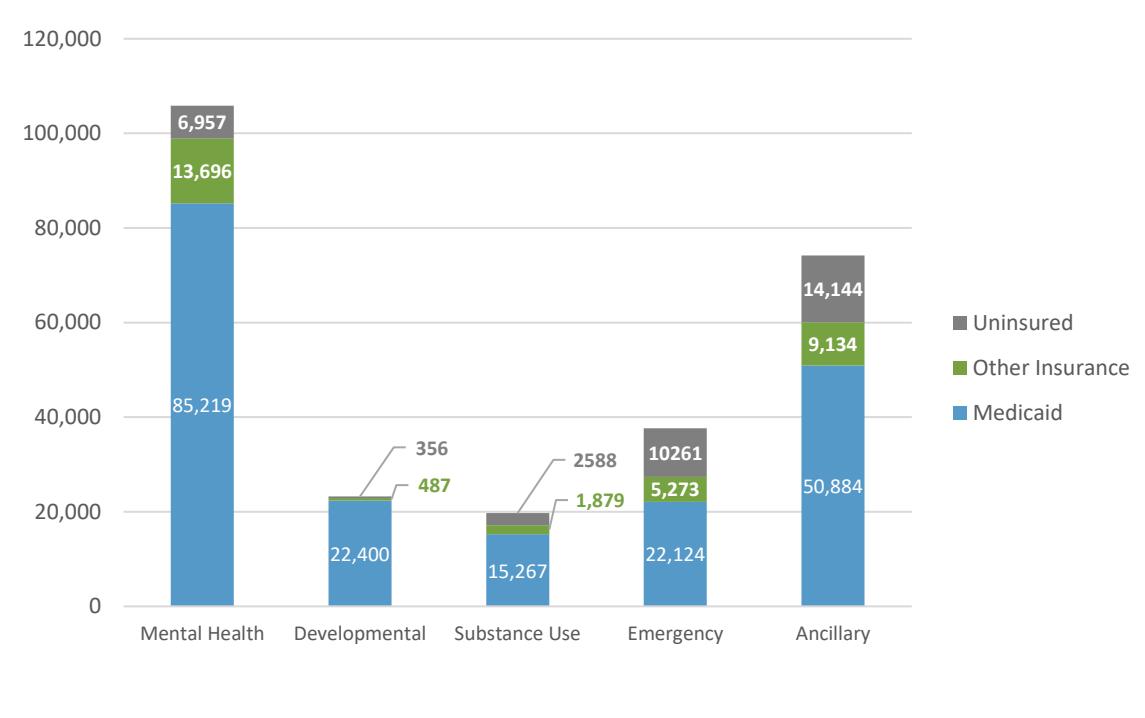
The chart below shows the individuals who received services in each core service from CSBs or state facilities. It displays numbers for emergency and ancillary services and for the mental health (MH), developmental (DD), and substance use disorder (SUD) services program areas, and the total numbers of individuals receiving a core service across the three program areas.

Individuals Who Received CSB or State Facility Services in FY 2025

Total Emergency Services					
Services Available in Program Areas		Mental Health	Develop-mental	Substance Use	Total ²
CSB SUD Inpatient Medical Detox Services				355	355
CSB MH or SUD Inpatient Services (LIPOS)	600			16	616
Total CSB Inpatient Services	600			371	917
Training Center ICF/ID Services			67		67
State Hospital ICF/Geriatric Services	349				349
State Hospital Acute Psychiatric Inpatient Services	3511				3511
State Hospital Extended Rehabilitation Services	1380				1380
State Hospital Forensic Services	1142				1142
HDMC					60
VCBR					457
Total State Facility Inpatient Services	5902	67			5968
Outpatient Services	46,667	17		12,649	57,568
Medical Services	66,216	177		1,764	67,774
Intensive Outpatient Services				2,342	2,342
Medication Assisted Treatment				5,021	5,021
Assertive Community Treatment	3,005				3,005
Total Outpatient Services¹	92,538	194		17,701	103,944
Total Case Management Services	51,507	22,025		6,031	78,317
Day Treatment or Partial Hospitalization	953			63	1,016
Rehabilitation or Habilitation	2,284	2,121			4,395
Total Day Support Services	3,239	2,121		63	5,413
Sheltered Employment		304			304
Individual Supported Employment	783	777		8	1,568
Group Supported Employment	4	271			275
Total Employment Services	787	1,331		8	2,126
Highly Intensive Residential Services	36	195		1,254	1,485
Residential Crisis Stabilization Services	1,713	227		28	1,952
Intensive Residential Services	203	367		769	1,338
Supervised Residential Services	1,043	417		322	1,779
Supportive Residential Services	3,354	349		89	3,764
Total Residential Services	6,156	1,520		2,115	9,618

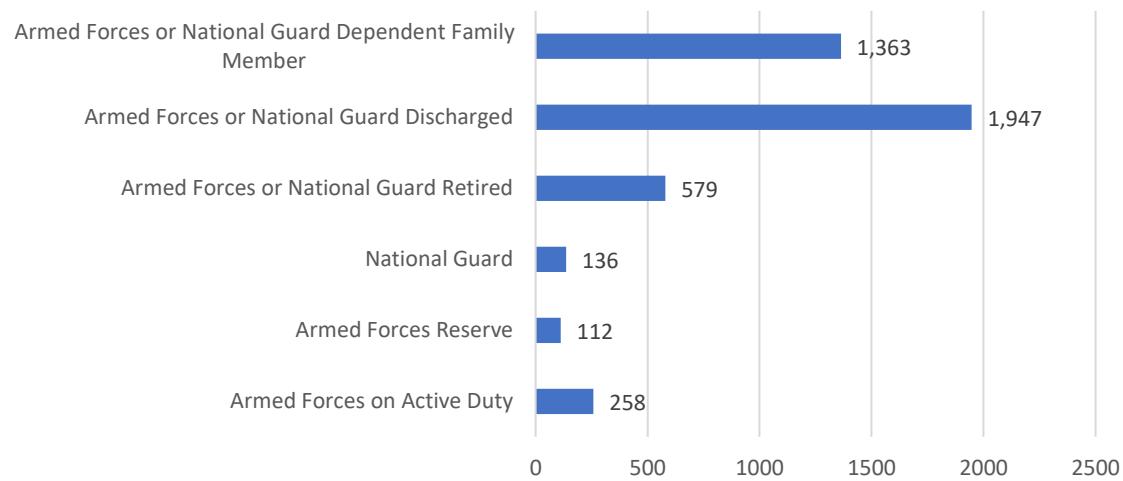
Notes: 1) The numbers below are unduplicated: If someone received services at more than one CSB or at CSBs and state facilities, the individual is counted once. 2) Individuals above total more than the unduplicated number of individuals because many received services in multiple areas.

Individuals enrolled in Medicaid or uninsured who received CSB services in FY 2025



Military status of individuals receiving CSB services in FY 2025

In FY 2025, a total of 138,115 individuals with a military status received CSB services:



Residential status for individuals who received CSB mental health, developmental, substance use disorder, or emergency services in FY 2025

Residential Status	Mental Health	Develop-mental	Substance Use	Emergency	Ancillary	Undup. Total
Private Residence/Household	83,286	14,433	15,072	22,599	54,455	128,972
Homeless/homeless shelter	7,999	2,914	1,041	9,037	8,261	23,506
Veterans Health Administration	2,659	256	889	2,290	4,277	7,468
Community Residential	1,804	3,507	142	406	931	4,458
Licensed Home for Adults (CSB or non-CSB)	1,794	566	55	344	572	2,185
Shelter	635	17	231	264	592	983
Boarding Home	423	110	129	101	285	628
Foster Home/Family sponsor	666	676	14	136	341	1,227
Residential Treatment/ Alcohol and Drug Rehabilitation	516	110	303	205	458	862
Inpatient Care	344	31	14	372	228	627
Nursing Home/Physical Rehabilitation	234	81	3	128	108	411
Local Jail/Correctional Facility	1,652	14	798	1,645	3,479	5,597
State Correctional Facility	29	1	15	18	29	59
Juvenile Detention Center	228	1	20	55	294	435
Other Institutional Setting	172	128	39	72	139	339
Adult Transition Home	176	5	112	42	141	263
Other Residential Status	16,325	4,063	3,176	13,175	14,573	37,981

Employment status for individuals who received CSB services in FY 2025

Employment Status	Mental Health	Develop-mental	Substance Use	Emergency	Ancillary	Undup. Total
Total Adults (18+) Who Received Services	81,438	21,278	19,786	32,971	58,159	146,179
Employed Full Time (35+ hr./wk.)	10,196	254	4,678	2,888	8,886	17,991
Employed Part Time(<35 hr./wk.)	8,201	1,480	2,198	1,817	5412	12,618
In Supported Employment	413	1,017	48	57	327	1,286
Total Adults Employed	118,645	25,763	33,586	42,438	87,082	208,683
Unemployed	13,032	1,609	5,578	4,565	11,284	21,871
Not in Labor Force: Sheltered Employment	140	373	21	16	111	442
Not In Labor Force: Homemaker	1,104	23	205	216	516	1,445
Not In Labor Force: Student/Job Training	5,737	3,045	271	1,621	4,512	11,216
Not In Labor Force: Retired	2275	320	338	778	1,373	3,618
Not In Labor Force: Disabled	22,082	6,848	2,236	4,387	8,742	30,081
Not In Labor Force: Institution or inmate	2,524	200	745	2,525	3,837	6,642
Not In Labor Force: Other	8,001	4,069	1,776	2,275	4,865	14,023
Total Adults Not Employed	62,488	18,154	12,841	28,193	43,423	113,842
Unknown	3,282	713	671	2,416	2,059	6,652
Not Collected	4,451	1,327	1,021	9,410	6,235	18,294

Specialized Initiatives

Individuals Who Received Services in Specialized Initiatives in FY 2025	
Medicaid ID Home and Community-Based Waiver Services	18,047
Developmental Enhanced Case Management (ECM) Services	6,082
Substance Use Disorder Medication Assisted Treatment (MAT)	3,844
Mental Health Child and Adolescent Services Initiative	2,117
Program of Assertive Community Treatment (PACT)	2,367
Mental Health Services for Children in Juvenile Detention Centers	2,088
Projects for Assistance in Transition from Homelessness (PATH)	1,255
Discharge Assistance Program (DAP)	1,107
Project LINK	1,304
Mental Health Mandatory Outpatient Treatment (MOT) Orders	277
Substance Use Disorder Recovery Support Services	678

Staffing of CSBs and DBHDS

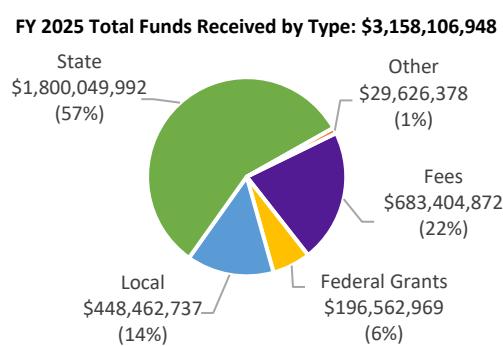
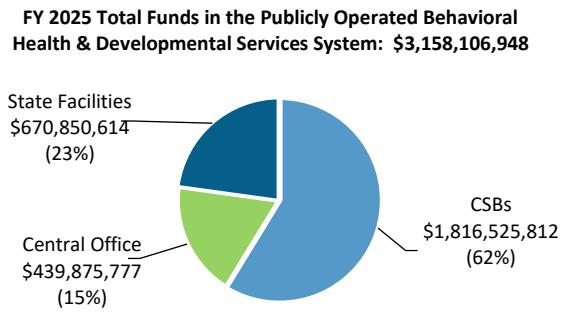
The staffing data below is expressed as numbers of full-time equivalents (FTEs).

	Direct Care Staff	Peer Staff	Support Staff	Total Staff
DBHDS Staff				
DBHDS Central Office (CO)	21	0	628	649
State Hospitals	2,461	0	1,501	3,962
Training Centers	201	0	97	298
HDMC	101	0	48	149
VCBR	430	0	98	528
Total State Hospital and Center and CO, FY 2025	3,214	0	2,458	5,672
CSB Staff				
CSB Mental Health Services	4,956.23	271.69	971.79	6,199.71
CSB Developmental Services	3,413.18	8.50	598.43	4,020.11
CSB Substance Use Disorder Service	1,136.27	196.21	361.12	1,693.60
CSB Emergency & Ancillary Service	1,393.89	54.50	241.29	1,689.68
CSB Administration	0.00	0.00	1,926.32	1,926.32
Total CSB FY 2025	10,899.57	530.90	4,098.95	15,529.42

Notes: A full-time equivalent is not the same as a position; a 20-hour/week part-time position is one position but ½ FTE. FTEs are a more accurate indicator of available personnel resources. Peer staff receive or have received services and are employed as peers to deliver services. Only FTEs in programs CSBs directly operate are included; contract agencies are not represented.

Funds Received by CSBs and DBHDS

The charts below show the total funds in Virginia's public system, and the funds received for by type. Fees include Medicaid payments, which consist of federal and state funds. DBHDS submits a separate report on Part C services to the General Assembly.



The tables below display the funds from all sources reported by CSBs and state facilities. CSBs reported receiving more than \$1.8 billion from all sources to provide community services. For the CSBs, local funds include local government appropriations, charitable donations, and in-kind contributions. The localities that established the 40 CSBs provide the majority of local funds. Fees include Medicaid, Medicare, private insurance payments and payments from individuals. Other funds include workshop sales, retained earnings, and one-time funds.

FY 2025 CSB Funds Received by Program Area					
Funding Source	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Funds	Percent of Total
State Funds	\$554,743,496.40	\$48,476,712.04	\$92,786,588.54	\$696,006,796.98	37.52%
Local Funds	\$250,582,290.20	\$138,869,986.86	\$59,010,459.66	\$448,462,736.72	24.17%
Medicaid Fees	\$218,667,313.69	\$257,678,641.62	\$28,386,174.03	\$504,732,129.34	27.21%
Other Fees	\$42,383,618.64	\$28,308,508.44	\$6,213,063.36	\$76,905,190.44	4.15%
Federal Funds	\$34,018,102.00	\$0.00	\$68,690,714.51	\$102,708,816.51	5.54%
Other Funds	\$13,362,421.71	\$2,389,255.15	\$10,545,186.97	\$26,296,863.83	1.41%
Total Funds	\$1,113,757,242.64	\$475,723,104.11	\$265,632,187.07	\$1,855,112,533.82	100.00%
Percent of Total	60.04%	25.64%	14.32%	100.00%	

FY 2025 State Facility Funds Received by Type of State Facility					
Funding Source	State Hospitals	Other State Facilities ¹	Training Center	Total Revenues	Percent of Total
State General Funds	\$535,085,875	\$73,971,528	\$4,573,972	\$613,631,375	85.2%
Federal Funds	\$1,453,704	\$158,358	\$76,614	\$1,688,676	0.2%
Medicaid	\$23,804,174	\$17,359,880	\$35,454,622	\$76,618,676	10.6%
Medicare	\$10,446,557	\$282,497	-	\$10,729,054	1.5%
Commercial Insurance	\$10,951,606	\$(91)	-	\$10,951,515	1.5%
Private Payments	\$2,445,098	\$229,295	\$793,914	\$3,468,307	0.5%
Other Revenues	\$3,307,273	\$902	\$21,339	\$3,329,514	0.5%
Total Revenues	\$587,494,287	\$92,002,369	\$40,920,461	\$720,417,117	100%

¹ Other State Facilities are HDMC and VCBR.

Expenditures by CSBs and DBHDS

The tables below show expenditures reported by CSBs, state facilities, and central office. **About 65 percent of central office funds are spent on contracts for community services.**

FY 2025 CSB Expenditures by Program Area				
	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Expenditures ¹
CSB Services	\$1,022,142,514.54	\$468,420,245.32	\$247,238,227.90	\$1,737,800,987.76
Percent of Total	58.82	26.95	14.23	100

¹ This figure includes \$279,426,487 for CSB administrative expenses, 16 percent of the total CSB expenditures.

FY 2025 State Facility and Central Office Expenditures		
	Expenses	Percent of Total
State Hospitals	\$564,052,664	58.2%
Other State Facilities ¹	\$90,785,898	9.4%
Training Centers	\$32,282,870	3.3%
Central Office	\$281,527,835	29.1%
Total Expenditures	\$968,649,267	100%

¹ Other State Facilities are HDMC and VCBR.

Major New Initiatives and Accomplishments

FY 2025 was a year of measurable progress for Virginia's behavioral health and developmental services system. The United States District Court for the Eastern District of Virginia approved a permanent injunction jointly proposed by the Commonwealth and the U.S. Department of Justice, concluding the 12-year settlement agreement and marking a major step forward in Virginia's oversight of services for people with developmental disabilities. This milestone reflects years of sustained work by DBHDS, CSBs, providers, and advocates to improve quality, strengthen accountability, and expand community supports. During the same period, DBHDS advanced modernization efforts across the enterprise, including the launch of the Enterprise Data Warehouse and Data Exchange, which now anchors real-time analytics and system transformation. The agency also strengthened the state hospital and center system through a reorganized Facility Services Division that operates with clearer structure and greater clinical alignment, supporting safer and more consistent care statewide.

FY 2025 was the final fiscal year in the three-year *Right Help Right Now* plan, and DBHDS met critical milestones across crisis services, community services, facility operations, workforce development, and data modernization. Crisis call volume through 988 continued to rise, mobile crisis teams expanded, and crisis receiving centers and stabilization units increased statewide capacity. Community initiatives strengthened clinical quality and capacity through efforts such as the Virginia Mental Health Access Program and the Adult Psychiatric Access Line support for primary care partners, and through a historic expansion of developmental disability (DD) waiver slots. At the same time, the agency's workforce, administrative, and IT teams delivered foundational improvements in recruitment, training, procurement, finance, and audit performance that support long-term stability.

As DBHDS concludes the last full year of the Youngkin Administration, the agency has worked hard to advance the goals of *Right Help, Right Now* and to strengthen the Commonwealth's safety-net system through its own transformation. The image below provides a high-level overview of major accomplishments during this Administration, noting that it does not capture every improvement or initiative pursued. Additional detail on FY 2025 activities and accomplishments can be found in the sections that follow.

Advancing Behavioral Health and Developmental Services

Over the last 4 years, DBHDS has prioritized enterprise-wide transformation and data modernization efforts which have become part of a strong foundation that DBHDS teams are starting to build on as they work towards longer-term strategic goals. Having achieved major expansions in Virginia's crisis system, an increase in the peer recovery workforce, a permanent injunction for Developmental Services, and other major wins, DBHDS is positioned to continue realizing the value of its investments and further improve the quality of Behavioral Health (BH) and Developmental (DD) Services across the Commonwealth.

SYSTEM SUCCESSES (2022-2025)

 Crisis System Transformation <i>Strategic Plan Objectives 4,6,10</i>	<ul style="list-style-type: none"> Established and began to implement a leading unified crisis system that promotes treatment of patients in a community setting, implementing a 988 Lifeline, and 100+ statewide mobile crisis teams that serve all individuals including those with DD Transformed alternative custody / SCOPs, relieving 2700+ law enforcement hours monthly and 25,000+ hours to date
 Addressing the Opioid Epidemic <i>Strategic Plan Objectives 2,3</i>	<ul style="list-style-type: none"> Reduced fentanyl deaths by 58.8% and a 4% overall decline in opioid overdoses Expanded project LINK sites for SUD services to pregnant/parenting women by 350% with continued plans for growth
 Developmental Services Evolution <i>Strategic Plan Objectives 2,4</i>	<ul style="list-style-type: none"> Ended DOJ settlement with permanent injunction Invested in addressing Priority 1 waitlist by adding 4,540 new waiver slots this Administration
 STEP-VA / Behavioral Health Transformation <i>Strategic Plan Objectives 2,3,4,7</i>	<ul style="list-style-type: none"> Began developing a Behavioral Health quality management system to report outcomes to key stakeholders Expanded care integration through Adult Psychiatric Access Line (APAL) Expanded school-based and youth-focused programs (e.g., VMAP)
 Tech/Data Infrastructure & Modernization <i>Strategic Plan Objectives 5,7,8,9</i>	<ul style="list-style-type: none"> Launched real-time statewide data exchange, governance program, and warehouse in Virginia's first AWS cloud environment Developed public-facing dashboards displaying progress and outcomes Began to improve data-driven decision-making to increase cost efficiency and value-based outcomes
 Hospital Operations & Efficiency <i>Strategic Plan Objectives 2,4,5,8, 10</i>	<ul style="list-style-type: none"> Made significant progress toward building out the structure for state facilities to operate as an integrated hospital system Increased availability of specialized post-discharge care, including progress towards small, integrated settings
 Workforce Recruitment & Retention <i>Strategic Plan Objectives 1,2,7</i>	<ul style="list-style-type: none"> Decreased hospital workforce vacancy rates for RNs, Psychologists Housekeeping/Food Services; Direct Services Associates Reduced licensure wait times for priority providers Achieved 27% YOY increase of Registered Peers in the workforce across the Commonwealth
 Agency Operations & Administration	<ul style="list-style-type: none"> Improved fiscal responsibility and management through funding formulas and systems investment Improved IT / Data Services Management with new structure and governance Developed Strategic Planning and Execution structure to activate agency-wide priorities Activated Enterprise PMO

Administrative Services

Human Resources Management

In FY 2025, DBHDS advanced its commitment to strengthening the workforce by updating and aligning human capital policies, programs, and practices. As part of the agency's transition to standardized and centralized business processes, DBHDS focused on building a more resilient, engaged, and well-prepared workforce. Key initiatives and accomplishments include:

- **Direct Support Associate (DSA) Preceptorship Program** – DBHDS launched a comprehensive preceptorship program to strengthen onboarding and training for new DSAs. Trained preceptors now provide hands-on support, enhancing recruitment and retention efforts. Since FY 2024, annual DSA turnover has declined by more than 5%.
- **Recognition for Internship Excellence** – DBHDS was honored with the *2025 Top Virginia Employers for Interns Award* by the Virginia Talent and Opportunity Partnership. In summer 2025, 14 interns joined the agency, and several former interns transitioned into wage and classified positions.
- **Nursing Workforce Development** – In partnership with Radford University, DBHDS hosted the inaugural Nursing Summit in April 2025, bringing together nurses from across the Commonwealth. DBHDS also launched a fast-track ASN-to-BSN scholarship program with Radford, enabling 14 employees to complete their BSN by spring 2026.
- **Supervisor Training Academy** – DBHDS began development of a Supervisor Training Academy, scheduled to launch in fall 2025. Participation will be required for all managers and supervisors within a two-year cycle. The academy includes seven core DBHDS/DHRM leadership courses, delivered through lunch-and-learn sessions and in-person workshops, with the goal of strengthening leadership capacity, ensuring compliance, and enhancing team support.
- **Staffing and Vacancy Rate Improvements** – From FY 2024 to FY 2025, DBHDS achieved measurable staffing growth:
 - DSAs increased from 1,842 to 1,875 (+33)
 - Nursing staff increased from 762 to 793 (+31)
 - Security staff increased from 338 to 343 (+5)
 - Overall agency vacancy rates improved from 15 percent to 14 percent. Notably, nursing vacancies decreased from 20 percent to 16 percent, while DSA vacancy rates held steady at 16 percent. All disciplines experienced reductions in vacancy rates to varying degrees.
- **SystemLEAD** – 23 employees participated in the SystemLEAD, a nine-month program that helps to define a leader's roles, abilities, and pathway to improvement.
- **Virginia Public Sector Leadership (VPSL)** – VPSL is a leadership development program operated by Virginia Tech. DBHDS staff completed a total of 98 VPSL certificates in FY 2025.

Information Technology (IT)/Security

IT made significant progress during FY 2024 establishing an IT Strategic Roadmap to support technology/application/system modernization. The modernization initiatives will allow DBHDS to evaluate whether to “build” or “buy” desired solutions.

- The new Enterprise Data Warehouse and Data Exchange has been launched and is providing the foundation for all subsequent application/system modernizations.

- The first application modernization “build” (Discharge Assistance Program) has been identified/approved and will begin work in the first quarter of FY 2025, integrating directly with the new Enterprise Data Warehouse.
- Delivered Enterprise Provider Dictation Solution (Dragon Medical One) to increase provider workflow efficiency.
- Built 42 custom Electronic Health Record (EHR) reports and completed 164 change requests providing new/enhanced capabilities, streamlined workflows, and improved performance. Supported a 67 percent increase in Millennium Lights On® EHR metric dashboard usage indicating improved facility interest and involvement.
- Automated 16 Department of Justice (DOJ) reports ensuring process efficiency.
- Decommissioned 54 applications via consolidation and workflow efficiency.
- Resolved 51 IT audit findings.

Internal Audit

- Conducted four facility audits, five CSB audits, two IT system security audits, and four facility physical security control audits.
- Conducted Seven CSB follow-up reviews and six facility follow-up reviews to focus on previous years findings that have yet to be resolved by the CSB or Facility. 35 of 49 (71 percent) findings reviewed during the CSB follow-up reviews, and 77 of 107 (72 percent) findings reviewed during the facility follow-up reviews have been corrected and corresponding recommendations were implemented.
- Investigated eight cases from State Inspector General’s Fraud, Waste, and Abuse Hotline.
- The following table depicts the audit and investigation results during FY 2025:

FY2025 Facility Audit Summary Results	
Number of Findings	56
Number of Recommendations for Improvement	88
Number of Commendations Written	27
FY2025 CSB Audit Summary Results	
Number of Findings	71
Number of Recommendations for Improvement	115
Number of Commendations Written	74
FY2025 Follow up Review Results	
Number of findings reviewed	156
FY2025 Information Technology Audit Summary Results	
Number of Findings	35
Number of Recommendations for Improvement	50
Number of Commendations Written	0
FY 2025 Special Investigations and Projects	
Number of Findings	16
Number of Recommendations for Improvement	20
Number of Commendations Written	0
Other Results	
OSIG Fraud, Waste, and Abuse Hotline Cases Investigated	8

Procurement and Administrative Services

- Managed 309 contracts, representing over \$225 million in contractual obligations for DBHDS.

- Initiated critical enterprise solution solicitations for the Revenue Cycle System and Custody and Alternative Transportation.
- Completed a key enterprise solution for the Enterprise Data Warehouse.
- Launched an interactive eVA Support Lounge twice weekly to enhance end-user support and promote staff development.

Finance

- Started the replacement project for DBHDS's financial system.
- Successful fielding of Web Grant system and 10 federal audits performed.
- Matrix organization with facilities created and updated including starting reimbursement-focused efforts at all DBHDS facilities.
- Retirement of CSB Little Cars reporting apparatus.
- Successfully reworked cost allocation plan to split up billing according to DMAS request.

Diversity, Opportunity, and Inclusion (ODOI)

ODOI worked collaboratively with agency leaders and workforce members to cultivate a strong organizational infrastructure to increase investment in the agency workforce through professional development and upskills training, implement strategies for transparency and accountability for leadership development, and support a mission of cultural proficiency and health equity in the agency continuum of care. Major accomplishments included:

- Established Americans with Disabilities Act (ADA) Representative Cohort (Title II) programmatic infrastructure.
- Sponsored a national certificate training through the Equal Employment Opportunity Commission (EEOC) Training Institute.
- Provided in-person and virtual training and coaching sessions for DBHDS staff and CSBs.

Clinical and Quality Management

The Division of Clinical and Quality Management provides cross-disability clinical and technical expertise and support across all program areas of the agency, to aid in leading system-wide transformation and enhance cross-disability collaboration. The division aims to support the agency in ensuring that all individuals receive high-quality care and integrate evidence-based practices and data-driven decision-making to inform behavioral health and developmental disability policy identify opportunities and implement solutions for system enhancement.

Developmental Disabilities Quality Management

- Expanded Consultation and Technical Assistance (ECTA) to additional developmental disability (DD) service providers on DBHDS licensing regulations 12VAC35-105-450, -520 and -620 and select Quality Service Review (QSR) data elements. For CY 2024, the ECTA Team extended direct invitations for ECTA to 637 providers, with 321 accepting the invitations and CY 2025 completing ECTA sessions. The Team delivered 681 sessions to providers from August 2024 through June 2025, for a total of 1026 hours of ECTA across all participating providers.
- Implemented 32 statewide and regional quality improvement initiatives to improve assessment of risks, overall health of individuals, outcome development for employment, integrated community involvement, community integration, and improving compliance.

- In FY 2025, there were 817 National Core Indicator interviews with individuals receiving DD waiver services with Virginia Commonwealth University to assess the outcomes of services provided to individuals and families, and 1,030 quality service reviews with Health Services Advisory Group to assess the quality of services provided to individuals receiving DD waiver services.

Behavioral Health Quality Management

- The Behavioral Health Quality Management System (BHQMS) Team has been fully developed and staff are in place for a full execution of the HQMS.
- The BH QMS Team identified 43 Performance Measurement Indicators, in phase one of the Measure Development Process and has begun tracking Community Services Board performance have been implemented.

Mortality Review

The Mortality Review Committee (MRC) reviewed 370 deaths of individuals across Virginia with DD in FY 2025. The MRC documents recommendations for systemic quality improvement initiatives, based on patterns of individual reviews on an ongoing basis. Key recommendations implemented in FY 2025 include:

- Work to understand how to increase implementation of specific interventions for DD individuals with a DD diagnosis and a diagnosis of Failure to Thrive (FTT)/Slow Decline and Protein Calorie Malnutrition (PCM), in an effort to impact mortality prevention strategies for the DD population.
- Work to determine if there are patterns of similar or correlating environmental and/or medical components (i.e., medical conditions, residence type, supports, dietary protocols/restrictions, etc.) that may be contributing factors or areas of targeted interventions for individuals with a DD diagnosis and with a Supports Intensity Scale (SIS) Level 6, as Crude Mortality Rate (CMR) remains highest (64 percent) among this population in Virginia.
- Work to understand how to decrease repeated emergency department (ED) visits for individuals with a DD diagnosis, when the individual repeatedly visits the ED for the same health issue/concern.
- Work to explore the incidences of pressure injury in DD individuals with increased risk factors for developing serious infection as a result of pressure injuries (i.e., non-ambulatory and non-verbal) in an effort to decrease risk for Sepsis, as Sepsis accounted for cause of death in 26/370 deaths in FY 2024. Of the 26 Sepsis deaths (N=370), the number of pressure injuries as a factor can be explored as pressure cases are denoted during case composition.

Quality Assurance and Healthcare Compliance

This office has continued to manage the agency-wide policy management system. Policy Advisory Governance Committee continues governance. Resources from each division were identified and The Office met quarterly with Limited Administrators to assume the responsibility of managing prioritization of policies and procedures relative to their division that outline requirements for complying with legal, regulatory, and policy.

Pharmacy Services

Provided clinical support across multiple DBHDS programs to enhance clinical cost effectiveness, technical advancements (through pharmacy automation), cost savings access to necessary therapeutics, and clinical decision support tools to support the safe and effective use of medical and psychiatric medications.

- As the business owner, supported the initiation and completion of DBHDS enterprise-wide implementation across all DBHDS Facilities Automatic Dispensing Cabinets to safely and securely store medications.
- Established pathway for implementing 24/7 medication access in DBHDS licensed crisis programs. Medication dispensing technology is now active in eleven DBHDS-licensed crisis programs; multiple other sites are in different stages of implementation.
- Collaborated with the Department of Medical Assistance Services and DBHDS Office of Integrated Health regarding Waivered individuals receiving medications, to ensure the ongoing safe use of medication.
- Established drug file/database listing ~2700 medications, dosages, strength and drug class, for reference when comparing medication regimens in Waivered individuals.

Facility Services

The DBHDS Facility Services Division has completed administrative restructuring to support the operations of the 12 state hospitals and centers with the goal of being a high-performance hospital system to deliver care that is high quality, efficient, and modernized to meet current and future challenges. This transformation includes the development of an organizational structure similar to that found in the private sector. This is a coordinated effort to ensure enterprise and standardized policies and procedures, improved patient outcomes, and workforce development and retention. The Facility Services Division has two remaining openings, 1) a position to assist with facility and divisional contracts and procurements and 2) human resources daily operations and oversight.

State Behavioral Health Hospitals and Centers

Virginia's 12 state-operated hospitals and centers served a total of 5,968 unduplicated individuals throughout FY 2025. Major accomplishments from among the hospitals and centers statewide include:

- Western State Hospital (WSH) added 27 additional beds, increasing their capacity to 302. This has supported increased admission of forensic patients from the region, as well as additional civil patients that are currently unable to be admitted to SWVMHI, due to an HVAC renovation project.
- Eastern State Hospital (ESH) received the Malcolm Baldrige Award for Achievement in Performance Excellence through the U.S. Senate Productivity and Quality Award (SPQA) organization; the Greater Williamsburg Chamber of Commerce Health Promoter of the Year Award; and The Bell Seal Award for Workplace Mental Health.
- Southwestern Virginia Mental Health Institute (SWVMHI) achieved the Platinum Level Bell Seal Award for 2025 from Mental Health America, which indicates the organization is aligning wellness investments with topline industry best practices. This is the third year in a row that SWVMHI has achieved the Bell Seal Award, and the second year in a row that SWVMHI has received the Platinum level award.
- Hiram Davis Medical Center (HDMC) was able to successfully mitigate Legionella bacterium in its water systems, which was first identified as an issue in 2021. The success was a collaboration between the facility, the DBHDS Emergency Operations Center, and Virginia Architecture & Engineering. Since the successful mitigation in March 2025, the facility has maintained rigorous water sampling and testing standards, and all testing results have shown no Legionella contamination. The facility continues to operate under its enhanced Water Management Program, which follows guidelines from the CDC, ASHRAE Guideline 12-2023, and ANSI/ASHRAE Standard 188-2018 to ensure ongoing safety and compliance.

- The Commonwealth Center for Children & Adolescents (CCCA) successfully hosted The Joint Commission for their triennial survey from June 3rd through June 5, 2025, with no return visits noted, a true reflection of the outstanding work across the facility over the past year. In addition CCCA removed all emergency restraint chairs from the facility and experienced a steady decline in the use of mechanical restraints.
- Northern Virginia Mental Health Institute (NVMHI) decreased the facility spending in FY25 by \$3.8 million by implementing a heightened focus on efficient operations and high-quality clinical care.
- Virginia Center for Behavioral Rehabilitation (VCBR) has the highest number of conditional releases of states with civil commitment of sexually violent predator laws.
- Central State Hospital (CSH) decreased its pharmacy expenditure by 32% (approximately \$2 million) without compromising its quality of care.

Chief Operations Officer

The Department of the Chief Operations Officer is responsible for ensuring quality care and a culture of safety within a high reliability state operated hospital system. This area includes four offices (Environment of Care, Administration and Strategy, Facility Clinical Information Management, and Data Analytics and Reporting) and provides day-to-day oversight of administrative, operational, procurement, strategy, information management, and environment of care functions across the state facilities in order to ensure a standardized approach to quality services, facility operations, and performance management. FY 2025 work included:

- **Environment of Care** – This team collaborates with facility leadership and the Department of General Services (DGS) to manage all aspects of capital projects, physical plant maintenance, nutrition services, housekeeping, and safety. During FY 2025, system-wide enhancements were made and capital projects were initiated including:
 - A facility alerting system
 - Adding data analytics for food services software
 - Enhancements to the maintenance work order system
 - Implementing verbal de-escalation safety training programs at all facilities
 - Advanced safety and hardening measures at ESH
 - HVAC replacement at SWVMHI
 - Replacement of rooftop units at VCBR
 - Upgrades at PGH boiler plant
 - Replacing chiller and repairing steam system at NVMHI
 - Steam line replacement at SVMHI
 - Waterline replacement at CAT & ESH
 - Security upgrades at CCCA, CSH & SVMHI
 - Coordination of surplus land (CSH, CVTC & ESH)
- **Administration & Strategy** – In FY 2025, Facility Services advanced systemwide modernization and accountability efforts through new performance dashboards, standardized reviews, and targeted process improvements. This office strengthened data reporting and oversight to improve decision-making and led key technology and workforce initiatives supporting operational efficiency and consistency across all facilities. This office designed the 2024 employee engagement survey and dashboards with results by facility. Qualitative and quantitative results were reviewed and action plans were submitted and tracked for success.
- **Facility Clinical Information Management** – In FY 2025, Facility Clinical Information Management strengthened health information governance, improved documentation standards, and advanced electronic health record (EHR) consistency across all state facilities. The office streamlined recordkeeping, enhanced data accuracy and security, and expanded informatics tools that support patient safety and compliance. Key achievements include standardized

clinical workflows, improved EHR training and reporting practices, and stronger collaboration between facility and central office teams to modernize data systems and promote integrated, high-quality care.

- **Facility Data Analytics and Reporting** – In FY 2025, Facility Data Analytics and Reporting strengthened the agency’s capacity for data-informed decision-making through improved reporting, analytics, and performance monitoring. The office enhanced facility dashboards and scorecards to deliver faster, clearer insight into staffing, safety, and operational outcomes, supporting transparency and accountability across the hospital system.

Chief Medical Officer

In FY 2025, the Chief Medical Officer advanced quality, safety, and efficiency across all state-operated facilities. Major accomplishments included launching a real-time clinical monitoring system that improved oversight of high-risk patients and reduced special observation use, freeing nursing capacity systemwide. The office also strengthened medical coordination for complex admissions and implemented a new ePrescribing policy to promote continuity of care and cost-effective medication access. Major accomplishments of the three offices include:

- **Quality Improvement:** Advanced patient safety and regulatory compliance through data-driven reviews, mock surveys across eight facilities yielding 77 findings for improvement, and new ADA and language-access standards that strengthened accessibility and accountability.
- **Clinical Services:** Improved hospital flow and community reintegration by launching the first in-house Discharge Assistance Program IT system, reducing extraordinary barriers to discharge from 7% to 4% of the census, and expanding housing coordination with CSBs to support least-restrictive placements.
- **Pharmacy Services:** Delivered nearly \$1 million in direct savings and positioned DBHDS for over \$500,000 in recurring revenue through formulary management, automated dispensing implementation, e-prescribing, and contract renegotiations that improved medication security, continuity of care, and fiscal efficiency.

Chief Nursing Officer

The Facility Services Chief Nurse Officer is responsible for ensuring quality patient care and a culture of safety across the hospital system. In partnership and collaboration with the facility Chief Nurse Executives, there is a focused effort on standardizing and optimizing nursing operations, programs, and services for the system. In FY 2025, the Chief Nursing Officer led major initiatives to strengthen workforce stability, patient safety, and clinical reliability across all DBHDS facilities:

- Implemented unified nursing operations and training aligned with the DBHDS Strategic Plan to improve safety, consistency, and workforce readiness.
- Eliminated contract nurse use at seven facilities, significantly improving vacancy, turnover, and retention rates.
- Secured funding to modernize laboratory testing and introduced standardized glucose monitoring across all 12 facilities to support EHR integration and compliance with accreditation standards.

Chief Forensic Officer

In FY 2025, there were 2,236 adult forensic admissions to state hospitals, 92 fewer than FY 2024, even as court-ordered competency-to-stand-trial evaluations increased. Community-based treatment options for forensic patients continued to expand, though at a gradual pace. During the year, there were 25 outpatient temporary custody orders, resulting in significant cost savings and reduced bed

utilization. CSBs also requested reimbursement for 585 outpatient restoration cases, an increase of 211 cases from the prior year.

DBHDS met with jails and CSBs statewide to improve access to mental health treatment to reduce forensic admissions, particularly medication management for inmates. Several CSBs submitted proposals to establish jail-based mental health units for individuals at risk of forensic admission, with award announcements scheduled for October 2025. DBHDS also issued the first non-NGRI Forensic Procedural Manual, a major step toward standardizing practice across facilities and partners.

Additional areas of accomplishment included:

- **Jail Diversion and Forensic Discharge Planning** – Renewed contracts with CSBs for Jail Diversion (15), Intercept 2 Diversion (4), Forensic Discharge Planning (21), and Behavioral Health Dockets (6). Reallocated carry-over funds to add one new jail diversion program and one additional discharge planning program.
- **Juvenile Competency Restoration and Evaluation** – Processed 245 new court orders for juvenile restoration services across Virginia, ensuring timely evaluation and treatment for court-involved youth.
- **Sexually Violent Predator (SVP) Program** – Continued to lead a multi-agency committee with the Department of Corrections and community treatment providers to improve treatment consistency, enhance supervision, and build a coordinated continuum of care for SVP participants.

Community Services

Behavioral Health Community Services

Adult Behavioral Health Services

- **System Transformation Excellence and Performance (STEP-VA)** – STEP-VA is Virginia's initiative to require that all 40 CSBs implement nine essential services, referred to as steps, and require consistent quality measures and oversight. In FY 2025, DBHDS focused on carefully examining each aspect of STEP-VA with stakeholders to ensure that the project is appropriately aligned with the intentions of the Administration, General Assembly, and with national best practices. **All 40 CSBs are currently delivering all nine of the core services required by STEP-VA in varying degrees.** An annual report on STEP-VA is provided to the General Assembly. Highlights from the FY 2025 STEP-VA report:
 - **Same Day Access** – 51,568 Same Day Access assessments completed and 81 percent of those needing follow-up services after the assessment kept that first appointment within 30 days (consistent with percentages in FY 2023 and FY 2022).
 - **Primary Care Screenings** – 72,814 primary care screenings were conducted for 32,868 individuals. 33,823 metabolic screens were conducted for 13,008 individuals.
 - **Outpatient Services** – The Columbia suicide screening was implemented for all individuals receiving mental health and substance use services. In FY 2024, 75 percent of children ages 6 to 17 received a screening (consistent with percentages in FY 2023) and 74 percent of adults received a screening (up from 71 percent in FY 2023). Also, of the

2,072 eligible staff, 1,958 met the minimum eight-hour trauma training requirement (93 percent), which is a significant increase from the previous year (79 percent).

- DBHDS completed STEP-VA site visits with 21 of the 40 CSBs and launched multiple collaborative workgroups, meetings and listening sessions with our CSB partners.
- **Assertive Community Treatment (ACT)** – ACT is an evidence-based practice (EBP) to improve outcomes for people with severe mental illness, reduce hospitalizations and incarceration, increase housing stability, and improve quality of life for people with the most severe symptoms of mental illness. In this year's two-year pre/post study for ACT:
 - A two-year pre/post study showed a 54 percent reduction in state hospitalizations among individuals admitted in FY 2022, resulting in \$17.4 million in cost avoidance.
 - Fidelity reviews resumed in July 2024 through a partnership with the University of North Carolina. Two lead and three co-lead reviewers are currently in training.
 - Since July 2024, 11 ACT teams have completed fidelity reviews across all five regions, including both CSB and private providers.
- **Coordinated Specialty Care (CSC)** – CSC is a recovery-oriented program for individuals experiencing first episode psychosis (FEP). Using a team-based approach, CSC provides psychotherapy, medication management, family education, case management, and employment or education support.
 - Virginia's CSC network has grown from 8 to 11 programs since its start in 2014.
 - CSC is under consideration for inclusion in the Behavioral Health Redesign initiative with DMAS, which would make it eligible for Medicaid reimbursement.
- **Adult Psychiatric Access Line (APAL)** – APAL supports **primary care providers** treating adults with behavioral health disorders by offering expert consultation, care navigation, and educational resources. The model includes provider education (with CME credits), telephonic consultation with behavioral health specialists, and direct care navigation for patients.
 - Launched October 2024 in the Central Region.
 - As of June 30, 2025: 400 providers enrolled, 183 trained, and 84 case consultations completed.
 - Initially focused on the substance use disorder population, with plans to expand to other adult mental health conditions.

Child and Family Behavioral Health Services

- **The Virginia Mental Health Access Program (VMAP)** – VMAP offers consultation for primary care providers, medical providers of infants, children, adolescents, young adults, and pregnant & postpartum people, for patients 21 and under. These consultations are offered by child and adolescent psychiatrists, developmental pediatricians, and licensed mental health professionals. Additionally, VMAP offers education and care navigation support for providers.
 - To date the VMAP line has completed 6,082 mental/behavioral health consultations, and 8,665 care navigation requests and in addition to these direct services and has trained 1,644 primary care provider participants. To date, the VMAP call volume is up 20 percent since 2024.
 - In 2024, VMAP launched the VMAP Moms+ initiative. VMAP acquired additional state funding to launch a perinatal expansion—VMAP for Moms+. Perinatal psychiatrists licensed mental health professionals, and care navigators who all specialize in this branch of mental health joined the VMAP Line. To date, there have been 153 calls to the Moms+ line, call volume doubled in May 2025 and is currently seeing an average of 20 calls per month.

- **Early Intervention/Part C** – These services are provided for infants and toddlers (age 0-36 months) with disabilities and their families. Part C served 23,430 infants and toddlers in Early Intervention/Part C in FY 2025. In addition, 19,675 referrals were processed, and 2,097 infant and toddlers were evaluated but did not receive services.
- **School-Based Mental Health** – Awarded school-based mental health grants to 25 school divisions. This past fiscal year OCFS was able to award Grayson County and Galax City funding to provide mental health services to students who experienced Hurricane Helene.
 - **School Based Mental Health Services** – As of August 5th, 2025, over 75,000 service interactions. From these interactions, over 30,000 students have received services since January 2024.
 - **School Based Clinics** – DBHDS will be awarding grants for school districts through a request for proposal (RFP) process. Awards will be made for both on-location and mobile services provided by Federally Qualified Health Centers or other healthcare organizations. The RFP was posed in August 2025 with an anticipated start date for contract in January 2026.
 - **School Based Telehealth** – 14 of 23 school divisions have renewed contracts to start telehealth services. DBHDS posted a RFA to solicit applications from additional school divisions to participate in the initiative. A pre application conference was held in August 2025. The anticipated start date of contracts is October 2025.

Behavioral Health Wellness and Suicide Prevention

- **Lock and Talk Virginia** – Distributed 27,824 medication safety devices, 20,866 gun locks, 10,867 smart pill bottles, and 41,707 drug disposal packets with education across all 40 CSBs.
- **ASIST** – 403 trained in FY 2025, bringing the total to 5,627 since 2015.
- **SafeTALK** – 1,008 trained, bringing the total to 8,546 since 2015.
- **Mental Health First Aid** – 8,300 trained in FY 2025, bringing the total to 115,142 since 2014.
- **Behavioral Health Equity** – Launched the [The Virginia Wellbeing Dashboard](#), a public data visualization tool linking behavioral health outcomes to social determinants of health to inform statewide policy and funding.
- **Adverse Childhood Experiences (ACE) and Trauma-Informed Care** – Delivered 372 ACE presentations to 7,440 participants and trained 88 new facilitators to deliver the ACE Interface curriculum statewide.
- **Problem Gambling Prevention** – Of the total \$2,306,899 budget allocation for problem gambling services, \$1,061,500 was dedicated to prevention and \$1,194,897 to treatment and recovery services, \$100,000 to evaluation, with the remainder towards administration, and operations. DBHDS was also given a temporary allowance to spend \$315,732, for a total allocation of \$2,622,631. 39 CSBs disseminated safer gambling materials, 25 conducted merchant education, and 33 led awareness campaigns.
- **Synar Compliance** – Completed 1,472 store assessments and 610 retailer compliance checks, achieving a Retailer Violation Rate of 9.3 percent, a reduction of 25 percent from FY 2024.
- **Cannabis Use Prevention** – 27 CSB teams led 632 marijuana prevention activities, reaching 1.89 million adults and 299,752 youth, supported by the Youth Cannabis Advisory Workgroup to coordinate statewide strategies.

Addiction, Recovery, and Wellness Supports (OARWS)

This office is responsible for the oversight of substance use programing, the expansion of substance use prevention, treatment, recovery, and harm reduction services of state and federal substance use funding and leads the systematic design for the delivery and expansion of substance use services.

- **State Opioid Response (SOR) Program** – The federal Substance Abuse and Mental Health Services Administration (SAMHSA) awarded DBHDS \$28,929,334 in State Opioid Response (SOR) funds for the period of September 30, 2024, to September 29, 2025. **The data below reflect the period of July 1, 2024, through June 30, 2025:**

Focus Area	Key FY 2025 Highlights
Funding	\$28,929,334 awarded by SAMHSA (Sept 30, 2024 – Sept 29, 2025)
Prevention & Overdose Response	<ul style="list-style-type: none"> • 18,175 individuals received REVIVE! Training • Distributed 6,069 naloxone kits • 4,243 individuals received Adverse Childhood Experiences training • Distributed 24,697 educational brochures and rack cards • 1,025 individuals received youth or adult Mental Health First Aid training • 342 individuals received Signs of Suicide training • 172 individuals received Safe TALK training • 50 individuals received Hidden in Plain Sight training • 52 individuals received Applied Suicide Intervention Skills Training (ASSIST) • 1,104 individuals completed Teen Mental Health Aid • 40 attended youth development programs • Distributed 785,663 prescription bag stickers • Reached 14,786,268 people via marketing campaigns • Reached 1,784,624 people via social media/website • Lock and Talk Initiative reached 434,987 people through social marketing, held 106 community presentations and distributed: <ul style="list-style-type: none"> - 7,412 trigger lock boxes - 23,457 drug lock boxes - 6,915 cable locks - 9,749 smart pill bottles
Treatment	<ul style="list-style-type: none"> • 13,092 individuals received treatment services • 5,765 received wrap-around services (case management, transportation, childcare) • 6,332 received individual counseling • 3,589 received group counseling • 7,704 received medications for opioid use disorder (MOUD) • 991 received Intensive Outpatient services • 105 received residential services • 162 received detox services
Recovery	<ul style="list-style-type: none"> • 65,290 individuals received a recovery service, including 5,723 in justice settings • 20,099 received individual recovery support • 9,954 received group recovery support • 6,105 accessed a recovery warline • 876 received housing assistance • 876 received services in an emergency department • 1,923 students received services via a Collegiate Recovery Program • 1,850 individuals received recovery services through VDH Peer Programs • 1,065 received individual recovery services from VDH • 355 received group recovery services from VDH • 12 received housing assistance from VDH
Additional Initiatives	<ul style="list-style-type: none"> • 5 faith-based organizations received \$25,000 mini-grants • 21 organizations now collecting Medicaid reimbursement

- **Harm Reduction/REVIVE! Programs** – Harm reduction is an evidence-based approach that promotes overdose prevention, risk reduction, and public health through education, stigma reduction, and access to life-saving tools such as naloxone.

- **REVIVE!** – Provides training on how to recognize and respond to an opioid overdose emergency using naloxone. In FY 2025, 33,089 individuals were trained, and 12,368 participants received no-cost naloxone and REVIVE! kits. These figures **include** individuals trained through SOR-funded organizations. REVIVE! Also strengthened coordination between CSBs and the Virginia Department of Health to expand direct naloxone access and distribution of fentanyl test strips. Conducted monthly train-the-trainer sessions, launched REVIVE! training for Resident Assistants at higher education sites, expanded access in rural areas, and introduced a new training manual on the [REVIVE! website](#).
- **First Responder Program** – Conducted in partnership with the Virginia Association of Chiefs of Police & Foundation and the Virginia Department of Health to provide REVIVE! training tailored for emergency personnel. Distributed 2,055 naloxone carrying cases and 133 wall-mounted naloxone boxes to emergency response agencies. Trained and certified 180 new First Responder Trainers, recertified 69, and trained 3,924 First Responders in Basic Rescuer courses.
- **Opioid Treatment Programs** – Opioid Treatment Programs (OTPs) offer center-based Medication for Opioid Use Disorders (MOUDs). MOUDs are evidenced based interventions that have successfully assisted in the reduction of overdoses and increased positive outcomes for those with Opioid Use Disorders. Virginia currently has 54 licensed Opioid Treatment Programs (OTPs). One Mobile Medication Unit operating as a pilot program provides MOUD to communities with access barriers.
- **Substance Use Treatment Services and Expansion Initiatives:**

Primary number of substance use services delivery from July 1, 2024- April 2025.

This is a count of services not people and individuals may have received multiple services.

SERVICE NAME	Women	Tx Pregnant and Parenting	Pregnant Parenting	Adolescent
250 Acute Psychiatric or SA Inpatient Services	3			
260 Community-Based SA Medical Detox Inpatient Services	90	1	4	18
310 Outpatient Services	5333	75	162	1519
312 Medical Services	704	12	25	188
313 Intensive Outpatient Services	993	17	33	301
320 Case Management Services	2966	80	142	1032
335 Medication Assisted Treatment	2187	29	58	604
410 Day Treatment/Partial Hospitalization	38			19
460 Transitional or Supported Employment	4			
501 Highly Intensive Residential Services	421	10	15	92
510 Residential Crisis Stabilization Services	9			2
521 Intensive Residential Services	304	12	21	82
551 Supervised Residential Services	176	6	12	26
581 Supportive Residential Services	91	6	13	65

- **ASAM 4th Edition** – In FY 2025, DBHDS held 12 statewide trainings to prepare for the transition from the ASAM 3rd to 4th Edition, training 503 clinicians and system leaders on updated standards of care.
- **Substance Use Treatment Community Expansion** – Following a record peak in 2021, Virginia recorded a 43 percent decrease in overdose deaths in 2024 compared with 2023, one of the largest declines in the nation. Fentanyl remains a major contributor to fatal overdoses. The reduction reflects increased attention from the Youngkin Administration on fighting the opioid crisis, expanded interventions, including targeted funding for service “desert” areas, deployment of MOUD and MAT mobile units, additional Opioid Treatment Programs and

Project LINK sites, new residential centers, awareness campaigns, harm-reduction strategies, naloxone distribution and REVIVE! training, and clinical training on evidence-based practices.

- **Women’s Services** – In FY 2024, CSBs provided substance use disorder services to 12,420 women, including case management, outpatient and intensive outpatient treatment, medication-assisted treatment, and residential care. Of those served, 9,440 received treatment, 172 were pregnant, 136 were pregnant and parenting, and 2,672 were parenting only. FY 2025 data are under review. From July through September 2025, DBHDS offered statewide training to strengthen services for perinatal and maternal populations affected by addiction and co-occurring disorders. The Women’s Services and Specialty Population Manager also led development of FY 2024–2025 recommendations for the state’s Maternal Mortality Review.
- **Project LINK** provides coordinated services for pregnant, postpartum, and parenting women with substance use disorders. The program operates in 14 CSBs across Regions 1, 3, 4, and 5, funded through DBHDS and the federal Women’s Set-Aside grant. FY 2025 data are under review. In FY 2024, Project LINK served 1,395 women (205 pregnant) and conducted 2,460 home visits.
 - Treatment and counseling: 4,756 intensive outpatient sessions, 2,253 group therapy sessions, and 2,613 individual therapy sessions.
 - Case management and peer support: 8,196 case management appointments, 3,666 peer service appointments, and 4,030 telehealth sessions.
 - Medication and residential care: 224 women received medication-assisted treatment and 70 participated in residential treatment.
 - Support services and outcomes: 991 women received transportation assistance, 548 received housing support, and 88 children were reunified with their mothers.
- **Recovery Support Services** – DBHDS continued to strengthen Virginia’s peer-led recovery system through training, workforce development, and recovery-oriented programs.
- **Peer Recovery Specialist (PRS) Workforce** – There are over 1,678 individuals with active Certified Peer Recovery Specialist status, and more than 1,000 are registered with the Board of Counseling. In FY 2025, 1,061 people completed the 72-hour PRS training (5,897 since 2017), and 163 supervisors completed the online training.
- **Regional Recovery Training** – Regional Recovery-Oriented Services Coordinators trained 1,399 participants statewide in courses such as PRS documentation, exam preparation, and recovery planning. Participants included staff from public behavioral health systems, recovery communities, non-profits, and private providers.
- **Peer-Led Wellness Stay (PLWS)** – Provides short-term, peer-operated residential support as an alternative to higher levels of care. The General Assembly allocated \$3.4 million to develop two additional sites beyond Region 3’s Lighthouse program. In FY 2025, 45 individuals were served, 39 completed stays, and all 45 reported improved wellness. Since 2021, the program has logged 624 peer engagements and employs six peer staff.
- **Recovery Leadership Academy (RLA)** – A 10-month leadership development program cultivating the next generation of recovery leaders. In FY 2025, 21 participants graduated, completing capstone projects addressing systemic challenges and engaging with leaders across Virginia.

Crisis Services

- **Regional 988 Call Centers** – The five DBHDS regions continue to contract with Regional Crisis Contact Centers, and Hopelink Behavioral Health (previously PRS CrisisLink) is contracted to serve as the primary center for Regions 1, 2, 4, and 5, while Frontier Health is the primary center for Region 3. Virginia has been successful in receiving over \$10 million in federal grants to help add additional capacity to our call centers as volume has grown 157 percent in the past year.
- **Virginia Crisis Connect (VCC)** – Centralized dispatch of mobile crisis response teams from calls routed to VCC went live on December 15, 2023, allowing for better data tracking, increased security for the individual, provider, and community, and more efficient use of resources. Over 13,000 publicly funded and private providers have been dispatched from that date through June of 2024. Call centers also received access to all 211 resources on the platform to better serve Virginians in need.
- **Mobile Crisis Response (MCR)** – At the end of FY25, 104 fully funded MCR teams are in place, representing 71.4 percent staffing rate of the 140 team goal. There were more than 45,000 completed dispatches in FY 2025, with an average response time of 49 minutes, which is within the national target. In FY 2025, DBHDS allocated \$2 million to each of the five regional HUBs to target additional recruiting and expansion of cross-trained MCR teams. All MCR staff are trained in a cross disability, lifespan-inclusive instruction model, ensuring consistency in training delivery. MCR data reports in real time tracking are available in the VCC (Virginia Crisis Connect) system that allows accurate access to data points that assist in tracking outcome expectations.
- **Crisis Sites** – At the end of FY 2025 there were crisis site projects operational or under construction in 24 CSBs. Through the \$122 million invested through the General Assembly and *Right Help, Right Now* for these projects, the total capacity of Crisis Receiving Center (CRC) chairs, Crisis Stabilization Unit (CSU) beds, and Crisis Therapeutic Home (CTH) beds has already increased from 249 to 364, with another 398 in develop, and more projects on the way. Additionally, DBHDS has assured that all operational CRCs are licensed under the new specific license. The addition of crisis sites to the continuum of behavioral health care throughout the Commonwealth continues to provide opportunities to bridge previous gaps in services. First, as the centers open for service, individuals experiencing any level of crisis now have options where only the least and most restrictive options were often the only choices. The availability of intermediate levels of care supports best practices in navigating care while at the same time offering hope for the reduction of total bed usage for individuals at state psychiatric hospitals.
- **CSB Emergency Services (ES)** – During FY 2025, ES programs, including the Riverside pilot project, saw 53,382 individuals in crisis. Of those, 32,347, or 61 percent, were not hospitalized under a civil temporary detention order (TDO) following an evaluation conducted by a certified preadmission screening clinician (CPSC) or Certified Evaluator. There were 677 criminal temporary detention orders executed following the recommendation of a CPSC. DBHDS staff continues to meet with Riverside at least monthly for quality review, case review, and to provide technical assistance.
- **Children’s Crisis Services** – In FY 2025, the Crisis Services Division expanded child psychiatry and crisis response by implementing the Family Oriented Crisis Support and Urgent Care (FOCUS) pilots across three community service boards, collectively serving approximately 200 youth and families and demonstrating success in stabilizing youth at home, reducing hospitalizations, and strengthening family and caregiver engagement. Building on these results, in FY 2026 the Division will launch the Fostering Attachment and Meaning,

Integrating Lives with Youth (FAMILY) pilot to provide rapid crisis stabilization and up to eight weeks of therapeutic support for foster and kinship youth during placement transitions, aiming to reduce disruptions, ease adjustment, and promote long-term stability and healing.

- **Regional Education Assessment Crisis Services Habilitation (REACH)** – The REACH program provides community crisis stabilization, and non-residential and residential (Crisis Therapeutic Homes) services for individuals with a developmental disability. In FY 2025, REACH received a total of 2,208 adult referrals and 1,683 referrals for the youth, and staff completed a total of 2,393 crisis assessments with adults and 1,643 crisis assessments with youth. Also in FY 2025:
 - 779 adults and 594 youth admitted or readmitted into non-residential community crisis stabilization service.
 - In residential homes, 259 individuals admitted for crisis stabilization, 48 for crisis prevention, and 79 individuals were stepped down post-psychiatric hospitalization for further stabilization.
 - Provided 16,384 hours of prevention services for adults and 10,892 hours for youth.
 - Trained 3,206 community partners in prevention strategies and in decreasing stressors that may lead to a crisis for the individual or family/provider.
- **Alternative Custody and Transportation** – This has been a year of change for the alternative transportation and custody programs.
 - **New Steadfast Contract** – DBHDS allowed the contract for transportation of individuals under a Temporary Detention Order (TDO) with Allied Universal to expire in March of 2025. Following the required procurement process, Steadfast Security was selected to begin providing TDO custody and transportation services in DBHDS Region 3 in southwest Virginia with an option to expand to additional regions as budget and resources allow. Steadfast completed the expansion to Region 3 slightly ahead of schedule in July of 2025 with excellent results. DBHDS is currently in negotiations with Steadfast on the plan for the expansion of services into Region 1.
 - **Valley Health** – DBHDS contracted with Valley Health in Winchester to fund full-time employees credentialed as Special Conservators of the Peace (SCOPs) and trained in de-escalation, CPR and First Aid, and Crisis Intervention Training. The program began providing services in August of 2025. These SCOPs take custody of individuals under an Emergency Custody Order (ECO) brought to their emergency room by law enforcement agencies with signed Memorandums of Understanding with Valley Health. Since Valley Health also agreed to become an alternative transportation provider, this specially trained workforce will provide custody and transport for individuals under a TDO to the designated facility of detention when a magistrate issues an Alternative Transportation Order.
 - **Expansion** – DBHDS plans to expand both models of service during the next year to meet the custody and transportation needs of Regions 1 and 3 and provide significant relief to law enforcement in these regions. Expansion to further areas of the Commonwealth will be dependent on budget and will be done to the greatest extent possible while prioritizing localities with the highest needs. Region 5 will be the next targeted area for expansion.

Community Housing

In FY 2025, DBHDS expanded access to safe, stable housing and strengthened connections between behavioral health, homeless services, and housing development systems.

- Contracted with more than 30 entities for \$86 million to sustain Permanent Supportive Housing (PSH) for 3,423 individuals with serious mental illness; 91.6 percent remained stably housed after one year.
- By the end of FY 2025, 9.76 percent of adults in the DOJ Settlement Agreement population lived independently through the State Rental Assistance Program (SRAP) and 227 housing choice vouchers. Since these efforts began, 2,305 individuals have moved into independent housing, with more than 97 percent maintaining stability for at least a year.
- Continued support for five regional PSH Capacity Initiatives, allocating \$16 million to expand partnerships with developers and increase available units.
- Partnered with four non-profit providers to deliver tenancy support for individuals with serious mental illness or developmental disabilities in Low-Income Housing Tax Credit and public housing properties.
- Invested \$3.4 million in PSH for 150 households with pregnant or parenting women with substance use disorders.
- Allocated \$1.5 million in PATH funds to 14 CSBs for outreach and case management to individuals experiencing homelessness; 2,000 people were engaged, and 400 participated in statewide housing training.

Developmental Community Services

U.S. Department of Justice (DOJ) Settlement Agreement

From 2012 to January 2025, Virginia was in a settlement agreement with DOJ to improve and expand services and supports for individuals with developmental disabilities (DD) and to create a comprehensive system of home and community-based services that promotes community integration and quality improvement. Reports associated with the settlement agreement are published here. As of June 2024, Virginia was in compliance with 285 of 317 (90 percent) of compliance indicators and was in compliance or sustained compliance with 101 of 122 provisions of the settlement agreement (83 percent).

In FY 2025, the Commonwealth of Virginia and DOJ jointly proposed a permanent injunction to the Court, which was approved on January 15, 2025, terminating the 2012 consent decree. The injunction establishes ongoing requirements to maintain and enhance community-based services, ensure compliance with the Americans with Disabilities Act, and prevent unnecessary institutionalization. It includes expectations for quality services, compliance monitoring, a publicly accessible document library, and retains the Independent Reviewer for two years. Virginia is also required to conduct rate studies for certain services and make best efforts to fund recommended rates in future legislative sessions. This reflects the Commonwealth's continued commitment to supporting Virginians with developmental disabilities.

Supported Employment Services

Virginia is an “Employment First” state and continues to promote the value of employment for all

persons with disabilities. DBHDS published two semi-annual reports on employment with 100 percent participation from employment service organizations. The percentage of individuals with a DD waiver employed increased from a low of 17 percent up to 22 percent.

Medicaid Waiver Services for Individuals with Developmental Disabilities (DD)

- The Medicaid Home and Community-Based Services (HCBS) waivers prescribe the types of services Virginia may offer based on approved applications to the U.S. Centers for Medicare & Medicaid Services (CMS). HCBS waivers provide the funding for most children and adults receiving services through a combination of state and federal funding.
- In FY 2025, As Part of *Right Help, Right Now*, Governor Youngkin proposed, and the General Assembly confirmed \$300M to eliminate the Priority 1 waitlist. The 2024 General Assembly agreed to a phased approach to add 3,440 slots and provide a three percent rate increase each year of the biennium. DBHDS will be working extremely closely with the CSBs, individuals and families, and other providers as these new slots become available. All of the FY 2025 1,720 DD Waiver Slots have been assigned, and the FY 2026 1,720 DD Waiver Slots are currently being assigned quarterly.
- Waiver Services and Waitlist – As of September 2025, there were 18,905 individuals assigned a waiver slot. The wait list for slots included:
 - Priority One (services needed within one year): 2,764;
 - Priority Two (services needed in 1-5 years): 6,503; and
 - Priority Three (services needed in 5+ years): 4,838

Supports Intensity Scale®

The Supports Intensity Scale (SIS®) is a comprehensive assessment used to identify the practical supports required for individuals enrolled in DD waivers. In Virginia, external organizations accredited to perform the SIS contract with DBHDS to conduct the assessment.

- SIS vendors completed a total of 2,719 SIS assessments.
- Surveys showed an overall satisfaction rate of 98 percent.

In October 2024, the Commonwealth of Virginia transitions from AAIDD's SIS-A assessment to the new updated SIS-A 2nd Edition version, along with transitioning to a new SIS Assessor Vendor, Public Consulting Goup (PCG).

Integrated Health

The Office of the Integrated Health Support Network (OIH-HSN) focuses on improving access to health and safety services through the commonwealth by identifying barriers and working toward filling gaps in services to improve quality of life and overall health.

- **Health Support Network Mobile Rehab Engineering** – Performed 5,979 repairs to 4,630 pieces of durable medical equipment and assistive technology items (i.e., wheelchairs). The team completed a total of 3,129 appointments and 58 custom adaptations.
- **Community Nursing** – Facilitated 57 regional community nursing meetings with a combined 973 attendees. Presented 38 educational trainings with 2,102 attendees on topics addressing challenges in health and safety and reducing risk of injury or fatal outcomes. In addition, there are 10 trainings on various health and safety topics made available on the Commonwealth of Virginia Learning Center (COVLC). There were 783 participants in the COVLC training opportunities. Circulated 22 monthly newsletters and health and safety alerts promoting best practices in the health care and promoting safety interventions that can mitigate risk.

- **Dental Program** – The program currently has more than 2000 individuals with DD in active treatment in all aspects of the program. In FY25 the Mobile Dental Team specifically had a total of 1,107 scheduled appointments that resulted in 898 completed appointments across all five health planning regions representing an increase of 375 over FY24.

Provider Network Supports

In FY 2025, DBHDS strengthened provider engagement, expanded workforce training, and advanced system quality across the developmental disability (DD) network.

- **Engagement and expansion** – Awarded \$76,141 to develop integrated services in underserved regions, hosted quarterly roundtables and support coordinator meetings with over 2,800 participants, and met with 85 providers exploring new or expanded services.
- **Training and technical assistance** – Welcomed over 900 participants through the Provider Readiness Program and provided targeted guidance to 400 providers and 950 participants on DD waiver service delivery. DBHDS also facilitated 25 coordination and training sessions reaching more than 1,200 participants, including regional support coordination, Support Coordination 101, and Individual Support Plan (ISP) trainings.
- **System and quality improvements** – Launched an updated electronic ISP that integrates annual risk assessments, reviewed 163 new providers for HCBS compliance, and delivered 13 training sessions for Direct Support Professionals and documentation best practices, reaching over 700 participants.

Individual and Family Support Program (IFSP)

The IFSP helps individuals on the Developmental Disability (DD) Waiver Waiting List and their families access short-term, person-centered supports that promote independence and community living. Since launching in 2013, the program has extended support to more than **15,000 individuals** across Virginia. In FY 2025, IFSP provided significant assistance and outreach:

- **Financial support** – Received 5,918 applications and awarded funds to 3,807 individuals, distributing a total of \$2,499,959, with an average award of \$657.
- **Participant profile** – Served both children and adults, with 65 percent of applicants under age 18 and 1,251 first-time participants.
- **Access and outreach** – Recorded 67,077 website visits from 48,908 users through the [My Life My Community](#) platform; handled 2,079 call center inquiries; and distributed outreach materials to 96 percent of individuals on the waiting list through the annual notification mailer.

Waiver Management System (WaMS)

WaMS serves as DBHDS's centralized system for managing Developmental Disability (DD) waiver processes, data, and documentation. In FY 2025, several system enhancements strengthened accuracy, efficiency, and integration across the waiver lifecycle:

- **Data integration** – Incorporated Supports Intensity Scale (SIS) data and assessments from SIS Online directly into WaMS, improving accessibility and consistency.
- **Enrollment tracking** – Enhanced monitoring of waiver slot assignment, acceptance, and activation to ensure accurate, real-time oversight of enrollment activity.
- **Planning and risk management** – Updated the Individual Support Plan (ISP, version 4.0) to embed Virginia's Risk Awareness Tool, streamlining planning and ensuring risks are fully documented.
- **Rate customization** – Improved the Customized Rate application within WaMS to collect required data more efficiently and expedite processing and determinations.

Transition Network Supports

- **Preadmission Screening and Resident Review (PASRR)** – PASRR is a federally mandated process that ensures individuals with DD or severe mental illness admitted to nursing facilities meet the criteria for admission. The PASRR team completed 1,192 evaluations for individuals who were referred to or seeking admission to nursing homes.
- **Single Point of Entry and Children’s ICF Initiatives:** Through the single point of entry process, any Virginian seeking placement in an intermediate care facility (ICF) is screened to determine eligibility. In FY 2025, 48 Virginians with intellectual disabilities were screened for ICF placement (25 adults and 23 children).

Behavior Network Supports

- **Behavior plan quality assurance:** In FY24, 284 behavior plans were reviewed by the team of DBHDS behavior analysts using the Behavior Support Plan Adherence Review Instrument (BSPARI). A total of 80% of plans met the minimum quality adequacy determination via this review process, with overall plan quality trending in a positive direction. The development of the quality review tool used in this process was nationally recognized via a publication in a peer-reviewed behavior science journal in February 2024.
- **Timely connection to behavioral services** – In FY24, 84 percent of people needing this service as identified in their Individual Support Plan (ISP) had some level of service utilization, and 74 percent of people needing the service had an authorization within 30 days of their ISP. Both measures are an improvement over the previous fiscal year, when 79 percent had some level of utilization and 70 percent had a service authorization within 30 days.

Licensing and Human Rights

Licensing

The Office of Licensing streamlined application review processes and prioritized high-need services in alignment with the DBHDS strategic plan. In FY 2025, new crisis regulations increased application complexity, requiring evaluation of both current and new providers under updated standards. To meet these demands, DBHDS revised its service priority categories: Priority 1, Priority 2, and Non-Priority Services to focus resources on the greatest areas of need. Priority 1 and 2 applications receive expedited review, while non-priority services are reviewed as capacity allows. These changes improved workload management and strengthened access to essential services. Key outcomes for FY 2025 include:

Measure	Result
New provider applications approved within 90 days	32 percent
Average time from complete application to approval	124 days
Modification requests approved within 30 days	27 percent
Average processing time for modification requests	51 days
Initial provider applications approved	443 (including 19 children's applications)
Service and location modifications approved	1,350
Average wait time for priority service applications	65 days (reduced from 18 months in FY 2022)
Change in number of licensed services compared to FY 2024	Increase of 6 percent

- **Incident Management** – The Incident Management Unit (IMU) reviewed over 23,000 serious incidents and deaths in FY 2025. The IMU provides oversight of provider-reported incidents and delivers training, technical assistance, and data monitoring to safeguard individuals and identify systemic trends.

Incident Category	Number Reported
Total Incidents Reported	23,716
Late Reports (DOJ Indicator)	739
Care Concerns Triaged	1,377
DD serious incident reports (SIRs) Referred to SIU (from 11/1/2024)	144
DD SIRs (Screened, Not Referred)	326
Other Incidents (MH, SA, and BI) Referred to Licensing Specialist	2,623

**Note: DD-DSI referrals may not always align with the number investigated by SIU, as multiple incidents may be addressed within a single CONNECT case.*

- **Specialized Investigation Unit (SIU)** – The SIU supports Licensing Specialists in investigating high-risk incidents to ensure the safety of individuals with developmental disabilities and other service populations. In FY 2025, the SIU completed **1,217 investigations**, including 372 death investigations, 271 complaints, and 176 serious incident reports for developmental disability services, along with 295 mental health and 103 substance use disorder investigations. An additional **968 complaints** were processed, a **7 percent decrease** from FY 2024.
- **Licensing Statistics**

Fiscal Year	Licensed Providers	Licensed Services	Licensed Locations
2012	744	1,860	6,302
2014	917	2,218	7,519
2016	1,041	2,608	8,447
2018	1,071	2,780	8,778
2020	1,290	3,200	10,753
2022*	1,434	3,664	11,660
2023	1,830	4,189	10,904
2024	2,206	4,918	11,455
2025	2,298	5,224	11,784

- **Licensed Services Offered (FY 2025)** – Providers may be licensed for multiple services. Service types include Residential and Nonresidential Crisis Stabilization, Inpatient Psychiatric Units, Substance Use Disorder treatment at various levels of care, Developmental Disability supports, Mental Health programs, and specialized services such as Brain Injury Residential Treatment, Psychosocial Rehabilitation, and Medication-Assisted Opioid Treatment.

Number of Services per License Type (as of June 30, 2025)

Service Description	Count	Service Description	Count
Brain Injury Residential Treatment Service for Adults	3	DD MH, SUD Case Management Services	226
DD Respite services	25	DD Center-Based Day Support Service for Children, Adolescents, and Adults	236
DD Non-Center-Based Day Support Service for Children, Adolescents, and Adults	380	DD Non-Center-Based Crisis Stabilization Service – REACH	5
DD Non-Center-Based Supportive In-Home Service	395	DD Residential Crisis Stabilization Group Home Service - REACH for Adults	5

Service Description	Count	Service Description	Count
DD Residential Crisis Stabilization Group Home Service - REACH for Children and Adolescents	2	DD Residential Group Home Service for Adults	619
DD Residential Group Home Service for Children and Adolescents	29	DD Residential ICF-IID Service for Children, Adolescents, and Adults	21
MH Correctional Facility RTC Service	3	MH ACT Service	64
DD Residential Supervised Living Service for Adults	76	Sponsored Residential Home Service for Children and Adults	279
MH Center-Based Crisis Receiving Center (CRC/23-hour crisis stabilization) Service for Adults	43	MH Center-Based Crisis Receiving Center (CRC/23-hour crisis stabilization) Service for Children and Adolescents	2
MH Center-Based Intensive Outpatient Service for children, adolescents, and Adults	86	MH Therapeutic Day Treatment Service for Children and Adolescents	55
MH Center-Based Partial Hospitalization Service for Children, Adolescents, and Adults	65	MH Non-Center-Based Community Crisis Service	438
MH Center-Based Psychosocial Rehabilitation Service for Adults	82	MH Outpatient Service	143
MH Inpatient Psychiatric Service for Children and Adolescents and Adults	55	MH Intensive In-Home Service for Children and Adolescents	411
MH Non-Center-Based Community Supports (Skill Building) Service for Adults	526	MH Residential Supervised Living Service for Adults	19
MH Psychiatric Residential Treatment Facility (PRTF) Service for Children and Adolescents	22	MH Residential Crisis Stabilization Service for Adults	52
MH Residential Crisis Stabilization Service for Children and Adolescents	5	MH Residential Group Home Service for Adults	30
MH Residential Therapeutic Group Home Service for Children and Adolescents	91	MH Residential Treatment Service for Adults	1
SA Center-Based Intensive Outpatient Service - ASAM Level 2.1 for children, Adolescents Adults	283	SA Outpatient Service - ASAM Level 1.0 for Children and Adolescents	38
SA Center-Based Partial Hospitalization Service - ASAM Level 2.5 for Children, Adolescents, and Adults	167	SA Center-Based Medication Assisted Opioid Treatment Service	37
SA Medically Monitored Intensive Inpatient Service - ASAM Level 3.7 for Children, Adolescents, and Adults	40	SA Medically Managed Intensive Inpatient Service - ASAM Level 4.0 for Adults	1
SA Outpatient Service - ASAM Level 1.0 for Adults	85	SA Residential Clinically Managed Low-Intensity Service - ASAM Level 3.1 for Adults	44
SA Residential Clinically Managed - ASAM Level 3.5 for children, adolescents, and Adults	32	SA Residential Specific High-Intensity Service - ASAM Level 3.3 for Adults	3
TOTAL	5,224		

Human Rights

Virginia's Human Rights Regulations (HRR) define and protect specific assured rights for individuals receiving services in DBHDS-operated facilities and programs that are licensed and/or funded by DBHDS in the community. Significant activities in FY 2025 included:

- Completed 1,332 onsite AIM visits (Assess safety, Initiate process, Monitor compliance) to ensure the safety of individuals in licensed community providers and DBHDS-operated facilities following reports of serious abuse involving alleged sexual assault, and restraint or physical abuse with a serious injury.
- Received over 3,800 referrals from multiple sources: triaged 1,931 referrals from the DBHDS Office of Licensing and 1,674 from local Adult and Child Protective Services.

- Facilitated 35 statewide live-virtual and in person training seminars for approximately 4,362 registered licensed providers and DBHDS-operated facility staff participants and provided 51 distinct consultations and targeted technical assistance/training sessions attended by 344 licensed providers and DBHDS-operated facility staff.

Abuse, Neglect, and Human Rights Complaint Statistics, FY 2025 (July 1, 2024 – June 30, 2025)

The HRR requires all providers licensed, funded, or operated by DBHDS to report and investigate alleged human rights violations. Allegations of abuse, neglect, or exploitation are reported as “abuse reports,” while all other assured-rights allegations are reported as “complaints.” Reports resulting in a confirmed violation are referred to as “substantiated.”

- Of all abuse reports submitted, 24 percent (1,769) were substantiated, indicating abuse, neglect, or exploitation of an individual receiving services. Of these, 58 percent occurred in licensed community developmental disability service settings, 22 percent in community mental health, 11 percent in substance use disorder services, 8 percent in DBHDS-operated facilities, and less than 1 percent in brain injury services. Neglect was the most common type of substantiated abuse report, accounting for 72 percent.
- Of all human rights complaints, 10 percent (219) were substantiated. Fifty percent occurred in DBHDS-operated facilities, 25 percent in community mental health, 19 percent in developmental disability, and 6 percent in substance use disorder services. The most common violation involved “dignity rights,” representing 63 percent of all substantiated complaints.
- Of the 9,610 total abuse reports and human rights complaints, 36 were appealed to the Local Human Rights Committee, and 13 were escalated to the State Human Rights Committee for final determination.
- The Office of Human Rights issued 1,899 citations to licensed providers; 65 percent (1,232) were to developmental disability providers. 57 percent (1,081) of citations were related to abuse or neglect violations. Because DBHDS-operated facilities are not licensed, OHR issued 150 Violation Letters directing and verifying corrective actions, 88 percent (132) of which followed investigations confirming abuse or neglect.

FY 2025 Human Rights Complaint Data Reported by Community Providers and DBHDS Hospitals and Centers

Total Number of Complaint Reports	2,238		
Total Number of Complaint Reports that resulted in a human rights violation	219		
Total Number of Abuse Reports	7,372		
Total Number of Abuse Reports that resulted in a human rights violation	1,769		
Substantiated Abuse Reports by Type			
Physical Abuse	152	Neglect	1,271
Verbal Abuse	125	Neglect (Peer-to-Peer)	104
Sexual Abuse	14	Exploitation	62
Unauthorized use of Seclusion	8	Unauthorized use of Restraint	63
Psychological Abuse	58	Other	50

Policy and Public Affairs

In FY 2025, Policy and Public Affairs advanced DBHDS priorities through clear communication, timely constituent support, strategic media engagement, and strong execution of legislative and policy responsibilities. Work across the division strengthened transparency, improved customer experience, and supported a unified OneDBHDS message for staff, partners, and the public.

Communications

Improved public understanding of behavioral health services and strengthened statewide awareness of DBHDS programs and initiatives.

- **Expanding Reach and Visibility** – Broadened the agency’s public presence and made information easier to find and understand.
 - Launched a redesigned public website with simplified navigation and updated content across all program areas.
 - Increased social media audiences across platforms, including growth in Facebook (7,102 to 7,876), LinkedIn (4,351 to 5,727), YouTube (1,216 to 1,646), and Instagram (208 to 340).
 - Achieved 11,078 Facebook interactions which reflects a 72 percent increase from the previous year.
 - Developed 41 speeches and presentations for external audiences to support consistent messaging.
 - Completed Phase II of the statewide 988 awareness campaign, generating more than 300 million impressions and more than 558,000 clicks to 988va.org with targeted outreach to people with disabilities, rural communities, veterans, Spanish-speaking communities, and tribal communities.
 - Provided spokesperson training for the First Lady’s It Only Takes One initiative.
- **Strengthening Internal Communication and OneDBHDS Branding** – Supported a connected workforce and reinforced OneDBHDS as the agency’s shared identity.
 - Delivered 35 Commissioner’s Weekly Messages in a redesigned format with improved analytics.
 - Produced two 50-minute Conversations with the Commissioner episodes on YouTube and Spotify.
 - Hosted more than 25 Lunch and Learn sessions on topics such as procurement, communications, and data.
 - Continued Thankful Thursday with 52 videos and recognition of more than 260 employees.
 - Held the first annual OneDBHDS Day during Public Service Recognition Week.
 - Distributed new OneDBHDS merchandise to more than 6,000 staff.

Legislative Affairs

ensured DBHDS priorities were clearly communicated to policymakers and supported effective implementation of legislation. In FY 2025, DBHDS served as the lead agency for 16 bills and provided technical support on 42 additional bills. These included legislation expanding Medicaid coverage of crisis services and establishing certification requirements for recovery residences.

Policy

Strengthened statewide planning, supported implementation of General Assembly directives, and advanced interagency coordination.

- General Assembly Reporting – DBHDS submitted 58 General Assembly reports in FY 2025 to support transparency and provide updates on crisis services, housing stability, performance improvement, and system oversight.
- Workgroups and Interagency Initiatives – Policy staff led and supported major workgroups and initiatives that advanced statewide planning and system transformation.
 - Hiram Davis Medical Center Closure Planning Team.
 - HB888 and SB176 workgroup on placements for individuals with neurocognitive disorders and neurodevelopmental disabilities.
 - SB569 Year One workgroup focused on evidence-based seclusion and restraint practices.
 - SB34 Riverside Regional Medical Center pilot on emergency department evaluations for temporary detention.
 - Northern Virginia Mental Health Institute Replacement Facility Planning Group.
 - Started initial planning and meetings on the SB1038 training resources to support telehealth for individuals with disabilities, and the SB838 workgroup on recovery residences.

Constituent Services

Constituent Services improved customer experience by coordinating timely responses and tracking trends that inform agency practice. In FY 2025, the team documented 622 requests from the Governor's Office, General Assembly members, CSBs, other agencies, and individual constituents. Staff continued to manage complex and high-profile cases while supporting more efficient routing and issue resolution across DBHDS.