



COMMONWEALTH of VIRGINIA

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January 16, 2026

To: The Honorable L. Louise Lucas, Chair, Senate Finance & Appropriations Committee
The Honorable Luke E. Torian, Chair, House Appropriations Committee

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

Re: Item 295 T, 2025 Session

Item 295.T of the 2025 Special Session I Appropriations Act directs the Department of Behavioral Health and Developmental Services (DBHDS) to submit an annual report on the Commonwealth's Assertive Community Treatment (ACT) programs. Specifically, the language states:

T. The Department of Behavioral Health and Developmental Services shall report on the allocation and funding for Programs of Assertive Community Treatment (PACT) in the Commonwealth. The report shall include information on the cost of each team, the cost per individual served and the cost effectiveness of each PACT in diverting individuals from state and local hospitalization and stabilizing individuals in the community. The department shall provide the report to the Chairmen of the House Appropriations and Senate Finance Committees by November 1, of each year.

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



Report on Assertive Community Treatment – Program Funding, Cost Effectiveness, and Impact

(Item 295 T, 2025 Session)

November 1, 2025

DBHDS Vision: A Life of Possibilities for All Virginians

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Introduction

The Department of Behavioral Health and Development Services (DBHDS) assesses general financial figures for Assertive Community Treatment (ACT) – costs per team and costs per individual served, the program’s impact on state and local hospitalization and incarceration, and the associated cost implications from diverting ACT clients from these more expensive services. The assessment of data indicated ACT services resulted in lower hospitalization and incarceration rates for individuals being served, and substantial associated cost reductions.

Some of the main findings in this report supporting the value of investment in ACT services across the Commonwealth include:

- The average cost per individual in FY 2024 served by ACT teams across the Commonwealth in was \$19,117, representing a rising trend from the previous fiscal year.
- State hospitalization usage for all ACT-served individuals admitted in FY 2022 was reduced by 54 percent, representing a cost avoidance of \$17,397,050 for the two years post their ACT admission related to this population.
- All new FY 2022 ACT-served individuals accounted for 25,061 state hospital bed days in the two years prior to their ACT admission, and just 11,601 in the two years post their ACT admission.
- Across the FY 2016 - FY 2022 cohorts, the ACT program contributed to an overall cost avoidance of \$84,547,446 in state hospital costs in the two years following initiation of ACT services.
- Local psychiatric hospitalization use for all ACT-served individuals admitted in FY 2022 had a 35 percent reduction, which represents a cost avoidance of \$2,515,616 in the two years post their ACT admission related to this population.
- All new FY 2022 ACT-served individuals accounted for 7,051 local hospital psychiatric bed days in the two years prior to ACT admission, and just 4,575 in the two years post ACT admission.

Assertive Community Treatment (ACT) Overview

Assertive Community Treatment (ACT) consists of a self-contained trans-disciplinary team comprised of a team leader, a psychiatric care provider, nurses, social workers, therapists, and specialists, such as in the area of co-occurring substance use disorder treatment, employment and educational services, and recovery focused peer-support services. Team members work closely together to help adults with SMI live independently in the community instead of an institution or on the streets. Some of the services provided include:

- Helping individuals find and maintain safe, affordable housing.
- Assistance with finding and maintaining meaningful, competitive employment.
- Education around mental health challenges and treatment choices.
- Assistance with harm reduction and substance use disorder recovery strategies.
- Psychiatric rehabilitation and the development of practical life skills.
- Medication management and support

To be most effective, ACT is to be recovery-oriented, strengths-based, and person-centered. Treatment is assertive in that the team is proactive and persistent in efforts to engage, and retain in services, individuals who would likely benefit from this level of support.

Individuals who are appropriate for ACT do not benefit from receiving services across multiple, disconnected providers, thus a fundamental charge of ACT is to be the first line (and generally sole provider) of all the services that individuals who receive ACT need. Being the single point of responsibility necessitates a higher frequency and intensity of community-based contacts, and a very low individual-to-staff ratio. Other important characteristics of ACT programs include:

- Services are delivered in an ongoing framework to aid the process of recovery and ensure continuity of care.
- Services are delivered according to a recovery-based philosophy of care, where the team promotes self-determination, respects the individual as expert in his or her own right, and engages peers in the process of promoting hope that the individual can experience sustained recovery from the symptoms related to their mental illness, as well as regain meaningful roles and relationships in the community.
- ACT teams assist individuals in advancing towards personal goals with a focus on enhancing community integration and regaining valued roles (e.g. employee, spouse, parent, tenant). Because ACT teams work with individuals who may passively or actively resist services, ACT teams are expected to thoughtfully carry out planned assertive engagement techniques, which consist largely of rapport-building strategies, facilitating meeting of basic needs, and motivational interviewing techniques. These techniques are used to identify and focus on the individual's life goals and what they are motivated to change.

A total of 64 ACT teams are operated in the Commonwealth, with 41 of those operating out of the 30 community services boards (CSBs) and 23 teams operated by non-CSB providers. Providers are now benefiting from having the flexibility to operate small, medium, or large teams, which allows for “right-sizing” the model to reflect the specific needs and resources of each individual community.

Program Impact

The Cost of Each Team and Cost per Individual Served

On April 2, 2025, DBHDS distributed a survey to all of Virginia's CSBs offering ACT services in FY 2024 via email. The questions were as follows:

1. How many years has your CSB or agency offered ACT services as of 6/30/2024?
2. What is the total amount of expenditures this CSB or agency had for ACT services for FY 2024?
3. How much revenue did the CSB or agency receive from its ACT services for FY2024 by the following categories?
 - Federal Funds
 - State Funds
 - Local Funds
 - Medicaid
 - Medicare
 - Private Insurance and Other Payers, Fees

The results for CSB ACT teams are tabulated in Table 1 below.

The average cost per individual served by CSB ACT teams in FY 2024 was \$19,117 (see Table 1 below), which represents an increased cost per individual when compared to the previous year's cost per person average. Figure 1 contrasts the cost per person across ACT teams in FY 2022, FY 2023, and FY 2024. The chart illustrates that overall, the variance in average cost across sites expanded between FY 2023 and FY 2024 including the inter-quartile range increasing by about \$1,279.

DBHDS also sent the survey to other CSBs that provided a very similar Intensive Community Treatment (ICT) service in FY 2024, as well as some private providers that performed ACT services in FY 2024 and received some Medicaid reimbursement. The intention was to enable DBHDS to compare funding discrepancies between the different types of service providers. Three CSBs that provided ICT and two private providers that provided ACT in FY 2024 completed the optional survey. While this sample size of other providers was limited and should be considered when viewing results, the distinction in funding allotments between these types of service providers was substantial.

The two most significant differences in funding sources between the providers were proportions of revenue from state and Medicaid funds. State funds made up 46 percent of the revenue for CSB ACT programs, compared to only 30 percent of the CSB ICT programs and none of the revenue for the ACT private providers. Medicaid comprised all the revenue for ACT private providers, 100 percent, while only contributing to 42 percent of CSB ACT and 52 percent of CSB ICT programs' funding. Additionally, CSB ICT programs had a similar share of total revenue from Federal (five percent) and Local (12 percent) funds than their CSB ACT program counterparts (two percent Federal and nine percent local funds).

Table 1: Cost per ACT Individual served in FY 2024

Name of CSB:	Years Offering ACT a/o June 30, 2024	Total Expenditures- ACT Services FY 2024	Total Revenue- ACT Services FY2024	Federal	State	Local:	Medicaid	Medicare	Private Insurance and Other Payers, Fees	Individuals served in FY2024	Change from FY2023	Average Cost PP in FY2024	Change from FY2024
Alexandria CSB	8	\$890,623	\$890,623	\$0	\$850,000	\$0	\$37,571	\$0	\$3,052	63	-3	\$14,137	-\$4,057
Arlington County CSB	15	\$1,674,974	\$1,028,287	\$0	\$665,000	\$0	\$362,366	\$0	\$921	94	-6	\$17,819	\$468
Blue Ridge Behavioral Healthcare	26	\$1,439,413	\$1,444,736	\$90	\$995,628	\$0	\$427,369	\$25	\$21,624	82	1	\$17,554	\$2,795
Colonial Behavioral Health	7	\$1,224,994	\$1,424,694	\$102,202	\$850,000	\$0	\$472,492	\$0	\$0	48	-7	\$25,521	\$3,248
Danville-Pittsylvania CS	19	\$1,345,486	\$1,528,350	\$0	\$845,000	\$0	\$681,060	\$0	\$2,290	73	-7	\$18,431	-\$51
District 19 CSB DBA Greater Reach CSB	24	\$1,631,330	\$1,631,330	\$34,647	\$927,988	\$0	\$624,080	\$0	\$44,615	73	-2	\$22,347	\$596
Fairfax-Falls Church CSB	26	\$2,212,516	\$2,212,516	\$0	\$992,290	\$701,211	\$502,797	\$0	\$16,219	102	18	\$21,691	-\$346
Hampton-Newport News CSB	26	\$1,926,148	\$2,230,302	\$0	\$862,500	\$0	\$1,306,764	\$14,892	\$46,146	87	-6	\$22,140	\$2,432
Henrico Area Mental Health and Developmental Services	28	\$1,935,700	\$1,935,700	\$277,600	\$500,000	\$976,037	\$181,898	\$0	\$165	155	-19	\$12,488	\$2,855
Horizon Behavioral Health	26	\$1,812,472	\$2,014,497	\$0	\$766,796	\$27,913	\$1,213,786	\$2,297	\$3,705	97	6	\$18,685	\$922
Middle Peninsula Northern Neck Behavioral Health	8	\$1,343,272	\$1,429,527	\$0	\$757,027	\$0	\$671,824	\$676	\$0	53	-6	\$25,345	\$8,025
Mount Rogers Community Services*	21	\$1,766,727	\$1,728,948	\$0	\$835,000	\$0	\$893,343	\$0	\$605	57	-2	\$30,995	\$1,050
New River Valley Community Services*	24	\$3,516,788	\$3,544,741	\$0	\$361,137	\$0	\$3,183,592	\$12	\$0	219	-11	\$16,058	\$904
Norfolk CSB	25	\$2,080,982	\$2,080,982	\$0	\$1,100,307	\$808,942	\$169,113	\$2,068	\$552	102	-15	\$20,402	\$1,715

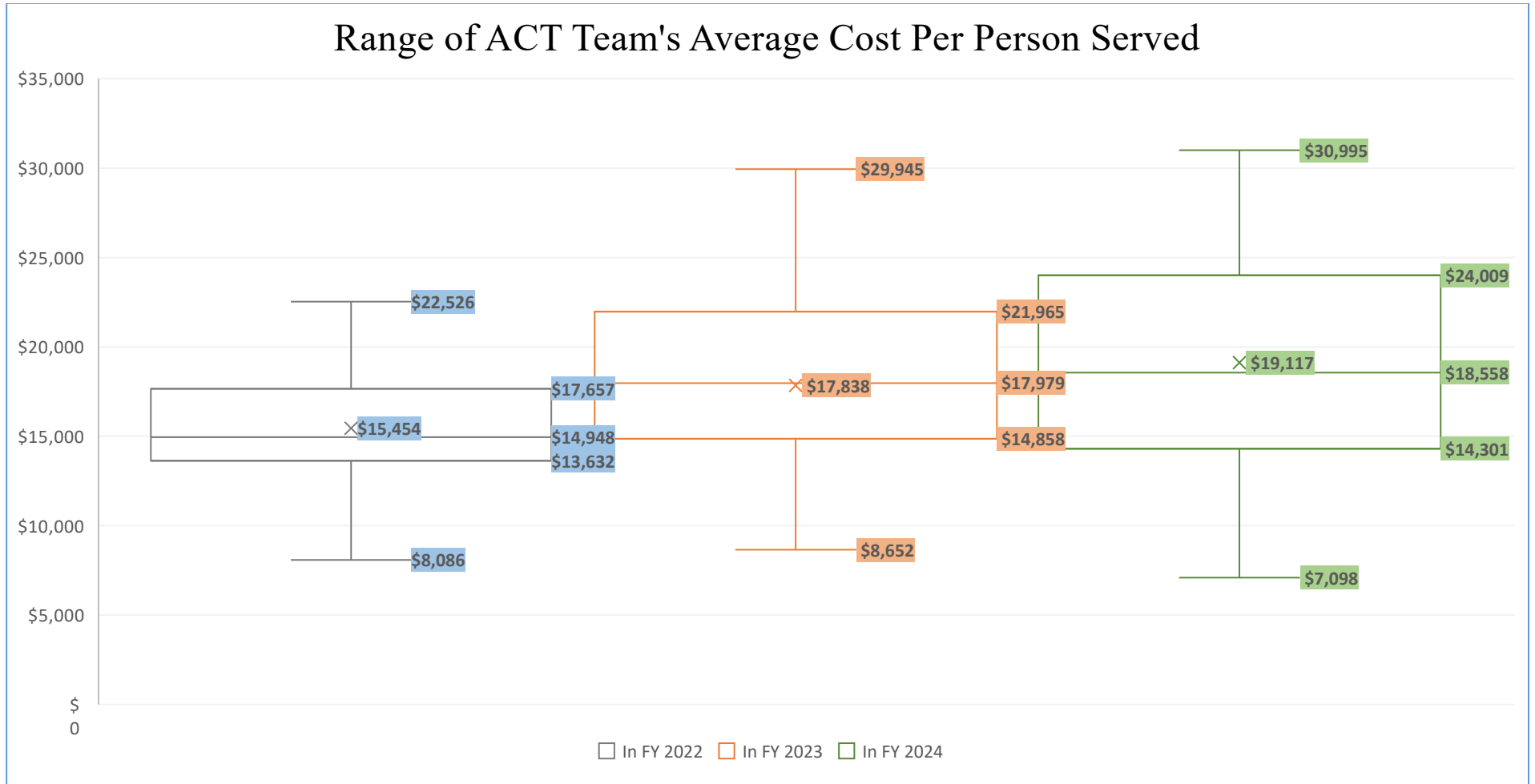
Name of CSB:	Years Offering ACT a/o June 30, 2024	Total Expenditures- ACT Services FY 2024	Total Revenue- ACT Services FY2024	Federal	State	Local:	Medicaid	Medicare	Private Insurance and Other Payers, Fees	Individuals served in FY2024	Change from FY2023	Average Cost PP in FY2024	Change from FY2024
Northwestern Community Services Board	8	\$920,652	\$1,142,947	\$0	\$850,000	\$0	\$298,314	\$0	\$3,633	73	-14	\$12,612	\$3,627
Piedmont Community Services	9	\$1,219,303	\$1,345,740	\$0	\$850,000	\$0	\$429,324	\$0	\$66,416	68	-26	\$17,931	\$2,747
Prince William County CSB	22	\$2,613,112	\$2,613,112	\$0	\$850,000	\$1,195,334	\$564,998	\$0	\$2,780	86	3	\$30,385	\$2,644
Rappahannock Area Community Services Board	8	\$1,843,122	\$1,957,274	\$0	\$850,000	\$0	\$1,106,405	\$0	\$869	73	6	\$25,248	\$2,116
Region Ten	28	\$1,859,136	\$1,758,858	\$0	\$889,000	\$0	\$863,628	-\$163	\$6,394	181	6	\$10,271	-\$295
Richmond Behavioral Health Authority	26	\$1,516,159	\$2,553,755	\$268,052	\$1,000,000	\$0	\$1,285,703	\$0	\$0	115	13	\$13,184	-\$2,304
Valley Community Services Board	26	\$1,227,948	\$1,928,629	\$7,800	\$630,000	\$0	\$1,187,072	\$1,325	\$102,431	83	-2	\$14,795	\$3,171
Virginia Beach Dept of Human Services	11	\$2,087,846	\$2,087,846	\$0	\$1,250,000	\$197,169	\$629,080	\$0	\$11,597	85	-2	\$24,563	\$3,887
Western Tidewater CSB	8	\$1,682,327	\$1,596,238	\$0	\$850,000	\$0	\$744,866	\$60	\$1,312	237	51	\$7,098	-\$1,554
Average	19	\$1,729,175	\$1,830,854	\$30,017	\$840,334	\$169,852	\$775,541	\$921	\$14,579	100	-1	\$19,117	\$1,504

*New River Valley CS, Mount Rogers CSB, Region Ten CSB each have two separate ACT teams

*Loudoun County did not operate an ACT program in FY 2024 and therefore does not appear in this chart. However, information on local hospital utilization of the FY 2022 cohort for Loudoun County ACT is included in table 3. The FY 2022 cohort did not have state hospitalization utilization in the two years prior to and post admission and are therefore not reflected in table 2.

*DBHDS did not receive required FY 2024 submissions from Chesapeake CSB and Portsmouth Behavioral Health Services ACT programs as of 10/30/2025 and therefore are not represented on Table 1. Information for state and local hospital utilization for the Chesapeake FY 2022 ACT cohort is included in tables 2 and 3. Information for state hospital utilization for the Portsmouth BHS FY 2022 ACT cohort is included in table 2. Portsmouth BHS is not listed in table 3 as the Portsmouth BHS FY 2022 ACT cohort did not have local hospital utilization in the two years prior to or two years after ACT admission.

Figure 1. Range of PACT Team's Average Cost Per Person Served



Cost Effectiveness of ACT in Diverting Individuals from Hospitalization

State Hospitals

DBHDS assesses hospitalization cost effectiveness by comparing individuals' number of bed days and associated costs in the two years prior to ACT admission with the number of bed days and associated costs the two years following admission to ACT. In FY 2022, Virginia ACT programs admitted 384 new individuals. These 384 individuals accounted for 25,061 state hospital bed days in the two years prior to admission to an ACT program. The total cost for these bed days was an estimated \$33 million. The costs are based off a \$1,292.50 average daily cost per adult patient figure, which is the average fiscal year-to-date (July 1, 2024-May 30,2025) cost per patient day rate from the May 2025 DBHDS Monthly Cost Report.

In the two years after their first ACT service in FY 2022, the group used only 11,601 bed days (estimated cost \$14.9 million). **This represents a 54 percent reduction in state hospitalization for this population, which signifies a cost avoidance of \$17.4 million.** Figure 2 below shows the comparison of bed days and cost avoidance two years prior and two years after ACT Admission. The figure shows the total cost in thousands, i.e. \$32,391 in the graph represents \$32,391,000. Since FY 2016, people admitted to ACT collectively represented a cost avoidance of \$67.1 million in state hospital costs in the two years post ACT admission. Thus, in total, the **ACT program contributed to an overall cost avoidance of \$84.5 million in state hospital costs for the four cohort groups in the two years post initiation of ACT services.**

Table 2 below demonstrates the impact of all ACT teams in diverting individuals served by ACT services in FY 2022 from state hospitalization. **Of the 26 CSBs with ACT teams, 25 (96 percent) exhibited a net reduction in state hospital bed days for their FY 2022 cohort, including 15 CSBs (58 percent) that contributed to a reduction greater than 50 percent.**

**Figure 1: Reduction in State Hospital Bed Days and Associated Costs
ACT Clients admitted FY22**

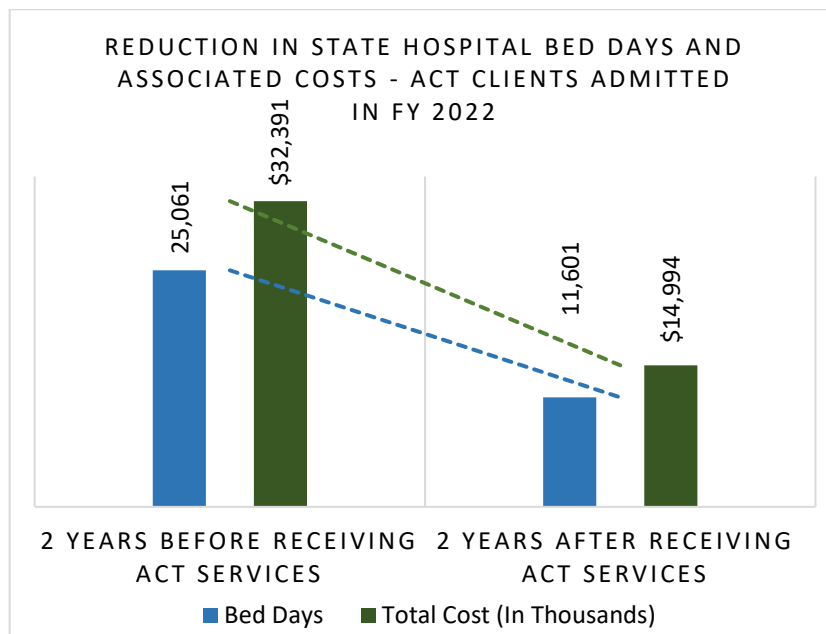


Table 2: State Hospital Bed Days by ACT Team

Name of CSB	Two Years Before ACT	Two Years After ACT	Difference	Cost Reduction
Alexandria	238	165	-73 (↓31%)	\$ 94,352.50
Arlington	222	53	-169 (↓76%)	\$ 218,432.50
Blue Ridge	885	682	-203 (↓23%)	\$ 262,377.50
Chesapeake	1807	400	-1407 (↓78%)	\$ 1,818,547.50
Chesterfield	119	47	-72(↓61%)	\$ 93,060.00
Colonial	349	267	-82 (↓23%)	\$ 105,985.00
Danville-Pittsylvania	338	128	-210 (↓62%)	\$ 271,425.00
District 19	1551	104	-1447(↓93%)	\$ 1,870,247.50
Hampton-Newport News	1018	306	-712 (↓70%)	\$ 920,260.00
Henrico Area	1382	984	-398(↓29%)	\$ 514,415.00
Horizon	435	0	-435 (↓100%)	\$ 562,237.50
Middle Peninsula-Northern Neck	278	146	-132 (↓47%)	\$ 170,610.00
New River Valley	1170	1007	-163 (↓14%)	\$ 210,677.50
Norfolk	1122	804	-318 (↓28%)	\$ 411,015.00
Northwestern	315	105	-210 (↓67%)	\$ 271,425.00
Piedmont	347	177	-170 (↓49%)	\$ 219,725.00
Portsmouth	720	20	-700 (↓97%)	\$ 904,750.00
Prince William	493	37	-456 (↓92%)	\$ 589,380.00
Rappahannock Area	1135	144	-991 (↓87%)	\$ 1,280,867.50
Rappahannock-Rapidan	950	0	-950 (↓100%)	\$ 1,227,875.00
Region Ten	2201	1388	-813 ↓ (37%)	\$ 1,050,802.50
Richmond	2105	507	-1598 (↓76%)	\$ 2,065,415.00
Rockbridge Area	331	0	-331 (↓100%)	\$ 427,817.50
Valley	931	255	-676 (↓73%)	\$ 873,730.00
Virginia Beach	2816	1607	-1209 (↓43%)	\$ 1,562,632.50
Western Tidewater	1803	2268	465 (↑26%)	\$ (601,012.50)
Total	25061	11601	-13460 (↓54%)	\$ 17,397,050.00

*Rockbridge and Rappahannock-Rapidan do not operate ACT programs. State hospital utilization for these CSBs represent individuals who received services from them prior to entering a ACT program at another CSB in FY 2022.

*The FY 2022 cohort of individuals admitted to ACT in Fairfax Falls Church, Loudoun County, and Mt. Rogers did not utilize state hospitals in the two years before or two years after ACT admission and are therefore not listed on Table 2.

Local Hospitals

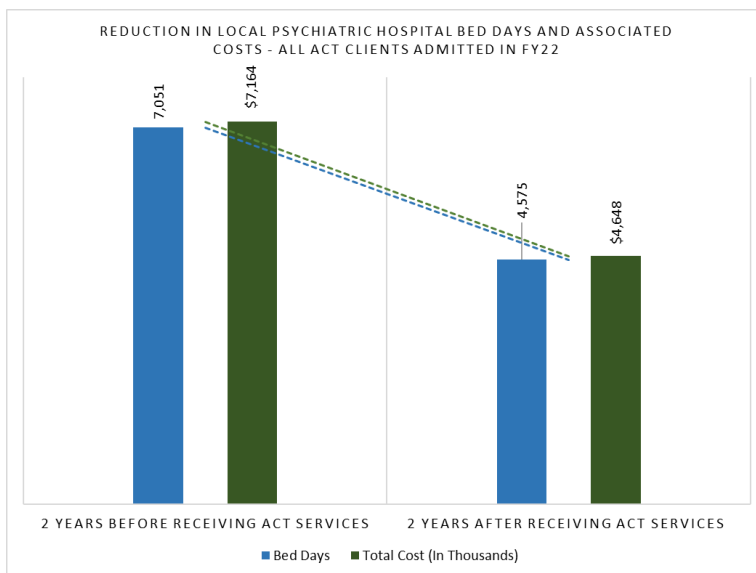
DBHDS assesses local hospitalization cost effectiveness by comparing individuals' number of psychiatric bed days¹ (and associated costs) in the two years prior to ACT admission with the number of bed days (and associated costs) the two years post admission to ACT. In FY 2022, ACT programs admitted 384 new individuals, and assessed 267 individuals. New people admitted to ACT in FY 2022 utilized 7,051 local hospital psychiatric bed days in the two years prior to ACT program admission. The total estimated cost for these bed days is \$7.2 million.

In the two years post their first ACT service in FY 2022, these individuals used 4,575 local psychiatric bed days (estimated cost \$4.6 million). **This is a 35 percent reduction in local psychiatric hospitalization for this population, a cost avoidance of \$2.5 million (see Figure 3).** Costs are based on Department of Medical Assistance Services' (DMAS) FY 2024 Local Hospital Psychiatric Operating Rate per Day's state average of \$1,016.00²

Table 3 below demonstrates the impact of all ACT teams in diverting ACT-served individuals admitted in FY 2022 from local psychiatric hospitalization. Of the 23 CSBs with ACT teams, 17 demonstrated a net reduction in local hospital psychiatric bed days for their FY 2022 cohort, including eight (35 percent) that contributed to a reduction greater than 50 percent.

Of the 384 individuals admitted to ACT services statewide in FY 2022, DBHDS was able to access VHI records on local hospitalizations for 267 in the two years prior and two years after ACT admission. This data was used to calculate total local hospital bed days utilized by CSB.

Figure 2: Reduction in Local Psychiatric Hospital Bed Days and Associated Costs - All ACT Clients admitted in FY22



¹ Psychiatric bed days are defined as the following three Major Diagnostic Categories (MDC) at intake: 19 Mental Diseases and Disorders, 20 Alcohol/Drug Use or Induced Mental Disorders, and 21 Injuries, Poison and Toxic Effect of Drugs

² Department of Medical Assistance Services. (2023). *Hospital Rates* [DRG and Psychiatric Rates]. Retrieved from <https://www.dmas.virginia.gov/for-providers/general-information/rate-setting/hospital-rates/> <http://www.dmas.virginia.gov/>

Table 3: Local Hospital Psychiatric Bed Days by ACT Team

Name of CSB	Two Years Before ACT	Two Years After ACT	Difference	Cost Reduction
Alexandria	99	122	23 (↑23%)	\$ (23,368.00)
Arlington	97	40	-57 (↓59%)	\$ 57,912.00
Blue Ridge	158	132	-26 (↓16%)	\$ 26,416.00
Chesapeake	19	70	51 (↑268%)	\$ (51,816.00)
Danville-Pittsylvania	200	230	30 (↑15%)	\$ (30,480.00)
District 19	121	72	-49 (↓40%)	\$ 49,784.00
Fairfax-Falls Church	83	31	-52 (↓63%)	\$ 52,832.00
Hampton-Newport News	496	170	-326 (↓66%)	\$ 331,216.00
Henrico Area	356	271	-85 (↓24%)	\$ 86,360.00
Horizon	161	137	-24 (↓15%)	\$ 24,384.00
Loudoun County	3	75	72 (↑2400%)	\$ (73,152.00)
Middle Peninsula-Northern Neck	21	8	-13 (↓62%)	\$ 13,208.00
New River Valley	435	235	-200 (↓46%)	\$ 203,200.00
Norfolk	577	204	-373 (↓65%)	\$ 378,968.00
Northwestern	118	275	157 (↑133%)	\$ (159,512.00)
Piedmont	49	33	-16 (↓33%)	\$ 16,256.00
Prince William	9	14	5 (↑56%)	\$ (5,080.00)
Rappahannock Area	892	786	-106 (↓12%)	\$ 107,696.00
Region Ten	960	145	-815 (↓85%)	\$ 828,040.00
Richmond	235	201	-34 (↓14%)	\$ 34,544.00
Valley	542	216	-326 (↓60%)	\$ 331,216.00
Virginia Beach	7	0	-7 (↓100%)	\$ 7,112.00
Western Tidewater	1413	1108	-305 (↓22%)	\$ 309,880.00
Total	7051	4575	-2476 (35%)	\$2,515,616.00

*The FY 2022 cohort of individuals admitted to ACT in Colonial, Mt. Rogers, and Portsmouth did not utilize local hospitals in the two years before or two years after ACT admission and are therefore not listed on Table 2.

Conclusion

In FY 2022, ACT served 2,308 individuals who required highly proactive and persistent support through ACT services. On average, it costs the state \$19,117 per individual to provide this level of care. This investment has produced significant outcomes. The program reduces ACT-served individuals' state hospitalization. The FY 2022 ACT population had a 54 percent reduction in bed days over two years, which resulted in avoiding an estimated \$17,397,050 in state hospitalization costs. Similarly, the data suggests that the ACT program reduces utilization of local/private hospitals with the new FY 2022 ACT population needing 35 percent less bed days, an estimated cost avoidance of \$2,515,616. There was a cost savings even for the six CSB ACT programs that showed an increase in local/private hospital bed days as these increases were less than the decrease in state hospital bed days utilized by the people receiving ACT services from these programs.

The ongoing effectiveness of Virginia's ACT programs will continue to depend on three things:

- 1) **Workforce recruitment and retention:** As much, or perhaps even more than most community-based services, ACT in particular has continued to struggle with ongoing workforce issues. Given the intense nature of ACT service delivery, the acute needs of the population it serves, and often less-than-competitive salaries, most if not all of Virginia's ACT teams have been hampered by staff departures, key positions left vacant for extended periods of time, or both. If workforce shortages across ACT continue to worsen, and a more robust array of intensive, community-based services are not stood up, the safety of ACT staff and the individuals they serve may be at risk.
- 2) **The quality of the particular program delivering this service, and how faithfully they implement best practice elements (known as "program fidelity"):** DBHDS has continued its partnership with national ACT experts from the University of North Carolina's Institute for Best Practices, including the co-author of the widely used *Tool for Measurement of Assertive Community Treatment* (TMACT)³ to conduct formal fidelity evaluations of Virginia's ACT programs. Six DBHDS staff are currently being trained as either TMACT lead or co-evaluators which will ultimately provide a much-needed increase in capacity to keep up with the ever-expanding ACT service array across the Commonwealth. 12 reviews have been completed thus far; however, this pace is simply not enough to maintain the most clinically sound cadence which would be to review each team every 12-18 months.
- 3) **Funding:** Continued funding for existing programs is important, but to ensure that Virginia continues to achieve and improve upon the outcomes and cost reductions ACT has achieved to date, ongoing support and funding for not only the service itself, but also provider training, formal program fidelity evaluations, and expansion of staffing infrastructure at the state level will remain significant priorities.

³ Monroe-DeVita, M., Moser, L.L. & Teague, G.B. (2013). The Tool for Measurement of Assertive Community Treatment (TMACT). In M. P. McGovern, G. J. McHugo, R. E. Drake, G. R. Bond, & M. R. Merrens. (Eds.), *Implementing Evidence-Based Practices in Behavioral Health*. Center City, MN: Hazelden.

DBHDS has made great strides to enhance the quality of ACT services across the Commonwealth through its' fidelity monitoring efforts and contractual relationship with experts at the University of North Carolina. And, as outcomes continue to demonstrate, ACT remains an effective and essential component of our behavioral health service system, both in terms of cost-effectiveness and its' impact on the quality of life for this vulnerable population of Virginians.

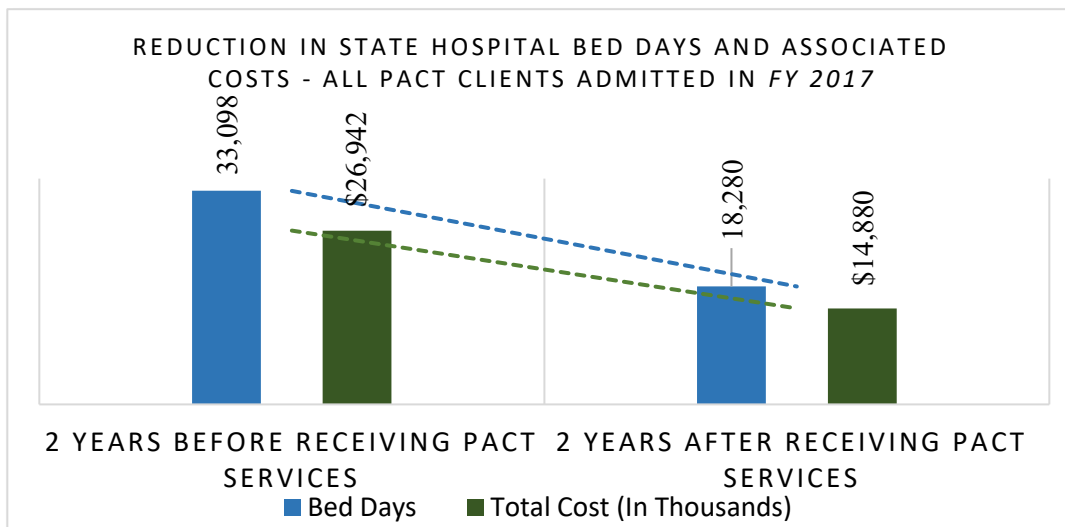
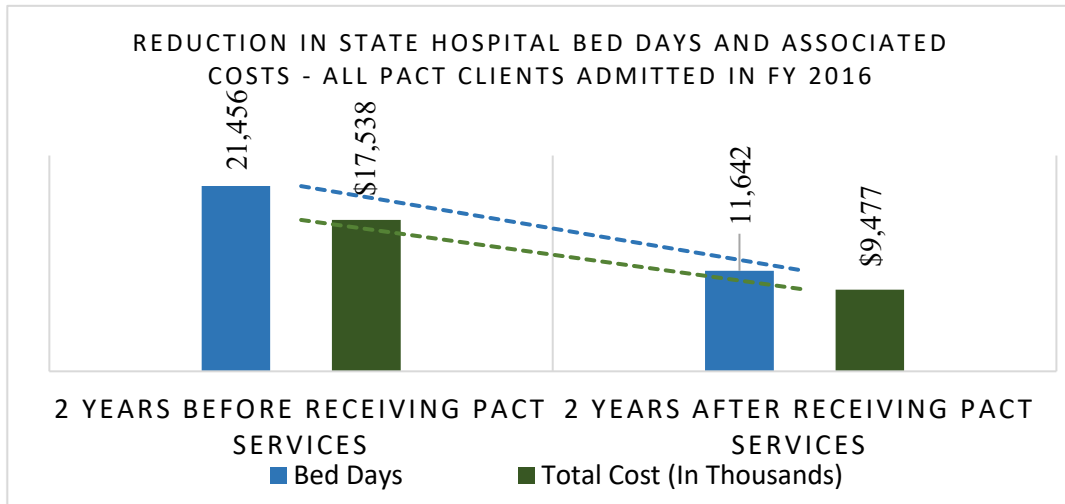
With support, near-term goals will be an increased emphasis on provider training/technical assistance and continuing collaboration with Virginia Commonwealth University's School of Social Work with focus on workforce development, training to help grow, sustain, and support the Commonwealth's ACT providers, and the individuals that they serve.

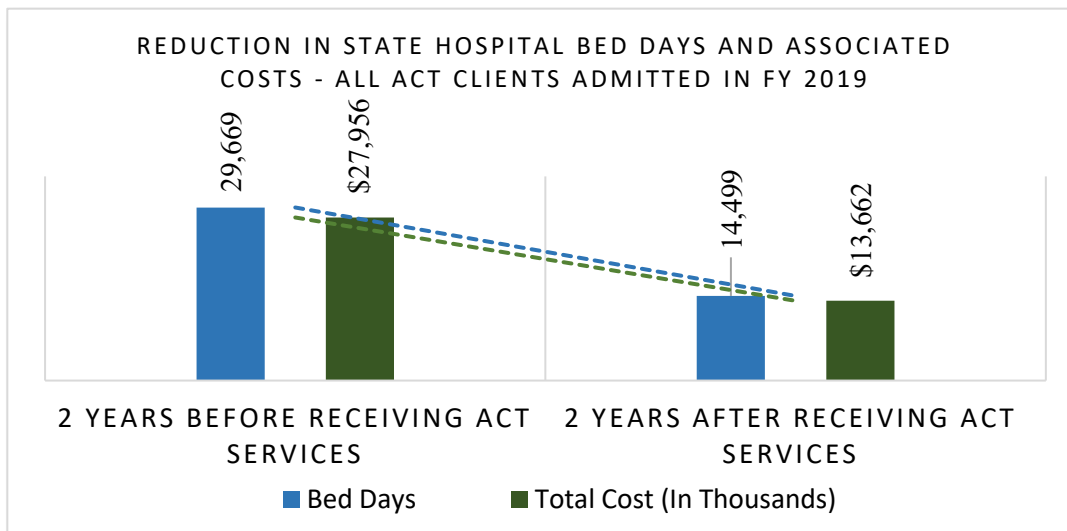
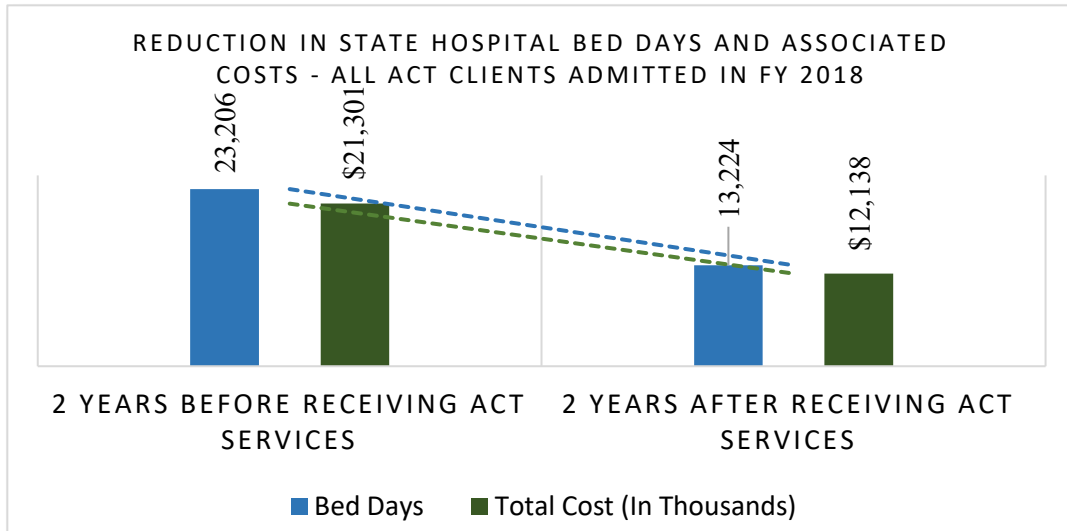
Appendix

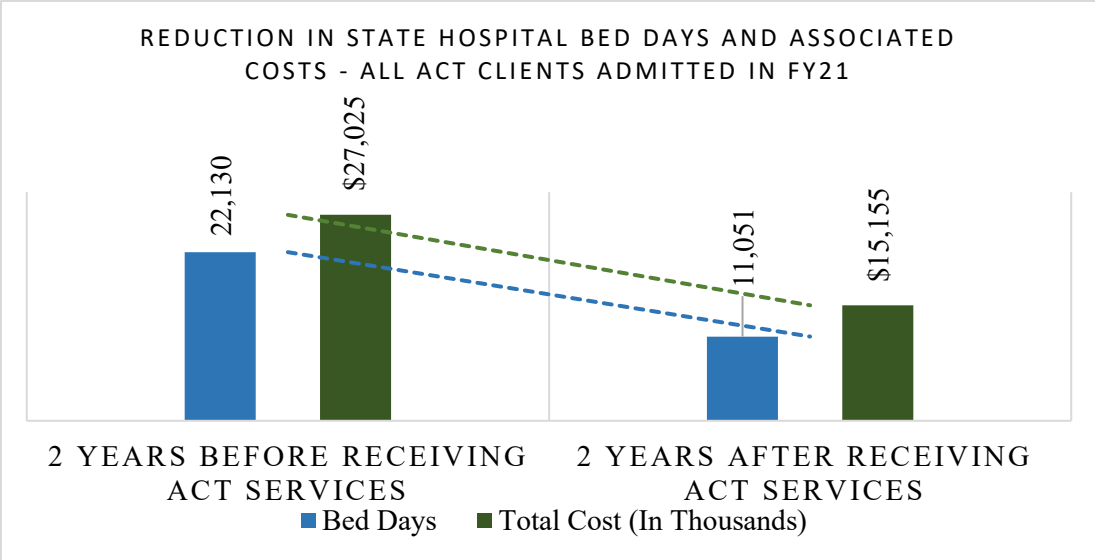
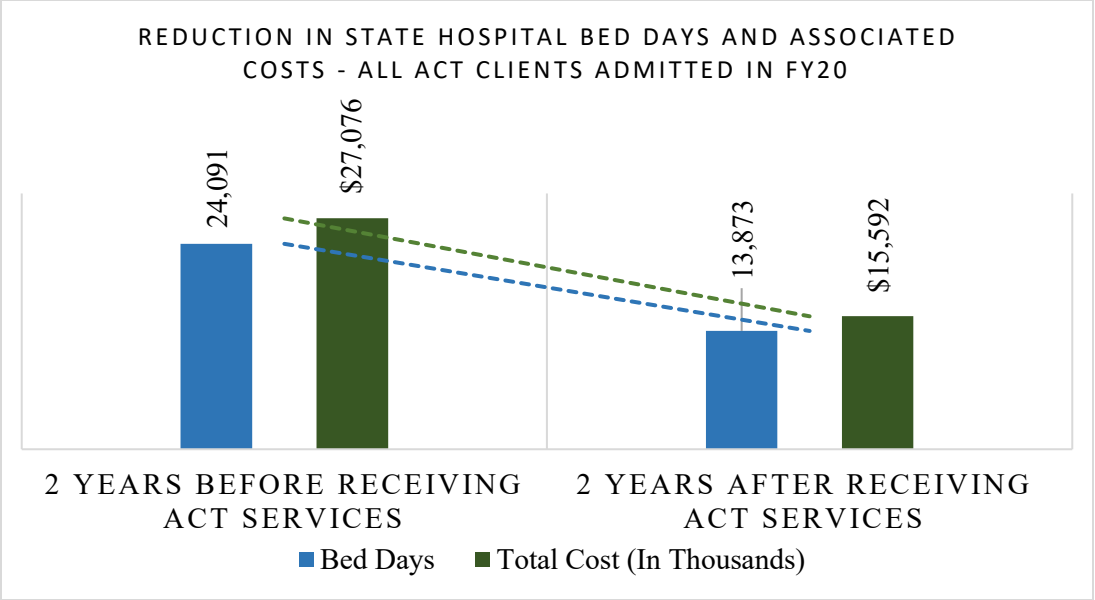
Charts from Past Annual GA Reports

Note: In some past General Assembly reports, the ACT program was referred to as the Program of Assertive Community Treatment (PACT).

State Hospital Bed Day Reduction







Local Psychiatric Hospital Bed Day Reduction

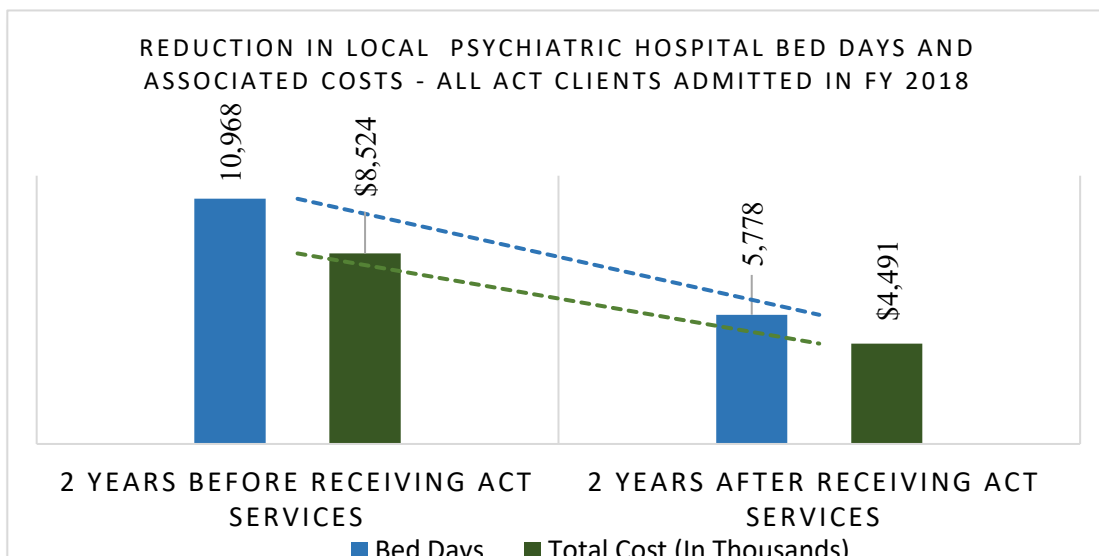
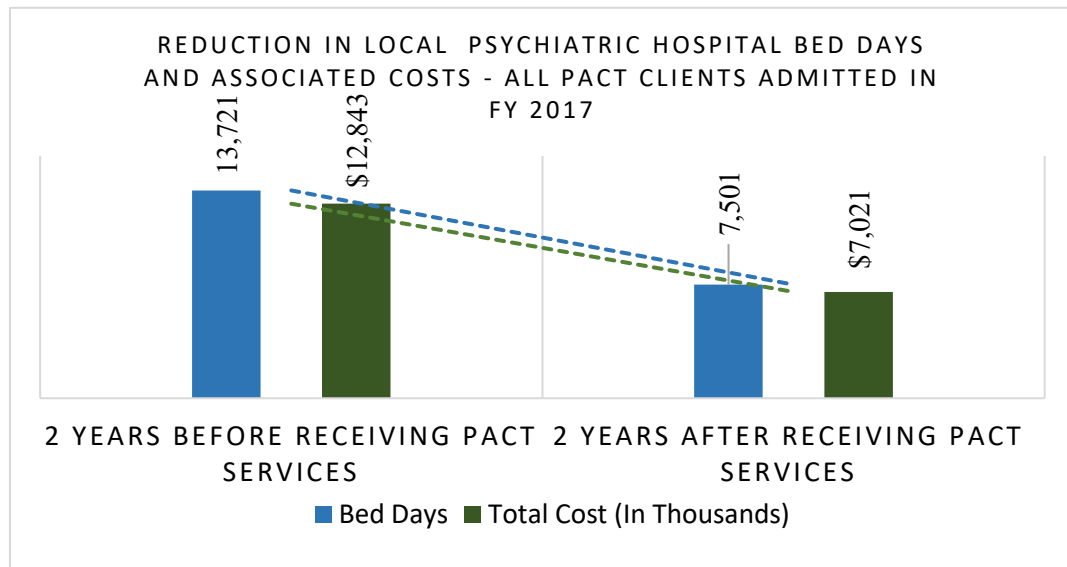


FIGURE 3: REDUCTION IN LOCAL PSYCHIATRIC HOSPITAL BED DAYS AND ASSOCIATED COSTS - ALL PACT CLIENTS ADMITTED IN FY19

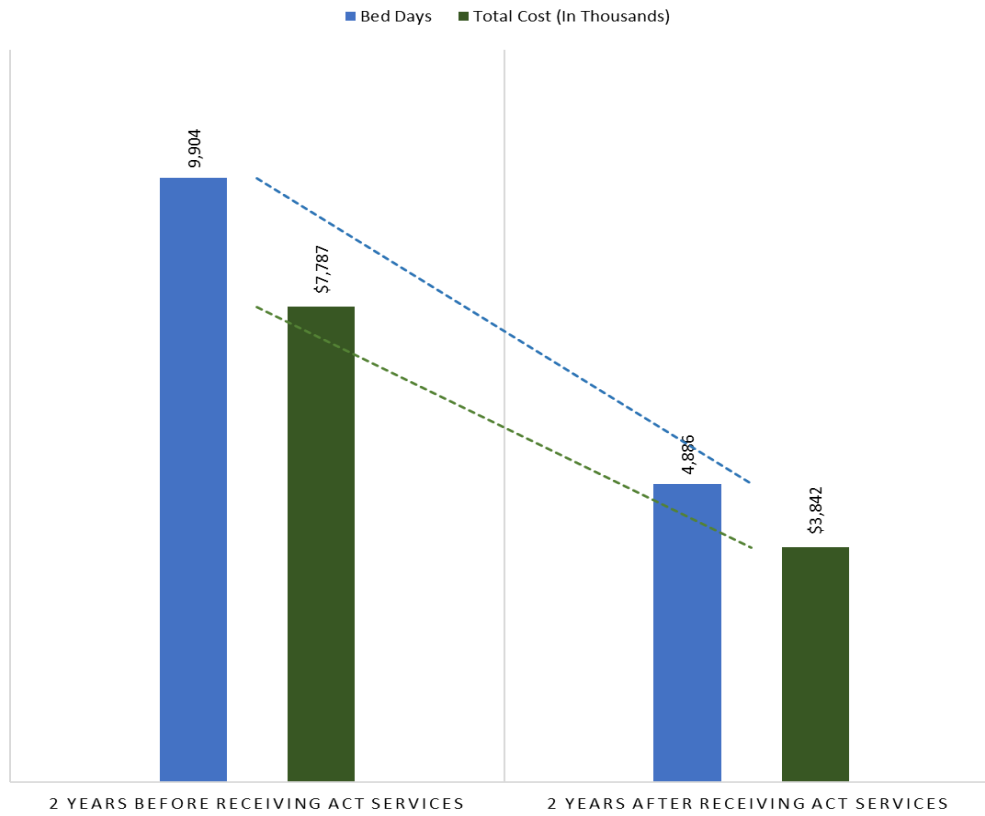
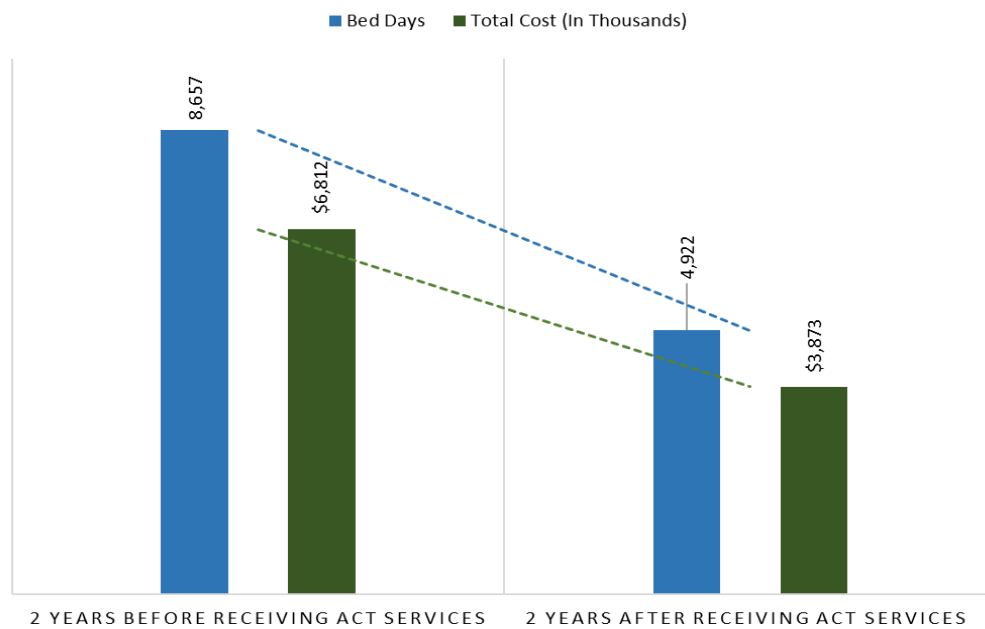
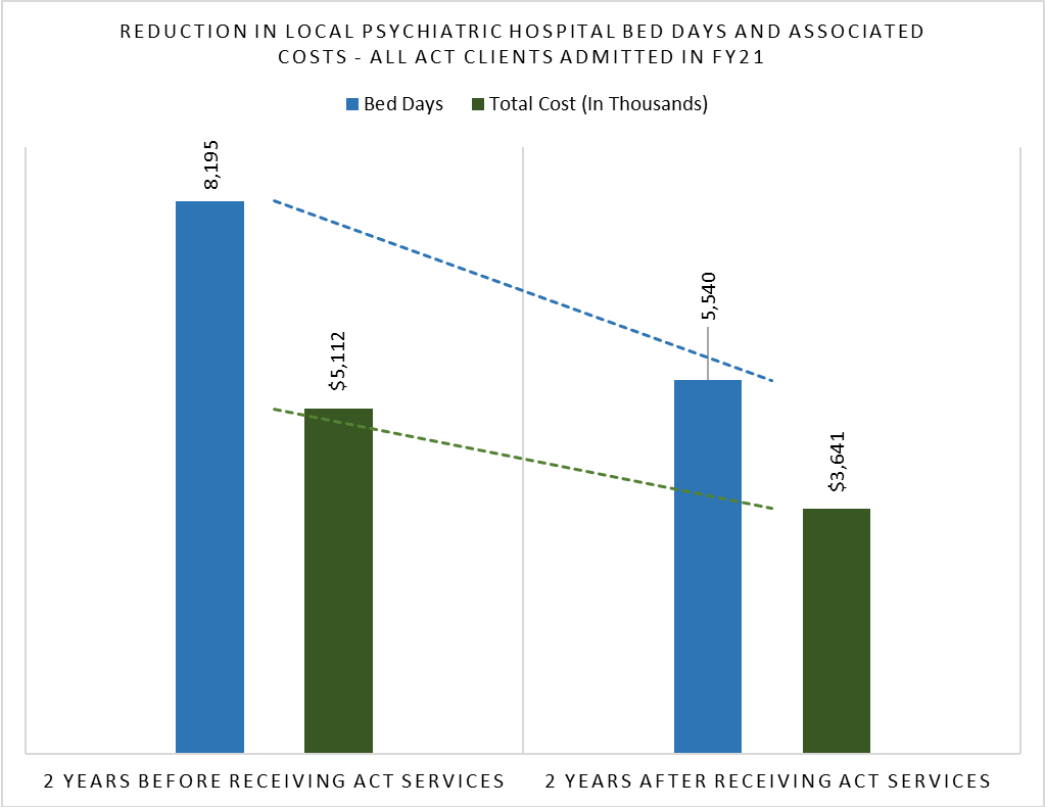


FIGURE 3: REDUCTION IN LOCAL PSYCHIATRIC HOSPITAL BED DAYS AND ASSOCIATED COSTS - ALL ACT CLIENTS ADMITTED IN FY20





Days Spent in Confinement Reduction

