



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
The Honorable R. Creigh Deeds, Chair, Behavioral Health Commission

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

RE: Item 295 QQ, 2024 Special Session I Appropriations Act

Item 295 QQ of the 2024 Special Session I Appropriations Act directs the Department of Behavioral Health and Developmental Services to report on the unmet needs for System Transformation Excellence and Performance (STEP-VA) annually. The language reads:

QQ. The Department of Behavioral Health and Developmental Services (DBHDS) shall: (i) conduct a needs assessment to determine the unmet need for each of the nine service components of STEP-VA; (ii) develop an estimate of the cost of satisfying the unmet need for each of the nine STEP-VA service components statewide; and (iii) report on their findings to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees and to the Behavioral Health Commission by December 1, 2024.

Please find enclosed the report in accordance with Item 295 QQ. DBHDS staff are available should you wish to discuss this request.

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



Virginia Department of Behavioral Health
and Developmental Services

Unmet Needs and Cost Assessment for STEP-VA

(Item 295 QQ, 2024 Special Session I, Appropriations Act)

December 1, 2024

DBHDS Vision: A Life of Possibilities for All Virginians

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Item 295 QQ Unmet Needs for STEP-VA

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Executive Summary

STEP-VA is a set of services provided by the Community Services Boards (CSBs) to individuals in Virginia. The design of the program was inspired by the Certified Community Behavioral Health Clinic (CCBHC) model. Both STEP-VA and CCBHC aim to provide consistent, high-quality behavioral health services. Despite significant progress, there are several areas where Virginia's CSBs are not yet current with expected STEP-VA outcomes. DBHDS continues to define the requirements for STEP-VA and has put more emphasis on encouraging evidence-based practices (EBPs). Additionally, as the CCBHC model continues to evolve, and the federal government highlights new criteria for CCBHCs, there will be a continued need for investment from the Commonwealth and for alignment with federal requirements. This is especially true if the Commonwealth continues to pursue the federally identified best practices of CCBHC.

To address these gaps, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) used cost and utilization data from CSBs, based on federal cost-reporting standards, to calculate expenses. DBHDS reviewed the data provided by CSBs in conjunction with workforce data and inpatient hospitalization data. The assessment identified some workforce deficits, funding needs for private provider support, and unmet demand for telehealth expansion, particularly in rural areas where access to psychiatric care is limited. **However, these results are preliminary due to the following limitations:**

1. Need for additional review and revision of the cost report format to improve consistency in submissions from CSBs
2. Lack of alignment between Federal Cost Report classification of employee roles and CSB classification of employee roles
3. Lack of adequate time and resources to provide Technical Assistance to CSBs completing the cost report to support quality submissions and address issues of misinterpretation of cost report instructions
4. Lack of adequate time for the state to reconcile with CSB submissions (DBHDS had only six months to complete a cost report and needs assessment for all 40 CSBs) as well as ability to reconcile against their certified financial statements

DBHDS suggests allowing for more time to work through these data issues to better refine the information, as well as to allow DBHDS time to receive initial electronic health record (EHR) data utilizing the Data Exchange. The Data Exchange is currently being developed by the CSBs and DBHDS, with a scheduled go-live date of July 2025.

Preliminary data highlights the funding gap and workforce shortages that limit the capacity of CSBs. The CSBs reported an estimated need of 773 additional full-time employees and compensation adjustments totaling \$135 million in direct costs (personnel and supplies) to meet community demands. Furthermore, the CSBs have identified \$37 million for administrative and overhead expenses, including facility upgrades and administrative support. It is important to

emphasize that a review of data completed by DBHDS, as well as comments by CSBs, indicated that data provided by the CSBs potentially lacked validity and further refinement is needed.

Other factors to consider when evaluating any potential timeline for the continued implementation of the STEP-VA model in Virginia:

1. **Changing STEP-VA Requirements** - DBHDS has continued to work with the CSBs on requirements related to needed evidence-based practices. In addition, federal CCBHC requirements have continued to evolve since when STEP-VA was created. Additional time is needed to review newly established performance measures and the results of the CSBs. DBHDS has provided a side-by-side comparison of where STEP-VA requirements are the same or different than CCBHC (Appendix 1).
2. **Investments in Crisis Options** – The Governor the General Assembly have provided significant investments in the crisis continuum over the last two budgets. These investments will take time to come to fruition and will provide benefits for the current populations that the CSBs serve.
3. **Medicaid Redesign** - The Virginia Department of Medical Assistance Services, as directed by the General Assembly, is currently redesigning rates and requirements for Behavioral Health Medicaid services. As the majority of the CSB clients have Medicaid, these prospective changes will have a significant impact on the types of services the CSBs provide.

DBHDS recommends allowing additional time for the implementation of the Medicaid Redesign, collection of data from newly established performance measures, and further refining of the cost report data before additional decisions are made on funding.

Background

Over the past several years, DBHDS has worked to define STEP-VA, drawing inspiration from the federal CCBHC model. The federal government requires meeting several basic criteria to qualify as a CCBHC but provides the state with flexibility to comply with requirements as part of a phased implementation. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) defines CCBHCs under the following requirements:

CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age. This includes developmentally appropriate care for children and youth. CCBHCs must meet standards for the range of services they provide and are required to get people into care quickly. The CCBHC model requires:

- Crisis services be available 24 hours a day, seven days a week.
- Comprehensive behavioral health services to be available so people who need care do not have to piece together the behavioral health support they need across multiple providers.

- Care coordination to be provided to help people navigate behavioral health care, physical health care, social services, and the other systems they are involved in.

Directly or through formal partnership, CCBHCs are required to provide:

1. Crisis Services
2. Outpatient Mental Health and Substance Use Services
3. Person- and Family-Centered Treatment Planning
4. Community-Based Mental Health Care for Veterans
5. Peer Family Support and Counselor Services
6. Targeted Care Management
7. Outpatient Primary Care Screening and Monitoring
8. Psychiatric Rehabilitation Services
9. Screening, Diagnosis and Risk Assessment

The CCBHC model contains many requirements. STEP-VA has adopted some but not all of these requirements for varying reasons. Tables in Appendix 1 provide a comparison of current state requirements for STEP-VA and the most recent federal requirements for CCBHC.

The nine core services in STEP-VA are:

1. Same Day Access
2. Primary Care Screening
3. Outpatient Services
4. Crisis Services
5. Peer and Family Services
6. Service Members, Veterans, and their Families (SMVF)
7. Psychiatric Rehabilitation
8. Case Management
9. Care Coordination

Virginia has used a combination of Evidence Based Practices (EBPs) and service codes to define STEP-VA (see Appendix 2). The agency recently adopted changes to these definitions in collaboration with the CSBs through the STEP-VA Advisory Council (STAC), to be incorporated in FY 2026 Performance Contracts. Those changes are detailed below.

Same Day Access

To align with CCBHC best practices, and to better meet Virginia's community need, performance contracts for FY 2026 will be updated to include CCBHC best practice verbiage for "Timely Access/ISERV" as well as the current Same Day Access verbiage. Boards will have flexibility to choose which process meets the needs of their community best. During site visits and listening sessions, many CSBs reported that more individuals request same day services than their staff have the capacity to support. New language consistent with the CCBHC best practice for timely access includes the use of a risk assessment for all individuals requesting services to determine when the comprehensive needs assessment will be administered based on severity of clinical need. For instance, someone with urgent needs, as per CCBHC expectations, should be seen within one business day for the comprehensive needs assessment, whereas someone with less

urgent needs should be seen within ten business days for the comprehensive needs assessment. Individuals in crisis will be immediately routed to emergency services.

Outpatient Services

In alignment with CCBHC best practice criteria, a list of minimally required Evidence Based Practices (EBPs) for the outpatient steps was developed. Beginning in FY 2026, all CSBs will be required to offer and have staff trained in the following EBPs: Motivational Interviewing, Cognitive Behavioral Therapy, and Medication (Psychiatric) Management, to include long-acting injectable psychotropic medications. An additional list of recommended EBPs was developed (to be utilized in addition to the required EBPs), wherein the CSBs are required to offer at least one based on community need.

Psychiatric Rehabilitation Services

A new list of allowable Psychiatric Rehabilitation EBPs was created, which included Assertive Community Treatment and Mental Health Skill Building, among others. The CSBs must utilize at least one of these allowable EBPs. This list and related expectations will be included in the Exhibit D, effective FY 2026.

Supported Employment (SE) is required by CCBHC best practices criteria. A survey was utilized to determine which components of SE boards are offering, or if they already have SE programs at fidelity. Based on lengthy discussions and the survey, DBHDS and the CSBs will work towards requiring tiers of SE implementation starting with the FY 2027 performance contracts. Of note, SE requires additional funding and/or contracts with community partners (Designated Collaborating Organization, or DCOs) to perform this service with quality and to fidelity. SE was not accounted for in the current cost report as this requirement is relatively new to CCBHC and is generally under-utilized in CSB Behavioral Health service provision. Cost and programmatic expectations for SE will be an ongoing discussion at STAC; and with the Department for Aging and Rehabilitative Services, which currently funds and supports these services.

Both Mental Health Skill Building and Psychosocial Rehabilitation Medicaid services support this STEP. The impact of the redesign of these services to the Psychiatric Rehabilitation STEP is not yet known but may be significant.

Peer and Family Services

A mandatory training for all clinical staff on the usefulness of utilizing Peer Services will be developed and implemented. This training will be required for all clinical staff at onboarding and annually beginning with the FY 2026 Performance Contract. A survey was conducted to better understand which CSB programs currently have peers embedded and how boards can expand this service. Similarly, a renewed focus will be on the increase of Family Support Partners within the CSBs.

Case Management

The definition for the target population of Case Management was finalized. The new definition includes those who meet Department of Medical Assistance Services (DMAS) criteria of Serious Mental Illness (SMI) and/or substance use disorder (SUD), and Serious Emotional Disturbance (SED) in children which will be included in the FY 2026 Performance Contract. This is

consistent with CCBHC best practice criteria requiring a defined target population for Case Management. Programmatic expectations currently utilized by CSBs align with the CCBHC model. It should be noted that DMAS is currently redesigning their Targeted Case Management SMI and SED services. The impact of the redesign to the Case Management STEP is not yet known but may be significant.

Care Coordination

The definition of Care Coordination was finalized utilizing definitions from CCBHC and DMAS. Care Coordination is commonly known as the “golden thread” of all service provision within STEP-VA and CCBHC. Care Coordination should be utilized as early as pre-assessment and throughout someone’s treatment experience to promote better outcomes for the whole person. DMAS Managed Care Organizations provide Care Coordination for their members with significant health care needs, as identified by a Health Assessment. In accordance with STEP-VA and CCBHC best practices criteria, Care Coordination is to be provided to all service recipients, regardless of their insurance status or ability to pay. However, Care Coordination is not currently a billable service. There is a need for continued build out of funding mechanisms and programmatic expectations for this service.

Medicaid Redesign Changes

The Department of Medical Assistance Services was directed to engage in service redesign to replace legacy services including Targeted Case Management, Mental Health Skill Building, Psychosocial Rehabilitation, Intensive In-Home Services, and Therapeutic Day Treatment with new tiered services. The redesign will include implementation of new programmatic changes to service definitions, prior authorization and utilization review criteria, provider qualifications, and reimbursement rates. As noted above, it is likely that major changes to the DMAS Targeted Case Management SMI and SED, Mental Health Skill-Building, and Psychiatric Rehabilitation Services structure and provision requirements will occur. To maintain Medicaid billing eligibility, CSBs will need to make programmatic changes with budgetary implications. The work of redesign is still ongoing so it cannot be said with confidence what additional resources would be necessary for the CSBs to further transform their current array of services under STEP-VA. Planned service changes and rate structures will be available at the end of FY 2025 and the changes are planned to be implemented by July 2026.

Current Funding

Table 1 shows the FY 2024 appropriation for STEP-VA by CSB. Some of the funding streams have been allocated to regional entities for crisis, as a regional approach is warranted.

Table 1.

Community Services Board	STEP-VA	Regional STEP-VA	Total STEP-VA
Alexandria Community Services Board	\$1,682,410	\$0	\$1,682,410
Alleghany Highlands Community Services	\$1,507,153	\$0	\$1,507,153
Arlington Community Services Board	\$2,123,344	\$0	\$2,123,344
Horizon Behavioral Health	\$2,332,685	\$0	\$2,332,685
Chesapeake Community Services Board	\$1,784,377	\$0	\$1,784,377

Chesterfield Community Services Board	\$2,223,688	\$0	\$2,223,688
Colonial Behavioral Health	\$1,546,675	\$0	\$1,546,675
Crossroads Services Board	\$1,887,874	\$0	\$1,887,874
Cumberland Mountain Community Services	\$1,812,667	\$0	\$1,812,667
Danville-Pittsylvania Community Services	\$2,115,384	\$0	\$2,115,384
Dickenson County Behavioral Health Services	\$1,536,543	\$0	\$1,536,543
Eastern Shore Community Services	\$1,723,826	\$0	\$1,723,826
Fairfax-Falls Church Community Services Board	\$3,336,782	\$7,785,118	\$11,121,900
Goochland-Powhatan Community Services	\$1,562,347	\$0	\$1,562,347
Hampton-Newport News Community Services Board	\$2,688,340	\$121,300	\$2,809,640
Hanover County Community Services Board	\$1,487,115	\$0	\$1,487,115
Harrisonburg-Rockingham Community Services Board	\$1,789,838	\$0	\$1,789,838
Henrico Area MH & Developmental Services	\$2,079,356	\$0	\$2,079,356
Highlands Community Services	\$2,276,994	\$0	\$2,276,994
Loudoun County Community Services Board	\$1,726,406	\$0	\$1,726,406
Middle Peninsula-Northern Neck CSB	\$1,964,377	\$0	\$1,964,377
Mt. Rogers Community MH&MR Services Board	\$2,049,824	\$0	\$2,049,824
New River Valley Community Services	\$2,128,605	\$5,875,407	\$8,004,012
Norfolk Community Services Board	\$2,175,839	\$0	\$2,175,839
Northwestern Community Services	\$2,153,439	\$0	\$2,153,439
Piedmont Community Services	\$1,998,870	\$0	\$1,998,870
Planning District 1 Behavioral Health Services	\$2,026,178	\$379,453	\$2,405,631
District 19 Community Services Board	\$2,221,063	\$0	\$2,221,063
Portsmouth Dept. of Behavioral Healthcare Services	\$1,662,312	\$0	\$1,662,312
Prince William County Community Services Board	\$2,767,888	\$0	\$2,767,888
Rappahannock Area Community Services Board	\$3,229,797	\$0	\$3,229,797
Rappahannock-Rapidan Community Services Board	\$2,356,274	\$0	\$2,356,274
Region Ten Community Services Board	\$2,167,475	\$6,825,844	\$8,993,319
Richmond Behavioral Health Authority	\$2,832,244	\$5,586,817	\$8,419,061
Blue Ridge Behavioral Healthcare	\$2,786,408	\$159,000	\$2,945,408
Rockbridge Area Community Services	\$1,641,274	\$0	\$1,641,274
Southside Community Services Board	\$1,710,763	\$0	\$1,710,763
Valley Community Services Board	\$1,745,878	\$0	\$1,745,878
Virginia Beach Department of Human Services	\$2,860,018	\$0	\$2,860,018
Western Tidewater Community Services Board	\$2,912,464	\$6,706,904	\$9,619,368

Methodology

To evaluate future funding requests and impact of requirements, DBHDS used a modified version of the federal cost report for CCBHC to account for differences in the STEP-VA program. The principles of the cost report related to determining valid expenses are that the expenses must be (1) reasonable, (2) consistent, (3) necessary, (4) Generally Accepted Accounting Principles (GAAP) Based, and (5) adequately documented.

The CSBs were asked to use the provided cost report and fill out information based on their certified FY 2023 data. The cost report is made up of three main components:

1. Reported expenses for a given fiscal year (FY 2023)
2. Service Level Information from the CSBs Electronic Health Record (FY 2023)
3. Projected costs related to additional need in their area

The CSBs were given training and guidance during the summer of 2024 to complete the cost report. DBHDS requested that the CSBs use their FY 2023 certified financial statements to complete the cost report expenditure data. At their request, the CSBs were also permitted to add in costs and budgeted FTEs related to FY 2024, however, there were no certified financial statements available for FY 2024 at the time the cost reports were completed. The CSBs were instructed to forecast additional need based on the requirements given to them by DBHDS.

DBHDS received self-reported cost and utilization data from 37 Community Service Boards (CSBs) participating in the STEP Virginia (STEP-VA) program to guide budget requests with cost-based data designed to inform DBHDS of the resource needs of CSBs to meet community need of STEP-VA services. To collect this data in a uniform matter, DBHDS developed a cost report template based on federal cost principles from Title 2, subpart E of the Code for Federal Regulations (CFR). The cost report template was loosely designed to mirror the federal CCBHC cost report template.

Workforce Needs Summary

CSBs identified an additional 773 full time equivalent (FTE) staff and \$135 million for staff salaries, necessary salary actions, and recruitment strategies to meet projected future need to align with STEP-VA. In addition, the CSBs requested \$37 million in non-personnel costs for administrative, facility, and non-personnel direct service costs.

STEP-VA Workforce Evaluation

Data on CSBs from DBHDS and CSB STEP-VA Cost Report submissions were used to develop a CSB STEP-VA Workforce Evaluation. DBHDS created the STEP-VA Cost Report Template to obtain information from CSBs on the provision of STEP-VA services to inform budget requests.

The STEP-VA Cost Report collects actual and projected costs of the STEP-VA program for costs that meet federal and state cost reporting principles mentioned previously. Technical assistance sessions on how to complete the report were provided and recorded for each CSB.

DBHDS used the CSB Cost Report submission and additional DBHDS CSB data to conduct a workforce evaluation to inform the STEP-VA Needs Assessment. The workforce evaluation included information from DBHDS such as:

- CSB Behavioral Health Inpatient Stays
- Behavioral Health Inpatient Stays, per 1000 population
- Numbers of individuals committed by a temporary detention order, per 1,000 population

The DBHDS information was combined with workforce and STEP-VA Staffing information provided by CSBs via their cost reports. Cost report information included (but was not limited to) information on:

- Individuals Served by STEP-VA Services
- Daily visit totals
- Total CSB full-time-equivalents (FTEs)
- Direct STEP-VA FTEs
- Information on additional STEP-VA FTEs needed to support the program, meet community needs and DBHDS's quality goals

DBHDS performed a desk review on each of the cost reports, which were received from 37 CSBs. Training and technical assistance were offered and provided to CSBs; however, several CSBs misinterpreted the instructions. This resulted in some data integrity issues or incomplete submissions. Eight of the 37 CSB Cost Reports had incomplete information. At least two CSBs reported a questionable STEP-VA Unduplicated Patient Count. A variety of CSBs also reported STEP-VA FTE counts that were disproportionate for the population size. Details on the results of each desk review and recommendations for moving forward are included in the Analysis by CSB section of this report.

Observations and Recommendations: All Submitting CSBs

The workforce evaluation included a review of cost reports of 28 CSBs and demonstrated some opportunity areas for the STEP-VA program. As noted above, despite training and available technical assistance, several CSBs misinterpreted the instructions causing data integrity issues or incomplete submissions. The evaluators thus caveat the findings below as general trends rather than explicit findings. Table 2 provides analysis and recommendations for several CSB workforce categories. FTEs include individuals directly employed by CSBs, as well as contractors. Currently, just six of the CSBs indicate they have outsourced some FTEs supporting the STEP-VA program which may reflect challenges in partnering with DCOs. This is discussed further in the next section.

Table 2.

Workforce Category	Findings	Opportunities and Recommendations
Psychiatrists-Adult	10 CSBs report no adult psychiatrist FTEs and of the FTE's submitted across the 28 CSBs, 41.7% of all Psychiatrist FTEs are with Fairfax Fall Church CSB	<ul style="list-style-type: none"> • Psychiatrists represent one of the more costly positions within community behavioral health programs and shortages are not exclusive to Virginia. Include funding support for adult psychiatrists in STEP-VA program • Implement and incentivize the use of telehealth to extend the reach of psychiatrist services across CSBs- especially those in rural areas
Psychiatrists-Child	19 CSBs report no child psychiatrist FTEs and of the FTEs submitted across the 28	<ul style="list-style-type: none"> • Psychiatrists represent one of the more costly positions within community behavioral health

	CSBs with no CSB reporting more than 1.10 FTEs for this category	<p>programs and shortages are not exclusive to Virginia Include funding support for child psychiatrists in STEP-VA program.</p> <ul style="list-style-type: none"> Implement and incentivize the use of telehealth to extend the reach of psychiatrist services across CSBs- especially those in rural areas
Psychiatric Nurse	4 CSBs reporting no psychiatric nurse FTEs. Two CSBs report no psychiatrists nor psychiatric nurse FTEs.	<ul style="list-style-type: none"> Include funding support for psychiatric nurses in STEP-VA program
Substance Abuse Specialist	16 CSBs report no Substance Abuse Specialist FTEs.	<ul style="list-style-type: none"> Although other licensed clinicians and mental health professionals can and may provide substance treatment services, individuals with substance use disorders are a population expected to increase under the STEP-VA program so building capacity is critical. This is likely a data error as certain service codes for substance use treatment were not included in the cost report.
Licensed clinical social worker	2 CSBs reported markedly low licensed clinicians FTEs (2 or less) which may have been a data submission error. Ratios of licensed clinicians to unduplicated individuals receiving STEP-VA services varied widely from a low of 1:33 to high of 1:8678	<ul style="list-style-type: none"> Across the CSBs reporting, licensed professionals were well represented across these categories, with licensed marriage and family therapist representing the smallest cohort (as expected). Though there were data validation concerns, this cohort of professionals are core MH providers who provide specialized consulting and diagnostic services critical to the STEP-VA program and including funding to support the hiring and retention of these professionals will be important to the success of STEP-VA.
Licensed mental health counselor		
Licensed marriage and family therapist		
Mental Health Professional	5 CSBs reported no MH Professional FTEs and an additional five CSBs reported MH Professional FTEs at such low levels that data validity was questioned. MH Professionals represent a core mental health service provider category and generally represent one of the key service provider types in a CSB.	<ul style="list-style-type: none"> Though there were data validation concerns, this cohort of professionals are core MH providers who provide many of the core STEP-VA services and including funding to support the hiring and retention of these professionals will be important to the success of STEP-VA.
Case Manager	<p>3 CSBs reported no Case Manager FTEs and 4 reported FTEs too low to support the membership size suggesting data submission errors as case management is a core CSB and STEP-VA service.</p> <p>Case Manager to individuals receiving STEP-VA services ratios ranged from 1:73 to 1:9800. Generally, case manager to member ratios range from 1:75 for high-acuity, high-needs populations to 1:250</p>	<ul style="list-style-type: none"> Though there were data validation concerns, this cohort of behavioral health staff who provide critical case management supports to STEP-VA participants. Including funding to support the hiring and retention of these professionals will be important to the success of the program.

	for populations who are more stabilized and need less supports.	
Peer Specialist	Only 1 CSB reported no peer specialist FTEs. Overall, peer specialists were well represented in the FTE counts for CSBs.	<ul style="list-style-type: none"> • These staff have lived experience and support members in their treatment plan. Including funding to support the training and hiring of this category should be considered.
Family Support Specialist	Only 7 CSBs reported FTEs for this category with a total of 9.42 FTEs in this category. These staff provide peer level support and lived experience for families much like peer specialists, support members in their treatment plan.	<ul style="list-style-type: none"> • These staff provide peer level support and lived experience for families much like peer specialists support members in their treatment plan. Including funding to support the training and hiring of this category should be considered.
Recovery Coach (Peer Recovery Specialists)	25 CSBs reported no FTEs for this staff category and the total for the 3 reporting CSBs was 10.96 FTEs.	

Designated Collaborating Organizations

STEP-VA is designed to offer Virginians access to consistent, comprehensive, high-quality community-based services for those facing mental health and substance use issues. The 40 CSBs serve as the primary point of entry into Virginia’s public mental health system and are the primary provider of services and supports to individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED). The STEP-VA program requires CSBs to offer a comprehensive array of mental health services to serve members across a variety of mental health needs.

A CSB may enter into formal partnerships with a Designated Collaborating Organization (DCO) to perform certain required STEP-VA services that the CSB does not provide to ensure individuals receiving STEP-VA services have access to all required services. DCO arrangements require a formal relationship between the CSB and the DCO organization and obligates the CSB to ensure that the DCO provides services under the same requirements of the STEP-VA program. In a DCO arrangement, the CSB maintains clinical responsibilities for individuals receiving STEP-VA services who access DCO services and serves as the billing provider for the STEP-VA services.

According to the CCBHC model, the purchase of required CCBHC services from DCOs must be documented in a written agreement. Consumers receiving CCBHC services from DCO personnel under the contract are considered CCBHC consumers. The CCBHC is responsible for billing third-party payors – including Medicare, Medicaid, and private insurers – for services rendered under contract by the DCO. As a result, the CCBHC must obtain from the DCO adequate records and documentation of services rendered for billing third parties. Additionally, the CCBHC is responsible for ensuring that consumer fees and cost-sharing for services rendered by the DCO under the contract are collected. This can be achieved through a variety of approaches, including contractually delegating to the DCO the collection of consumer fees and cost-sharing at the point of service. Finally, the CCBHC must pay a fee to the DCO for services purchased under the agreement.

DBHDS recommends that the Commonwealth look at adopting these types of DCO relationships between CSBs and providers. DBHDS is also recommending that any fees to be collected by a DCO from a CSB from state funds should reflect an objective estimation of fair market value. Documentation of the fair market value basis for the consideration should be retained for review by DBHDS in the performance contract. The estimation of fair market value could be based on salary surveys, fee schedules, or the historic costs to the DCO of furnishing the type of services rendered under the contract.

Just six of the CSBs indicate they have outsourced some FTEs supporting the STEP-VA program which may reflect challenges in partnering with DCOs. In reviewing statements from other states, CCBHC providers have found it challenging to execute DCO relationships operationally. The arrangement requires the CCBHC to maintain clinical oversight and billing responsibilities for DCO services. According to national experts, providers have had challenges in several areas:

- Underestimating the administrative resources required to maintain a DCO partnership
- Developing and implementing a referral process
- Integrating Electronic Medical Record (EMR) systems to share medical records and other patient information
- Developing accurate reporting and tracking mechanisms for patients seen by the DCO
- Implementing a payment process and cadence to support the DCOs cash-flows
- Accurately estimating referral volume for the DCO
- Accurately reporting DCO visits on the CCBHC cost reports
- Establishing DCO joint operating meetings on a regular cadence
- Auditing and providing oversight of DCOs to ensure fidelity to the model and standard of care

Despite these challenges DBHDS recommends that the CSBs as the public safety net providers pursue such relationships to augment existing capacity to provide services to the individuals in their communities.

Cost Report Results

As previously stated, DBHDS received cost reports from 37 of the 40 CSBs. Additionally, there were errors on the reports that could not be rectified in time for the required date of completion of this report. DBHDS conducted desk reviews of the data and found the validity in some to be questionable. As a result, descriptive statistics are not available for the report, however the following table contains the results of the cost reports as provided by the CSBs. Direct Expenses in the table are defined as an item that involves service delivery. (See Appendix 3 for additional descriptions). All of this information is based on self-reported information by CSBs (See Table 3 and Table 4).

Table 3.

	Reported STEP VA Direct Expenses FY 2023	Projected Compensation Resources	Projected Additional Direct FTE	Projected CSB FTE Costs	Direct costs other than labor	Projected Outsourced Costs	Total Direct Costs
Alleghany Highlands Community Services	\$2,607,189	0	0	0	\$369,818	\$141,647	\$511,465
Arlington Community Services Board	\$3,788,625	\$273,785	4	\$346,522	\$30,000	\$0	\$650,307
Blue Ridge Behavioral Healthcare	\$1,706,994	\$270,563	0	0	\$0	\$0	\$270,563
Chesapeake Community Services Board	\$7,248,514	\$273,000	3	\$37,500	\$13,000	\$0	\$323,500
Chesterfield Community Services Board	\$14,328,641	\$901,098	0	0	\$0	\$0	\$901,098
Colonial Behavioral Health	\$7,363,546	0	30	\$2,371,390	\$0	\$0	\$2,371,390
Crossroads Services Board	\$854,838	\$130,229	11.5	\$938,464	\$0	\$90,925	\$1,159,618
Cumberland Mountain Community Services	\$9,293,880	\$415,521	30	\$2,181,388	\$170,868	\$0	\$2,767,777
Danville-Pittsylvania Community Services	\$9,242,333	\$8,807,776	0	0	\$0	\$0	\$8,807,776
Dickenson County Behavioral Health Serv.	\$1,641,199	\$83,629	5	\$318,780	\$0	\$0	\$402,409
District 19 Community Services Board	\$5,612,875	\$7,487,355	0	\$634,846	\$10,842	\$2,296	\$8,135,339
Eastern Shore Community Services	\$5,077,719	0	0	0	\$0	\$0	\$0
Rappahannock-Rapidan Community Svs. Bd.	\$5,908,626	\$250,526	5	\$377,653	\$0	\$0	\$628,179
Fairfax-Falls Church Community Services Bd.	\$79,725,475	\$1,970,440	0	\$0	\$0	\$0	\$1,970,440
Hampton-Newport News Community Svs Bd	\$11,561,513	\$2,845,218	3	\$341,556	\$0	\$0	\$3,186,774
Hanover County Community Services Board	\$716,326	\$0	0	\$0	\$0	\$0	\$0
Harrisonburg-Rockingham Community Svs. Bd.	\$5,384,992	\$1,379,700	0	\$0	\$472,183	\$14,399	\$1,866,282
Henrico Area MH & Developmental Services	\$21,227,846	\$869,409	0	\$0	\$0	\$0	\$869,409
Highlands Community Services	\$14,882,163	\$2,414,467	153.42	\$10,817,931	\$367,037	\$0	\$13,599,435
Horizon Behavioral Health	\$15,295,348	\$954,618	49	\$3,449,115	\$83,355	\$0	\$4,487,088
Loudoun County CSB	\$14,738,363	\$1,014,817	19	\$2,426,913	\$725,000	\$14,522,150	\$18,688,880

Middle Peninsula-Northern Neck CSB	\$8,027,414	\$244,361	0	\$0	\$0	(\$226,400)	\$17,961
Mt. Rogers Community MH&MR Services Bd.	\$27,555,765	\$788,031	194	\$13,276,050	\$65,859	\$163,732	\$14,293,672
New River Valley Community Services	\$24,887,400	\$28,902,050	52.25	\$3,517,817	\$2,595,424	\$2,744,941	\$37,760,232
Norfolk Community Services Board	\$673,174	\$166,165	15.5	\$1,336,988	\$148,160	\$0	\$1,651,313
Northwestern Community Services	\$3,807,713	\$120,070	26	\$2,131,668	\$26,000	\$0	\$2,277,738
Piedmont Community Services	\$16,556,073	0	0	\$0	\$294,000	\$100,000	\$394,000
Planning District 1 Behavioral Health Services	\$1,309,465	\$0	27.64	\$1,454,272	\$3,750	\$0	\$1,458,022
Portsmouth Dept. of Behavioral Healthcare Serv.	\$3,193,999	\$663,966	0	\$0	\$0	\$0	\$663,966
Prince William County Community Services Bd.	\$41,088,185	0	0	\$0	\$0	\$0	\$0
Rappahannock Area Community Services Board	\$1,937,892	\$707,198	1	\$99,701	\$0	\$0	\$806,899
Richmond Behavioral Health Authority	\$6,816,173	\$6,225,984	82.25	\$789,792	\$18,767	\$66,722	\$7,101,265
Rockbridge Area Community Services	\$2,997,715	\$543,514	7.5	\$453,000	\$103,799	\$150,000	\$1,250,313
Southside Community Services Board	\$6,023,669	0	0	\$0	\$621,808	\$0	\$621,808
Valley Community Services Board	\$8,645,114	\$16,033,483	30	\$0	\$850,716	\$0	\$16,884,199
Virginia Beach Department of Human Services	\$6,984,969	\$346,112	0	\$0	\$174,836	\$180,686	\$701,634
Western Tidewater Community Services Board	\$19,111,693	\$173,608	15	\$790,000	\$23,447	\$53,845	\$1,040,900
Total Resources	\$417,823,418	\$85,256,693	764	\$48,091,346	\$7,168,670	\$18,004,943	\$158,521,652

Table 4.

	Administrative Costs - Facilities	Administrative Costs - General Admin	Total Indirect	Grant Total Indirect + Direct Identified
Alleghany Highlands Community Services	\$54,466	\$1,445,056	\$1,499,522	\$2,010,987
Arlington Community Services Board		\$123,500	\$123,500	\$773,807
Blue Ridge Behavioral Healthcare			\$0	\$270,563
Chesapeake Community Services Board			\$0	\$323,500
Chesterfield Community Services Board			\$0	\$901,098

Colonial Behavioral Health		\$269,000	\$269,000	\$2,640,390
Crossroads Services Board			\$0	\$1,159,618
Cumberland Mountain Community Services	\$110,929	\$285,106	\$396,034	\$3,163,811
Danville-Pittsylvania Community Services			\$0	\$8,807,776
Dickenson County Behavioral Health Serv.			\$0	\$402,409
District 19 Community Services Board	\$15,935	\$57,601	\$73,536	\$8,208,875
Eastern Shore Community Services	\$110,000	\$195,000	\$305,000	\$305,000
Rappahannock-Rapidan Community Svs. Bd.	\$0	\$0	\$0	\$628,179
Fairfax-Falls Church Community Services Bd.			\$0	\$1,970,440
Hampton-Newport News Community Svs Bd		\$773,299	\$773,299	\$3,960,073
Hanover County Community Services Board	\$35,000	\$70,500	\$105,500	\$105,500
Harrisonburg-Rockingham Community Svs. Bd.			\$0	\$1,866,282
Henrico Area MH & Developmental Services			\$0	\$869,409
Highlands Community Services	\$547,885	\$1,082,701	\$1,630,587	\$15,230,022
Horizon Behavioral Health	\$639,557		\$639,557	\$5,126,645
Loudoun County CSB			\$0	\$18,688,880
Middle Peninsula-Northern Neck CSB	\$53,506	\$820,778	\$874,284	\$892,245
Mt. Rogers Community MH&MR Services Bd.	\$5,238,253	\$668,205	\$5,906,458	\$20,200,130
New River Valley Community Services	\$488,314	\$1,189,072	\$1,677,386	\$39,437,618
Norfolk Community Services Board	\$778,881	\$3,837,696	\$4,616,577	\$6,267,891
Northwestern Community Services	\$90,753	\$261,300	\$352,053	\$2,629,791
Piedmont Community Services	\$101,850	\$534,450	\$636,300	\$1,030,300
Planning District 1 Behavioral Health Services	\$7,500	\$378,151	\$385,651	\$1,843,673
Portsmouth Dept. of Behavioral Healthcare Serv.			\$0	\$663,966
Prince William County Community Services Bd.			\$0	\$0
Rappahannock Area Community Services Board	\$11,159	\$77,264	\$88,423	\$895,322
Richmond Behavioral Health Authority	\$399,641	\$1,607,364	\$2,007,005	\$9,108,270
Rockbridge Area Community Services	\$712,781	\$2,548,167	\$3,260,948	\$4,511,261
Southside Community Services Board	\$55,692	\$216,373	\$272,066	\$893,873
Valley Community Services Board	\$86,848	\$2,307,136	\$2,393,983	\$19,278,183
Virginia Beach Department of Human Services	\$245,600	\$1,246,742	\$1,492,342	\$2,193,976
Western Tidewater Community Services Board	\$51,192	\$144,248	\$195,441	\$1,236,341
Total New Dollars Increased	\$9,835,742	\$20,138,710	\$29,974,453	\$188,496,104

To meet STEP-VA goals, the CSBs identified the need for investments in both increasing compensation for existing staff and developing staff recruitment and retention strategies. The behavioral health workforce continues to be a challenge nationwide and compensation needs and

strategies are needed. The CSBs also identified needing an additional 764 positions to meet community needs as well as outsourcing additional services.

Financial Implications

The CSBs were provided a little over \$100 million in state and federal funding in FY 2023 and were able to provide \$417 million in direct services according to the reports submitted. The delta is assumed to be from revenue from Medicaid reimbursement and funding from local governments. Statewide the state general fund accounts for around 30 percent of CSB funding, however the exact percentage varies widely by CSB. For example, CSBs in Northern Virginia typically have high amounts of local funding compared to CSBs in other parts of the state. Further investments by the state should be evaluated accounting for variations in Medicaid revenue and local funding.

Needs Assessment

A demographic analysis of DBHDS Regions and CSB catchment areas allows DBHDS to track population changes across the Commonwealth to inform the way funding is allocated to CSBs to meet the needs of a changing population.

The following displays county and city level population data obtained from the University of Virginia Weldon Cooper Center for Public Service from 2019 and 2023 to analyze population changes in DBHDS Regions across several demographic categories. Population data was organized by year and county or city, then aggregated to reflect CSB areas and DBHDS Regions.

Analysis of General Population

Changes in population per county or city was calculated by subtracting population estimates from 2023 by the population estimates of 2019. The percentage change was calculated by dividing the difference between 2023 and 2019 by the 2019 population estimate.

Population estimates indicated that Virginia's total population increased by 130,519 (1.52 percent) between 2019 and 2023. Table 4, below, shows changes in population between 2019 and 2023 by DBHDS Region.

Table 4.

Population Change between 2019 and 2023 by DBHDS Region				
Region	2019	2023	Numeric Change	Percentage Change
1	1,639,197	1,706,531	67,334	4.11%
2	2,537,498	2,566,483	28,985	1.14%
3	1,142,512	1,118,348	-24,164	-2.11%
4	1,385,997	1,440,288	54,291	3.92%
5	1,893,309	1,897,382	4,073	0.22%
Total	8,598,513	8,729,032	130,519	1.52%

Each CSB and Region should be evaluated for mental health needs and to ensure culturally competent providers and organizations. DBHDS looked at changes in population to estimate

potential areas where investment should be considered. The analysis showed that Southwest Virginia (Region 3) is contracting slightly, and that there are three to four percent increases in Central and Northern Virginia (Regions 1,4 and 2).

Summary of Regional Trends

DBHDS Region 1

DBHDS Region 1 experienced the largest population growth rate (4.11 percent or 67,334 people), with the Rappahannock Area CSB and Region 10 CSB catchment areas experiencing the highest growth rate. Rappahannock Area CSB grew by 7.02 percent, while Region 10 grew by five percent between 2019 and 2023. Rockbridge and Alleghany-Highlands CSBs were the only two CSB catchment areas that experienced population loss. Their populations decreased by 1.33 percent and 3.30 percent, respectively.

Across the Region, the 0 to 5 years age group decreased by approximately one percent. The age cohorts with the highest growth rate occurred in the 10 to 19, 30 to 39, and 60 to 69 years age groups, growing by 3.3 percent, 4.7 percent, and 5.2 percent respectively. The male population increased by 4.5 percent while the female population increased by 3.5 percent. Region 1 is the second least racially diverse region in the Commonwealth with a 78 percent white population, however, the Hispanic population grew by 33.1 percent. Table 5 shows a summary of these population changes for Region 1.

Table 5.

DBHDS Region 1 Population Change, 2019-2023				
DBHDS Region 1 CSB	July 1, 2019 Estimate	July 1, 2023 Estimate	Numeric Change	Percent Change
Alleghany-Highlands	21,209	20,510	(699)	-3.30%
Harrisonburg-Rockingham	137,221	141,498	4,277	3.12%
Horizon	262,084	265,474	3,390	1.29%
Northwestern	239,240	249,994	10,754	4.50%
Rappahannock Area	374,128	400,385	26,257	7.02%
Rappahannock-Rapidan	179,437	187,629	8,192	4.57%
Region 10	259,054	272,011	12,957	5.00%
Rockbridge	41,094	40,546	(548)	-1.33%
Valley	125,730	128,484	2,754	2.19%
Grand Total	1,639,197	1,706,531	67,334	4.11%

DBHDS Region 2

Overall, Region 2 experienced slight population growth between 2019 and 2023 and is the most populous of all five regions (2,566,486 people). While the region's population grew by 1.4 percent, the Loudoun County CSB catchment area population grew by five percent and the

Prince William CSB area population grew by 3.4 percent. Fairfax-Falls Church CSB had a slight drop in population of 0.74 percent, while Alexandria CSB had a decrease of 2.2 percent.

Region 2 had the sharpest decline in the 0 to 5 years age group among all DBHDS Regions with a 5.6 percent reduction, while the 70 to 79 years age group grew by 7.18 percent. The male population increased by 1.9 percent, while the female population grew by .6 percent. This region has the largest Asian population of all regions, accounting for 18 percent of the total population of Region 2. The Region is also home to the largest Hispanic population (491,441 people). The Hispanic population experienced the second largest increase of 37,199 people, representing an 8.2 percent growth rate. Table 6 shows a summary of these population changes for Region 2.

Table 6.

DBHDS Region 2 Population Change, 2019-2023				
DBHDS Region 2 CSB	July 1, 2019 Estimate	July 1, 2023 Estimate	Numeric Change	Percent Change
Alexandria	162,218	158,591	-3,627	-2.24%
Arlington	240,380	242,479	2,099	0.87%
Fairfax-Falls Church	1,187,626	1,178,823	-8,803	-0.74%
Loudoun County	412,828	433,929	21,101	5.11%
Prince William	534,446	552,661	18,215	3.41%
Grand Total	2,537,498	2,566,483	28,985	1.14%

DBHDS Region 3

Region 3 was the only region that saw an overall population decline (2.11 percent). All CSB catchment areas saw population decreases with the largest occurring in the Cumberland Mountain, Dickenson County, and Planning District 1 CSBs, which decreased by 6 percent, 5.5 percent, and 4.71 percent, respectively. The region saw a 3.17 percent reduction in the 0 to 5 years age group, a 1.31 percent reduction in the 6 to 9 years age group, and a 3.15 percent reduction in the 20 to 29 years age group. The female population in the region decreased by 1.7 percent while the male population decreased 0.4 percent. Although Region 3 is the least racially diverse region, with the white population representing 82.9 percent of the region, the Hispanic population increased by 25 percent. Table 7 shows a summary of these population changes for Region 3.

Table 7.

DBHDS Region 3 Population Change, 2019-2023				
DBHDS Region 3 CSB	Sum of July 1, 2019 Estimate	Sum of July 1, 2023 Estimate	Sum of Numeric Change	Percent Change
Blue Ridge	259,916	258,870	-1,046	-0.40%
Cumberland Mountain	88,638	83,306	-5,332	-6.02%
Danville-Pittsylvania	102,787	101,419	-1,368	-1.33%

Dickenson County	14,394	13,603	-791	-5.50%
Highlands	71,080	70,346	-734	-1.03%
Mount Rogers	116,687	114,005	-2,682	-2.30%
New River	184,646	183,586	-1,060	-0.57%
Piedmont Regional	137,035	132,942	-4,093	-2.99%
Southside	81,353	78,345	-3,008	-3.70%
Planning District 1	85,976	81,926	-4,050	-4.71%
Grand Total	1,142,512	1,118,348	-24,164	-2.11%

DBHDS Region 4

Region 4 had the second largest overall growth (3.92 percent or 54,291 people). The Chesterfield CSB and Goochland-Powhatan CSB catchment areas increased most significantly by 9.24 percent and 7.18 percent respectively, while the Crossroads CSB catchment area saw the largest decrease of all CSB areas within the region at .85 percent. Region 4 experienced the smallest decrease in the 0 to 5 years population among all regions, decreasing by .80 percent; all other age ranges are increasing except for 20 to 29 years, which decreased at a rate of 2.1 percent. The 80 years and up age group also decreased by 4.6 percent. There was an increase of 4.2 percent in the male population and a 3.2 percent increase in the female population. The region had the largest increase in Hispanic population (increase of 33.5 percent or 30,633 people). Table 8 shows a summary of these population changes for Region 4.

Table 8.

DBHDS Region 4 Population Change, 2019-2023				
DBHDS Region 4 CSB	Sum of July 1, 2019 Estimate	Sum of July 1, 2023 Estimate	Sum of Numeric Change	Percent Change
Chesterfield	354,923	387,703	32,780	9.24%
Crossroads	102,094	101,228	(866)	-0.85%
District 19	177,635	178,880	1,245	0.70%
Goochland-Powhatan	54,481	58,395	3,914	7.18%
Hanover	108,611	113,026	4,415	4.06%
Henrico	358,358	372,021	13,663	3.81%
Richmond	229,895	229,035	(860)	-0.37%
Grand Total	1,385,997	1,440,288	54,291	3.92%

DBHDS Region 5

Region 5 is the second largest region in the Commonwealth, with a population of 1,893,309. The region experienced the smallest growth rate (0.22 percent). Within the region, all CSB catchment areas have decreased in population except for Western Tidewater and Colonial Community,

which saw increases of 5.13 percent and 3.69 percent, respectively. The 0 to 5 years age population decreased by 1.74 percent, the 20 to 29, 50 to 59, and 80 years and up age ranges also saw decreases of 2.36 percent, 1.65 percent, and 3.98 percent, respectively. Both the 60 to 69 and 70 - 79 years ranges saw the largest growth rates of 6.51 percent and 6.18 percent, respectively. The region has the largest Black population (31 percent), the largest American Indian population (1.4 percent), and the largest Pacific Islander population (0.35 percent). The region has the second smallest growth rate of all regions among the Hispanic population (18 percent growth rate). Table 9 shows a summary of these population changes for Region 5.

Table 9.

DBHDS Region 5 Population Change, 2019-2023				
DBHDS Region 5 CSB	July 1, 2019 Estimate	July 1, 2023 Estimate	Numeric Change	Percent Change
Chesapeake	247,917	252,478	4,561	1.84%
Colonial Community	174,374	180,807	6,433	3.69%
Eastern Shore	45,647	45,336	-311	-0.68%
Hampton-Newport News	324,133	319,163	-4,970	-1.53%
Middle Peninsula	142,839	144,492	1,653	1.16%
Norfolk	242,979	238,112	-4,867	-2.00%
Portsmouth	97,478	96,085	-1,393	-1.43%
Virginia Beach	458,804	453,605	-5,199	-1.13%
Western Tidewater	159,138	167,304	8,166	5.13%
Grand Total	1,893,309	1,897,382	4,073	0.22%

Mental Health Workforce

DBHDS analyzed information taken from the Department of Health Professions public website on the behavioral health workforce. Each CSB catchment area was analyzed to see the number of providers per 1,000 individuals. Table 10 summarizes this data.

Table 10.

Community Services Boards	Licensed Clinical Psychologist	Licensed Clinical Social Worker	Licensed Professional Counselor	Nurse Practitioner Psych	Physician - Psychiatrist
Alexandria CSB	0.51	1.16	0.68	0.00	0.11
Alleghany Highlands Community Services	0.00	0.27	0.42	0.19	0.08
Arlington CSB	0.51	0.76	0.56	0.06	0.10
Blue Ridge Behavioral Healthcare	0.36	0.92	0.87	0.14	0.23
Chesapeake CSB	0.17	0.37	0.61	0.07	0.06
Chesterfield CSB	0.19	0.71	0.67	0.04	0.10
Colonial Behavioral Health	0.32	0.45	0.76	0.05	0.10
Crossroads CSB	0.19	0.25	0.59	0.02	0.03

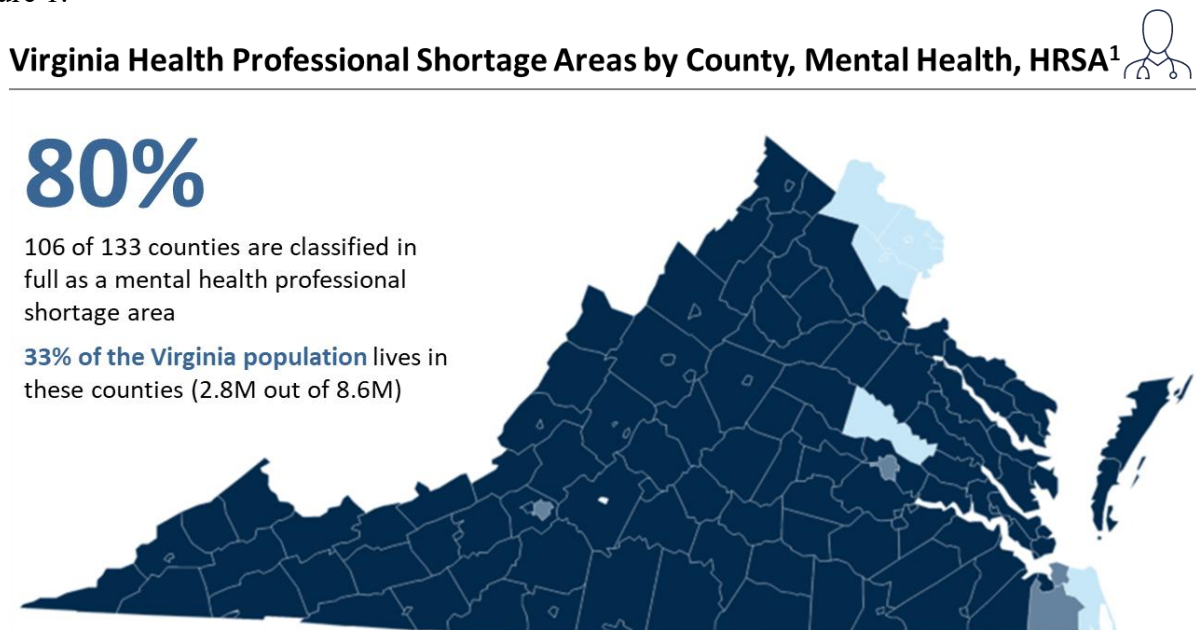
Cumberland Mountain Community Services	0.00	0.22	0.66	0.12	0.04
Danville-Pittsylvania Community Services	0.09	0.44	0.71	0.15	0.12
Dickenson County Behavioral Health Services	0.00	0.15	0.75	0.00	0.03
District 19 CSB	0.22	0.51	0.55	0.10	0.13
Eastern Shore Community Services	0.07	0.47	0.42	0.16	0.13
Fairfax-Falls Church CSB	0.41	0.81	0.51	0.05	0.17
Goochland-Powhatan Community Services	0.14	0.25	0.35	0.01	0.04
Hampton-Newport News CSB	0.24	0.67	0.73	0.14	0.15
Hanover County CSB	0.22	0.59	0.61	0.04	0.05
Harrisonburg-Rockingham CSB	0.32	0.37	1.06	0.02	0.08
Henrico Area MH & Developmental Services	0.25	0.93	0.69	0.09	0.10
Highlands Community Services	0.12	0.95	0.70	0.20	0.04
Horizon Behavioral Health	0.09	0.22	1.23	0.16	0.07
Loudoun County CSB	0.22	0.49	0.42	0.08	0.08
Middle Peninsula-Northern Neck CSB	0.09	0.36	0.35	0.10	0.06
Mt. Rogers Community	0.09	0.49	0.59	0.04	0.13
New River Valley Community Services	0.36	0.78	1.01	0.02	0.17
Norfolk CSB	0.30	0.67	0.75	0.10	0.19
Northwestern Community Services	0.08	0.38	0.46	0.08	0.11
Piedmont Community Services	0.01	0.18	0.42	0.07	0.02
Planning District 1 Behavioral Health Services	0.04	0.26	0.52	0.09	0.02
Portsmouth Dept. of Behavioral Healthcare Services	0.15	0.45	0.55	0.00	0.17
Prince William County CSB	0.09	0.42	0.52	0.07	0.04
Rappahannock Area CSB	0.12	0.45	0.39	0.03	0.06
Rappahannock-Rapidan CSB	0.08	0.34	0.43	0.04	0.03
Region Ten CSB	0.67	0.98	0.77	0.06	0.28
Richmond Behavioral Health Authority	0.70	2.38	0.89	0.18	0.36
Rockbridge Area Community Services	0.19	0.33	0.55	0.00	0.01
Southside CSB	0.03	0.27	0.57	0.01	0.02
Valley CSB	0.33	0.39	0.68	0.12	0.22
Virginia Beach Department of Human Services	0.24	0.56	0.76	0.05	0.10
Western Tidewater CSB	0.04	0.19	0.40	0.08	0.07

Source: <https://www.dhp.virginia.gov/PublicResources/HealthcareWorkforceDataCenter/Dashboards/VirginiaBehavioralHealthWorkforce/>

Healthcare coverage does not start and stop at CSB geographic regions; however, it can be reasonably assumed that areas with very low amounts of workforce likely have issues with access to providers. Additionally, the analysis did not look at telehealth providers as there is no data set that could be identified to understand the amount of telehealth provided. A further constraint in looking at the information this way is the potential for large MH operations such as a state facility, to overstate the number of providers in a given area.

DBHDS also looked at Mental Health Shortage Areas. Data from the Health Resources and Services Administration (HRSA) indicates that, as of September 30, 2022, nearly 33 percent of the Virginia population lives in a mental health professional shortage area. Figure 1 shows these shortage areas on a map.

Figure 1.



Behavioral Health Needs

To ascertain where additional services are needed DBHDS looked at two areas:

1. **Number of Medicaid members receiving inpatient care per 1,000 individuals** – DBHDS used Medicaid members in FY 2024 that had an inpatient stay at a hospital.
2. **Number of Temporary Detention Orders (TDOs) per 1,000 individuals** – DBHDS used FY 2024 information to ascertain which CSB catchment areas were having a large number of TDOs versus their peers.

Table 11, below, shows Medicaid members receiving inpatient care per 1,000 population, the cost of inpatient care for Medicaid members, and the number of civil TDOs issues per 1,000 population, by CSB.

Table 11.

Community Services Boards	Inpatient Individuals Medicaid	Cost of Inpatient Medicaid	TDOs Civil
Alexandria Community Services Board	1.68	\$12,393	2.27
Alleghany Highlands Community Services	5.51	\$45,242	4.29
Arlington Community Services Board	1.06	\$9,821	1.88
Blue Ridge Behavioral Healthcare	4.82	\$42,465	4.89
Chesapeake Community Services Board	2.05	\$17,784	2.51
Chesterfield Community Services Board	2.88	\$26,842	0.83
Colonial Behavioral Health	1.55	\$10,001	1.83
Crossroads Services Board	4.13	\$29,540	1.82
Cumberland Mountain Community Services	3.75	\$27,580	2.44
Danville-Pittsylvania Community Services	4.71	\$41,277	4.33
Dickenson County Behavioral Health Services	3.60	\$24,448	2.57
District 19 Community Services Board	5.31	\$42,998	3.69
Eastern Shore Community Services	2.82	\$21,443	1.87
Fairfax-Falls Church Community Services Board	0.94	\$9,977	1.81
Goochland-Powhatan Community Services	1.83	\$15,148	0.51
Hampton-Newport News Community Services Board	4.67	\$32,737	5.04
Hanover County Community Services Board	1.61	\$12,193	0.99
Harrisonburg-Rockingham Community Services Board	2.40	\$17,697	2.15
Henrico Area MH & Developmental Services	2.80	\$22,587	2.06
Highlands Community Services	5.10	\$40,742	6.20
Horizon Behavioral Health	4.01	\$32,455	2.87
Loudoun County Community Services Board	0.79	\$7,256	0.90
Middle Peninsula-Northern Neck CSB	2.82	\$21,477	1.49
Mt. Rogers Community MH&MR Services Board	3.82	\$27,096	4.89
New River Valley Community Services	2.96	\$21,028	3.61
Norfolk Community Services Board	4.09	\$36,793	3.20
Northwestern Community Services	2.97	\$22,456	1.46
Piedmont Community Services	3.96	\$29,059	2.76
Planning District 1 Behavioral Health Services	3.32	\$24,544	1.23
Portsmouth Dept. of Behavioral Healthcare Services	4.52	\$41,383	2.47
Prince William County Community Services Board	1.31	\$13,471	1.38
Rappahannock Area Community Services Board	2.64	\$26,296	2.12
Rappahannock-Rapidan Community Services Board	1.66	\$17,179	0.86
Region Ten Community Services Board	2.11	\$19,068	2.63
Richmond Behavioral Health Authority	7.21	\$75,723	6.08
Rockbridge Area Community Services	2.56	\$16,342	2.22

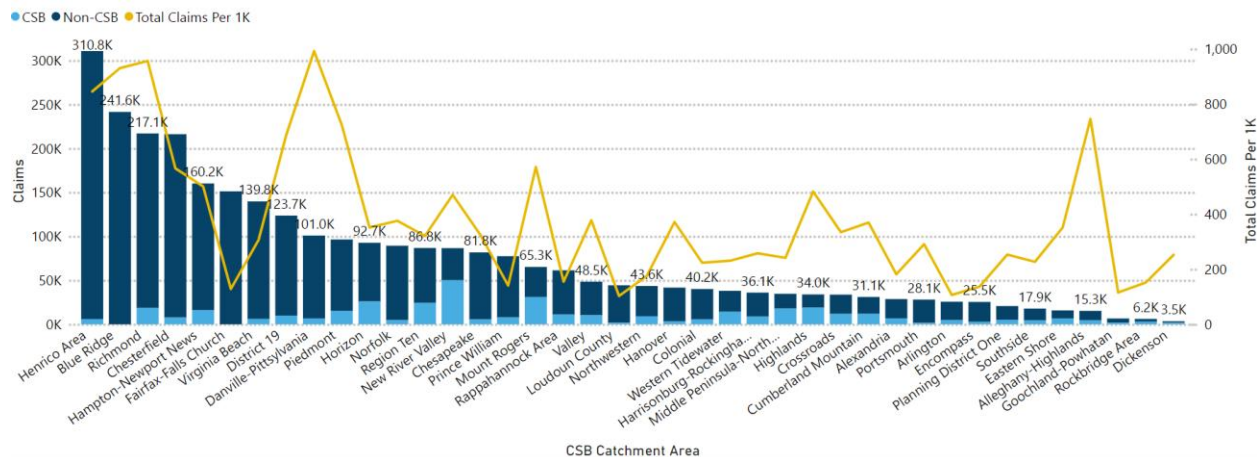
Southside Community Services Board	2.86	\$20,072	2.11
Valley Community Services Board	3.74	\$27,665	4.33
Virginia Beach Department of Human Services	2.46	\$19,134	1.62
Western Tidewater Community Services Board	2.59	\$22,157	2.55

Source: <https://www.dmas.virginia.gov/data-reporting/programs-services/behavioral-health/>

Comparison of CSBs and Private Providers

DBHDS analyzed claims for FY 2022 from the All Payers Claim Database. DBHDS filtered the claims on diagnosis of SMIs and pulled service codes identified as part of the STEP Virginia cost report. The data below shows that CSB claims represent a small proportion of claims for the SMI population. The workforce data also shows that CSBs represent a small percentage of the workforce in Virginia. CSBs also continue to be challenged in hiring staff. The CSBs should look at strategies to utilize existing providers in the area through DCO relationships to serve individuals that the CSBs do not currently have the capacity to support, in addition to them hiring their own staff. Figure 2 displays the number of claims by CSB.

Figure 2.



Conclusion and Proposed Funding Model

Over the last two General Assembly sessions, substantial investments were made in crisis services across the Commonwealth. Several of the areas that have a high rate of temporary detention orders (TDOs), and inpatient hospitalization will be areas where Crisis Receiving Centers (CRCs) are planned to be built over the next several years.

Based on the analysis of the CSBs claims and workforce, the Commonwealth should provide additional funding to CSBs for payments to private providers, as well as for positions at the CSBs to meet unmet expectations of STEP-VA and/or community need. This funding should be targeted to areas where there is a dearth of providers. DCOs should also be looked at for CSBs to build partnerships with local providers in their area or telehealth agencies and to meet established STEP-VA quality measures. The CSBs should particularly look at establishing telehealth for

psychiatrists in shortage areas. Additional time is needed to refine what a true funding model would look like.

Proposed Funding Model

Below is a potential model; however, DBHDS does not recommend using it until further refinement with the CSB data is done and a more robust needs assessment is completed.

1. **Additional Funding STEP-VA** - DBHDS should distribute funds to CSBs based on the number of uninsured individuals in a CSB catchment area. The amount identified for this model was \$350 for each uninsured individual. To calculate number of individuals, DBHDS took the number of uninsured in a CSB catchment area and multiplied that by .2 to project the number of individuals that are uninsured and may have an AMI. The justification for the \$350 amount is to be representative of the state general fund portion of what the CSBs identified in the cost reports as the potential need overall.
2. **Areas of Low Psychiatrists** - DBHDS is recommending allocating \$300,000 per CSB in new ongoing annual funding in catchment areas considered to have a severe psychiatry shortage. This investment will allow the CSB to either hire a psychiatrist, DCOs, or contract with tele-psychiatry for their patients. This amount is close to a psychiatrist, and it is expected that the CSB would be able to bill for services provided to them.
3. **Area of Low Licensed Providers** - Access to licensed providers allows for correct diagnosis as well as treatment that require these licenses. DBHDS is recommending allocating \$500,000 per CSB in new ongoing annual funding for CSBs with catchment areas having a low number of licensed providers. This estimate is for a minimum of five additional staff for each area identified.

Table 12 shows the estimated fiscal impact of the proposed funding model.

Table 12.

Community Services Boards	Uninsured Funding	High Needs Area Psychiatry	High Needs Licensed Staff	Total Direct	Admin 10%	Grand Total
Alexandria Community Services Board	\$681,533			\$681,533	\$68,153	\$749,686
Alleghany Highlands Community Services	\$61,255	\$300,000	\$500,000	\$861,255	\$86,125	\$947,380
Arlington Community Services Board	\$615,611			\$615,611	\$61,561	\$677,173
Blue Ridge Behavioral Healthcare	\$859,240			\$859,240	\$85,924	\$945,164
Chesapeake Community Services Board	\$840,660			\$840,660	\$84,066	\$924,726
Chesterfield Community Services Board	\$1,319,384			\$1,319,384	\$131,938	\$1,451,323
Colonial Behavioral Health	\$478,413			\$478,413	\$47,841	\$526,254
Crossroads Services Board	\$392,578	\$300,000		\$692,578	\$69,258	\$761,836
Cumberland Mountain Community Services	\$312,222		\$500,000	\$812,222	\$81,222	\$893,444
Danville-Pittsylvania Community Services	\$385,526			\$385,526	\$38,553	\$424,078

Dickenson County Behavioral Health Services	\$50,639	\$300,000	\$500,000	\$850,639	\$85,064	\$935,703
District 19 Community Services Board	\$549,487			\$549,487	\$54,949	\$604,435
Eastern Shore Community Services	\$208,758			\$208,758	\$20,876	\$229,634
Fairfax-Falls Church CSB	\$4,559,297			\$4,559,297	\$455,930	\$5,015,227
Goochland-Powhatan Community Services	\$132,570	\$300,000	\$500,000	\$932,570	\$93,257	\$1,025,827
Hampton-Newport News CSB	\$1,040,332			\$1,040,332	\$104,033	\$1,144,365
Hanover County CSB	\$284,267	\$300,000		\$584,267	\$58,427	\$642,694
Harrisonburg-Rockingham CSB	\$674,697			\$674,697	\$67,470	\$742,166
Henrico Area MH & Developmental Services	\$1,225,239			\$1,225,239	\$122,524	\$1,347,763
Highlands Community Services	\$236,058		\$500,000	\$736,058	\$73,606	\$809,664
Horizon Behavioral Health	\$905,005		\$500,000	\$1,405,005	\$140,500	\$1,545,505
Loudoun County CSB	\$1,235,268			\$1,235,268	\$123,527	\$1,358,795
Middle Peninsula-Northern Neck CSB	\$552,934	\$300,000		\$852,934	\$85,293	\$938,227
Mt. Rogers Community MH&MR Services	\$430,316			\$430,316	\$43,032	\$473,348
New River Valley Community Services	\$537,485			\$537,485	\$53,749	\$591,234
Norfolk Community Services Board	\$889,810			\$889,810	\$88,981	\$978,791
Northwestern Community Services	\$1,017,717		\$500,000	\$1,517,717	\$151,772	\$1,669,488
Piedmont Community Services	\$487,613	\$300,000	\$500,000	\$1,287,613	\$128,761	\$1,416,374
Planning District 1 Behavioral Health Services	\$285,129	\$300,000	\$500,000	\$1,085,129	\$108,513	\$1,193,642
Portsmouth Dept. of Behavioral Healthcare Serv.	\$331,474			\$331,474	\$33,147	\$364,621
Prince William County CSB	\$2,970,123	\$300,000		\$3,270,123	\$327,012	\$3,597,135
Rappahannock Area CSB	\$1,415,269	\$300,000	\$500,000	\$2,215,269	\$221,527	\$2,436,796
Rappahannock-Rapidan CSB	\$700,569	\$300,000	\$500,000	\$1,500,569	\$150,057	\$1,650,626
Region Ten Community Services Board	\$896,546			\$896,546	\$89,655	\$986,201
Richmond Behavioral Health Authority	\$993,879			\$993,879	\$99,388	\$1,093,266
Rockbridge Area Community Services	\$112,087	\$300,000		\$412,087	\$41,209	\$453,296
Southside Community Services Board	\$390,400	\$300,000	\$500,000	\$1,190,400	\$119,040	\$1,309,440
Valley Community Services Board	\$439,238			\$439,238	\$43,924	\$483,162
Virginia Beach Department of Human Services	\$1,637,792			\$1,637,792	\$163,779	\$1,801,572
Western Tidewater CSB	\$489,842	\$300,000	\$500,000	\$1,289,842	\$128,984	\$1,418,826
Total	\$31,626,264	\$4,200,000	\$6,500,000	\$42,326,264	\$4,232,626	\$46,558,890

Appendices

Appendix 1 - Comparison of current state requirements for STEP-VA and the most recent federal requirements for CCBHC

Same Day Access	STEP VA status	CCBHC status
Assessment	**	Required
Diagnosis	**	Required
BH risk assessment	**	Required
Same day screening/triage	*	Required
SDOH screening using standardized tool		Required
Depression screening (CDF) using standardized tool		Required
Comprehensive evaluation within 30 days	*	Required
Same day comprehensive assessment with diagnosis	Required	
Assessment with diagnosis in 1-10 business days based on triage	*	Required
Person-Centered treatment plan	Required	Required
Service initiation within 30 calendar days	Required	Required
DLA-20	Required	
Policy that no one can be refused service based on residency or address	***	Required

* To be reflected in FY 2026 Performance Contracts

** Reflected in Comprehensive Needs Assessment and other requirements outside of STEP

*** Crisis only

Primary Care	STEP VA status	CCBHC status
HIV and Hepatitis Screening		Required
Primary Care Screening	Required	Required
Referral/follow-up services for accessing primary health services	Required	Required
Identifying individuals with chronic disease		Required
Physical health symptoms screening		Required
Systems for collecting and analyzing lab results		Required
Periodic lab and physical measurements to monitor health indicators over time		Required
Metabolic screening for individuals prescribed antipsychotics	Required	Required
Ensuring individuals have access to primary care provider	*	Required

* Required in other avenues (e.g., performance contract)

Outpatient	STEP VA status	CCBHC status
Evidence-based behavioral health care for mental health and substance use, including psychopharmacological treatment	Required	Required
OP services for children and families (developmentally appropriate)	Required	Required
OP services for geriatrics (developmentally appropriate)	*	Required
OP services for dev and cog disabilities (developmentally appropriate)	*	Required
ASAM levels 1 and 2.1	*	Required
Treatment of tobacco use disorders	*	Required
Suicide Risk Assessment (state to select tool)	Required	Required
PHQ9 for dx of depressive d/o (DEP REM 6)		Required
DLA-20	Required	
Harm reduction strategies	*	Strongly recommended
Cultural competence training on race, ethnicity, age, sexual orientation, and gender identity (all clinical staff)	**	Required
Trauma-informed care training (all clinical staff)	Required	Required
Risk assessment, suicide and o/d prevention training annually (all clinical staff)		Required
EBPs selected by the state based on Community Needs Assessment	****	Required

* CSBs may offer but not necessarily required in-house at each CSB

** Cultural competency training is required by not necessarily covering all listed topics as per CCBHC

****EBP's selected based on CSB informal report on community need conducted in 2024, to be required in FY 2026

CCBHC recommended EBPs listed below:	STEP VA status	CCBHC status
Motivational Interviewing	Required ****	Recommended
Cognitive Behavioral Therapy	Required ****	Recommended
`Dialectical Behavioral Therapy	Optional	Recommended
`Coordinated Specialty Care	Optional	Recommended
`Seeking Safety	Optional	Recommended
`Assertive Community Treatment	Optional	Recommended
`Forensic Assertive Community Treatment	Optional	Recommended
`Long-Acting Injectable Medications	Required ****	Recommended
`Multi-Systemic Therapy	Optional	Recommended
`Trauma-Focused CBT	Optional	Recommended
CBT for psychosis	Optional	Recommended
Hi-Fidelity WrapAround	Optional	Recommended
Parent Management Training	Optional	Recommended
Effective but underutilized meds for SUD treatment	Optional	Recommended
Other EBPs identified by CSBs for use in STEP VA as of 2025	STEP VA status	CCBHC status
Solution Focused Brief Therapy	Optional	
ASAM levels of care	Optional	

Acceptance and Commitment Therapy	Optional	
Collaborative Assessment and Management of Suicidality	Optional	
Cognitive Behavioral Intervention for Trauma in Schools	Optional	
Dialectical Behavioral Therapy	Optional	
EMDR	Optional	
Functional Family Therapy	Optional	
Hi-Fidelity WrapAround	Optional	
Integrated Treatment for Co-Occurring Disorders	Optional	
Living in Balance	Optional	
MAT	Optional	
Moral Reconation Therapy	Optional	
Motivational Enhancement Therapy	Optional	
Multi-Systemic Therapy	Optional	
Parent Child Interaction Therapy	Optional	
SBIRT	Optional	
Seeking Safety	Optional	
Trauma-Focused CBT	Optional	
Effective but underutilized meds for SUD treatment	Optional	

****EBPs selected based on CSB informal report on community need conducted in 2024, to be required in FY 2026

Crisis	STEP VA status	CCBHC status
24/7 access to crisis management services	Required	Required
crisis continuum services for prevention, response, and postvention	Optional	Required
crisis planning and advance psychiatric directives for all individuals served	Optional	Required
crisis planning for all individuals who experienced a crisis	*	Required
mobile crisis services (1-2 hour response time limit)	Required	Required
Overdose prevention including naloxone	*	Required

*Covered in other STEPs or services.

Peer	STEP VA status	CCBHC status
Peer Specialists, recovery coaches (peer recovery specialist), and family support partners	Required	Required
Peer run wellness and recovery centers	Optional	Optional
Youth/Young adult peer support	Optional	Optional
Recovery coaching services	Optional	Optional
Peer-run crisis respites	Optional	Optional
warmlines	Optional	Optional
peer-led crisis planning	Optional	Optional
peer navigators to assist with transitions	Optional	Optional
mutual support and self-help groups	Optional	Optional
peer support for older adults	Optional	Optional

peer education and leadership development	Optional	Optional
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Veterans Care	STEP VA status	CCBHC status
Intensive, community based behavioral health for SMVF		Required
Care for veterans consistent with minimum clinical mental health guidelines promulgated by VHA		Required
Screen all individuals for SMVF status	Required	Required
Active-Duty personnel must use their servicing MTF, and MTF will be contacted by the CCBHC regarding referrals		Required
Active Duty more than 50 miles from a military hospital or clinic enroll in TRICARE PRIME remote and use the network PCM for referrals		Required
Reserves are eligible for TRICARE Select and can schedule with any eligible provider		Required
Veterans are offered assistance enrolling in VHA		Required
Veterans who decline VHA are offered CCBHC services consistent with the minimum guidelines promulgated by VHA		Required
Each veteran is assigned a Principal Behavioral Health Provider who ensures that care coordination requirements listed in CCBHC 4.k.4 are fulfilled		Required
All behavioral health services meet the VHA National Consensus Statement on Mental health Recovery (hope, person-driven, many pathways, holistic, peer support, relational, culture, address trauma, strengths, responsibilities, respect, privacy, security, honor)		Required
All behavioral health care is provided with military cultural competence	Required	Required
All staff receive cultural competence training	Required	Required

Case Management	STEP VA status	CCBHC status
Targeted Case Management that assists in sustaining recovery and gaining access to needed medical, social, legal, educational, housing, vocational, and other services and supports	Required	Required
Supports for those at high risk of suicide or overdose	Required	Required
Supports during transitions	Required	Required
Available to individuals with SMI and/or SUD and/or need short term support in a critical or acute period	Required	Required
Intensive case management	Optional	Strongly recommended
Team-based case management (such as ACT)	Optional	Strongly recommended
DLA-20	Required	

Psychiatric Rehab	STEP VA status	CCBHC status
Evidence Based rehab services for both SMI and SUD	Required	Required

Services provided must help individuals to develop skills and functioning to facilitate community living, positive development, inclusion, and integration	Required	Required
Services must develop skills that support pursuit of the individual's goals in the community	Required	Required
Services address Social Determinants of Health and navigating complex systems	Optional	Required
Supported Employment designed to provide on-going support to obtain and maintain competitive, integrated employment	Optional	Required
Supported educational services	Optional	Required
Support/skills to achieve social inclusion and community connectedness	Optional	Required
medication education, self-management, and/or psychoeducation	*	Required
Support in finding and maintaining safe and stable housing	Optional	Required
States must indicate which EBPs or other psychiatric rehab services will be required		

Proposed services for use in STEP VA as of 2025		
MH Intensive OP (IOP)	Optional	Optional
SUD Intensive OP (IOP)	Optional	Optional
Assertive Community Treatment (ACT)	Optional	Optional
<i>MH and SU supported employment</i>	Optional	Required
MH and SU supervised residential	Optional	Optional
MH and SU intensive residential	Optional	Optional
Intensive In-Home (IIHS)	Optional	Optional
Therapeutic Mentoring/TDT	Optional	Optional
Coordinated Specialty Care (CSC)	Optional	Optional
Mental Health Skill Building (MHSS)	Optional	Optional
Psychosocial Rehabilitation (PSR)	Optional	Optional
Clubhouse/ Fountain House Model	Optional	Optional
Permanent Supportive Housing	Optional	Optional
High Fidelity Wraparound	Optional	Optional
MH and SU Individual Peer Supports	Optional	Optional
MH and SU Group Peer Supports	Optional	Optional
Illness Management and Recovery	Optional	Optional
Social Skills Training	Optional	Optional
Cognitive Behavioral Therapy for Psychosis (CBT-P)	Optional	Optional

*Medication management is required in the Outpatient STEP of STEP VA

Care Coordination	STEP VA status	CCBHC status
Individualized person or family centered treatment plan	Required	Required

Ensures access to high quality physical and behavioral health care	Optional	Required
Coordinates physical and behavioral healthcare, social services, housing, educational systems, and employment as necessary to facilitate wellness and recovery of the whole person	Required**	Required
maintains necessary documentation to satisfy HIPAA, obtains necessary consents, documents where these cannot be obtained	Required**	Required
Assists people referred to outside services with obtaining an appointment and tracking participation in services to ensure coordination and receipt of services	Required**	Required
To identify the preferences of the individual, develop a crisis plan with each person receiving services. At a minimum, this must include counseling about the use of national and local hotlines and warmlines, mobile crisis, and crisis stabilization services should a crisis arise when providers are not in their office. Crisis plans may support the development of a Psychiatric Advance Directive if the person desires.	*	Required
Document reasonable attempts to determine any medications prescribed by other providers. To the extent allowable by law, the PDMP must be consulted before prescribing medications.	Required **	Required
Provide assistance with accessing benefits, including Medicaid, and enroll in programs or supports that may benefit them.	Required **	Required
Care coordination agreements/partnerships with local agencies	Optional	Required

**Required in other STEPS or service provision*

*** Will be required as of the FY 2026 Performance Contract*

STEP	CODE	CODE DESCRIPTION
outpatient	90791	Psychiatric Diagnostic Evaluation - no medical svcs*
outpatient	90792	Psychiatric Diagnostic Evaluation - w/ medical svcs*
outpatient	99408	Alcohol/SA structured screening and brief intervention 15-30 min
outpatient	96116	Neurobehavioral status exam, by physician or other QHP, both face-to-face
outpatient	90832	Psychotherapy w/ patient, 30 min*
outpatient	90834	Psychotherapy w/ patient, 45 min*
outpatient	90837	Psychotherapy w/ patient, 60 min*
outpatient	90839	Psychotherapy for crisis, first 60 min*
outpatient	90840	Psychotherapy for crisis, additional 30 min*
outpatient	90846	Family/Couples Psychotherapy w/o patient present, 50 min*
outpatient	90847	Family/Couples Psychotherapy w/ patient present, 50 min*
outpatient	90853	Group Psychotherapy*
outpatient	90785	Interactive Complexity Add-on
outpatient	90792	Psychiatric Diagnostic Evaluation - w/ medical svcs*
outpatient	90833	Psychotherapy w/ patient, 30 min, w/ E&M svc*
outpatient	90836	Psychotherapy w/ patient, 45 min, w/ E&M svc*
outpatient	90838	Psychotherapy w/ patient, 60 min, w/ E&M svc*
outpatient	99202	Office Outpatient Visit, New patient, low to moderate severity*

outpatient	99203	Office Outpatient Visit, New patient, moderate severity*
outpatient	99204	Office Outpatient Visit, New patient, moderate to high severity*
outpatient	99205	Office Outpatient Visit, New patient, moderate to high severity*
outpatient	99211	Office Outpatient Visit, Established patient, minimal*
outpatient	99212	Office Outpatient Visit, Established patient, minor*
outpatient	99213	Office Outpatient Visit, Estbl patient, low to moderate severity*
outpatient	99214	Office Outpatient Visit, Estbl patient, moderate to high severity*
outpatient	99215	Office Outpatient Visit, Estbl patient, moderate to high severity*
outpatient	99354	Prolonged Service, in office or outpatient setting; 60 min
outpatient	99355	Prolonged Service, in office or outpatient setting; addtl 30 min
outpatient	99408	Alcohol/SA structured screening and brief intervention 15-30 min
outpatient	99409	Alcohol/SA structured screening and brief intervention > 30 min
outpatient	96121	time w/ patient & time interp & report, each addtl hr
outpatient	Q3014	Telehealth, originating site fee*
outpatient	S9480	Mental Health Program - per diem
outpatient		Mental Health Intensive Outpatient Services (MH-IOP) - per diem
outpatient	S9480	Mental Health Intensive Outpatient Services (MH-IOP) with Occupational
outpatient	H0036	Functional Family Therapy (Bachelor Established)
outpatient	H0036	Functional Family Therapy (Master Established)
outpatient	H0036	Functional Family Therapy (Bachelor New)
outpatient	H0036	Functional Family Therapy (Master New)
outpatient	99211	Office Outpatient Visit, Established patient, minimal
outpatient	99212	Office Outpatient Visit, Established patient, minor
outpatient	99213	Office Outpatient Visit, Estbl patient, low to moderate severity
outpatient	99214	Office Outpatient Visit, Estbl patient, moderate to high severity
outpatient	99215	Office Outpatient Visit, Estbl patient, moderate to high severity
outpatient	H0014	Medication Assisted Treatment (MAT) induction - Physician
CM	G9012	Substance Use Care Coordination
outpatient	H0020	Medication Administration
outpatient	H0004	Opioid treatment services - Individual
outpatient	H0005	Opioid treatment services - Group
outpatient	90832	Psychotherapy w/ patient, 30 min - ASAM level 1*
outpatient	90833	Psychotherapy w/ patient, 30 min, w/ E&M svc - ASAM level 1*
outpatient	90834	Psychotherapy w/ patient, 45 min - ASAM level 1*
outpatient	90836	Psychotherapy w/ patient, 45 min, w/ E&M svc - ASAM level 1*
outpatient	90837	Psychotherapy w/ patient, 60 min - ASAM level 1*
outpatient	90838	Psychotherapy w/ patient, 60 min, w/ E&M svc - ASAM level 1*
outpatient	90846	Family Psychotherapy w/o patient, 50 min - ASAM level 1*
outpatient	90847	Family Psychotherapy w/ patient, 50 min - ASAM level 1*
outpatient	90853	Group Psychotherapy - ASAM level 1*
crisis	H2011	Mobile Crisis (1:1 Licensed)
crisis	H2011	Mobile Crisis (1:1 Prescreener)
crisis	H2011	Mobile Crisis (Non-Emergency 1:1 Prescreener Licensed)

crisis	H2011	Mobile Crisis (2:1 MA/Peer)
crisis	H2011	Mobile Crisis (2:1 Licensed/Peer)
crisis	H2011	Mobile Crisis (2:1 MA/MA)
crisis	H2011	Mobile Crisis (2:1 Licensed/MA)
crisis	S9482	Community Stabilization
peer, psych rehab	T1012	Peer Support Services - Individual (Substance Use Disorder)
peer, psych rehab	S9445	Peer Support Services - Group (Substance Use Disorder)
peer, psych rehab	H0024	Peer Support Services - Individual (Mental Health)
peer, psych rehab	H0025	Peer Support Services - Group (Mental Health)
Psych Rehab	H0031	Intensive In-Home Assessment
Psych Rehab	H2012	Intensive In-Home Services, per hour
Psych Rehab	H0032	Assessment, Psychosocial Rehab*
Psych Rehab	H2017	Psychosocial Rehabilitation svcs; per unit
Psych Rehab	H0032	Assessment, Mental Health Skill Building Services
Psych Rehab	H0032	Assessment, Mental Health Skill Building Services
Psych Rehab	H0046	Mental Health Skill Building Services 1 unit = 1 to 2.99 hours per day
Psych Rehab	H0046	Mental Health Skill Building Services 2 units = 3 to 4.99 hours per day
Psych Rehab	H0040	ACT - Contracted as Base Large Team - per diem
Psych Rehab	H0040	ACT - Contracted as Base Medium Team - per diem
Psych Rehab	H0040	ACT - Contracted as Base Small Team - per diem
Psych Rehab	H0040	ACT - Contracted as High-Fidelity Large Team - per diem
Psych Rehab	H0040	ACT - Contracted as High-Fidelity Medium Team - per diem
Psych Rehab	H0040	ACT - Contracted as High-Fidelity Small Team - per diem
CM	T1016	Case Management, Foster Care - per month
CM	H0023	Case Management, Mental Health, per month
CM	H0006	Substance Use Case Management (licensed by DBHDS)
Psych Rehab	H2015	Intensive Care Coordination/High Fidelity Wraparound/Comprehensive Community Supports

Appendix 2 - Cost Report Results

Analysis by CSB

CSB: Allegheny Highlands Community Services

Data Observations or Concerns: Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Data anomalies exist on Projected Needs and Needs Summary tabs. Recommend 1:1 technical assistance to correct data submission. CSB should review instructions for finance, services and visits tabs.

Key Statistics

Population Assessment

Hours open per week: 42.5

Community population: 20510
Unduplicated patient count: 4780
Visits per patient: 17.62
Inpatient stay count: 113
Court under temporary detention orders: 92

Workforce Assessment

Reported Direct FTE: 43.15
Outsourced FTE: 0
Reported Total FTE: 43.15
Expected FTE: 46.60
Provider Requested FTE: 11
Total Requested FTE: 11

Productivity

Visits per direct FTE: 1952.05
STEP VA Services per direct FTE: 694.14

CSB: Arlington County Community Services Board

Data Observations or Concerns: Visits per direct FTE are higher than national averages but not out of range. Recommend verifying FTE counts.

Key Statistics

Population Assessment

Hours open per week: 168
Community population: 242479
Unduplicated patient count: 2947
Visits per patient: 5.02
Inpatient stay count: 256
Court under temporary detention orders: 463

Workforce Assessment

Reported Direct FTE: 14.625
Outsourced FTE: 0
Reported Total FTE: 312
Expected FTE: 47.20
Provider Requested FTE: 5
Total Requested FTE: 6

Productivity

Visits per direct FTE: 1012.44
STEP VA Services per direct FTE: 2233.16

CSB: Blue Ridge Behavioral Healthcare

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics*Population Assessment*

Hours open per week: 57
Community population: 258870
Unduplicated patient count: 9853
Visits per patient: 5.09
Inpatient stay count: 1247
Court under temporary detention orders: 1313

Workforce Assessment

Reported Direct FTE: 22
Outsourced FTE: 0
Reported Total FTE: 291
Expected FTE: 43.09
Provider Requested FTE: 54.5
Total Requested FTE: 54.5

Productivity

Visits per direct FTE: 2278.23
STEP VA Services per direct FTE: 1925.95

CSB: Chesapeake Integrated Behavioral Health

Data Observations or Concerns: None.

Key Statistics*Population Assessment*

Hours open per week: 45
Community population: 252478
Unduplicated patient count: 6638
Visits per patient: 5.81
Inpatient stay count: 518
Court under temporary detention orders: 677

Workforce Assessment

Reported Direct FTE: 68
Outsourced FTE: 10
Reported Total FTE: 80.01
Expected FTE: 72.96
Provider Requested FTE: 3
Total Requested FTE: 3

Productivity

Visits per direct FTE: 564.19
STEP VA Services per direct FTE: 701.99

CSB: Colonial Behavioral Health

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics*Population Assessment*

Hours open per week: 45
Community population: 180807
Unduplicated patient count: 4576
Visits per patient: 8.54
Inpatient stay count: 280
Court under temporary detention orders: 354

Workforce Assessment

Reported Direct FTE: 94.80
Outsourced FTE: 0
Reported Total FTE: 167.40
Expected FTE: 47.04
Provider Requested FTE: 30
Total Requested FTE: 30

Productivity

Visits per direct FTE: 412.16
STEP VA Services per direct FTE: 315.64

CSB: Crossroads Community Services Board

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics*Population Assessment*

Hours open per week: 42.5
Community population: 101228
Unduplicated patient count: 7312
Visits per patient: 11.69
Inpatient stay count: 418
Court under temporary detention orders: 190

Workforce Assessment

Reported Direct FTE: 9
Outsourced FTE: 0
Reported Total FTE: 9
Expected FTE: 15.29
Provider Requested FTE: 11.5
Total Requested FTE: 11.5

Productivity

Visits per direct FTE: 9500.56
STEP VA Services per direct FTE: 2777.33

CSB: Cumberland Mountain Community Services Board

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Recommend verification of FTE.

Key Statistics*Population Assessment*

Hours open per week: 41.5
Community population: 83306
Unduplicated patient count: 6698
Visits per patient: 7.46
Inpatient stay count: 312
Court under temporary detention orders: 204

Workforce Assessment

Reported Direct FTE: 125.04
Outsourced FTE: 0
Reported Total FTE: 396.25
Expected FTE: 75.81
Provider Requested FTE: 30
Total Requested FTE: 30

Productivity

Visits per direct FTE: 399.82
STEP VA Services per direct FTE: 485.85

CSB: Danville-Pittsylvania Community Services

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics*Population Assessment*

Hours open per week: 46.5
Community population: 101419
Unduplicated patient count: 5728
Visits per patient: 10.56
Inpatient stay count: 478
Court under temporary detention orders: 440

Workforce Assessment

Reported Direct FTE: 95.90
Outsourced FTE: 0
Reported Total FTE: 95.90
Expected FTE: 67.56
Provider Requested FTE: 0
Total Requested FTE: 0

Productivity

Visits per direct FTE: 630.90
STEP VA Services per direct FTE: 381.22

CSB: Encompass Community Supports formerly known as Rappahannock-Rapidan CSB

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics

Population Assessment

Hours open per week: 40
Community population: 187629
Unduplicated patient count: 19148
Visits per patient: 1.02
Inpatient stay count: 311
Court under temporary detention orders: 207

Workforce Assessment

Reported Direct FTE: 83.87
Outsourced FTE: 0
Reported Total FTE: 83.87
Expected FTE: 10.07
Provider Requested FTE: 5
Total Requested FTE: 5

Productivity

Visits per direct FTE: 232.81
STEP VA Services per direct FTE: 185.66

CSB: Fairfax-Falls Church Community Services Board -

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics

Population Assessment

Hours open per week: 42.5
Community population: 1178823
Unduplicated patient count: 30869
Visits per patient: 7.56
Inpatient stay count: 1113
Court under temporary detention orders: 2151

Workforce Assessment

Reported Direct FTE: 411.76
Outsourced FTE: 0
Reported Total FTE: 411.76
Expected FTE: 137.13
Provider Requested FTE: 0
Total Requested FTE: 0

Productivity

Visits per direct FTE: 567.12
STEP VA Services per direct FTE: 292.33

CSB: Hampton-Newport

Data Observations or Concerns: Visits per FTE is extremely low. Recommend verifying accuracy of reported visits.

Key Statistics*Population Assessment*

Hours open per week: 52.5
Community population: 319163
Unduplicated patient count: 785
Visits per patient: 17.33
Inpatient stay count: 1492
Court under temporary detention orders: 1647

Workforce Assessment

Reported Direct FTE: 160.03
Outsourced FTE: 0
Reported Total FTE: 207.18
Expected FTE: 143.08
Provider Requested FTE: 3
Total Requested FTE: 3

Productivity

Visits per direct FTE: 85.01
STEP VA Services per direct FTE: 873.40

CSB: Hanover County Board of Supervisors acting as Hanover County Community Service Board

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics*Population Assessment*

Hours open per week: 50.5
Community population: 113026
Unduplicated patient count: 1260
Visits per patient: 23.73
Inpatient stay count: 182
Court under temporary detention orders: 115

Workforce Assessment

Reported Direct FTE: 14.85
Outsourced FTE: 0
Reported Total FTE: 143.10
Expected FTE: 64.12
Provider Requested FTE: 0
Total Requested FTE: 0

Productivity

Visits per direct FTE: 2013.54
STEP VA Services per direct FTE: 2439.33

CSB: Henrico Area Mental Health & Developmental Services

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance.
Recommend verification of FTE data.

Key Statistics*Population Assessment*

Hours open per week: 51.5
Community population: 372021
Unduplicated patient count: 9615
Visits per patient: 11.53
Inpatient stay count: 1040
Court under temporary detention orders: 797

Workforce Assessment

Reported Direct FTE: 205.5
Outsourced FTE: 0.25
Reported Total FTE: 375.75
Expected FTE: 95.06
Provider Requested FTE: 0
Total Requested FTE: 0

Productivity

Visits per direct FTE: 539.24
STEP VA Services per direct FTE: 317.18

CSB: Highlands Community Services

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics*Population Assessment*

Hours open per week: 50
Community population: 70346
Unduplicated patient count: 12359
Visits per patient: 11.66
Inpatient stay count: 359
Court under temporary detention orders: 450

Workforce Assessment

Reported Direct FTE: 288.56
Outsourced FTE: 0
Reported Total FTE: 410.43
Expected FTE: 126.84
Provider Requested FTE: 153.42
Total Requested FTE: 153.42

Productivity

Visits per direct FTE: 499.31
STEP VA Services per direct FTE: 488.05

CSB: Horizon Wellness Ctr Langhorne

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance.
Recommend verification of FTE.

Key Statistics*Population Assessment*

Hours open per week: 45
Community population: 265474
Unduplicated patient count: 16497
Visits per patient: 5.82
Inpatient stay count: 1064
Court under temporary detention orders: 820

Workforce Assessment

Reported Direct FTE: 199.16
Outsourced FTE: 0
Reported Total FTE: 471.87
Expected FTE: 73.31
Provider Requested FTE: 49
Total Requested FTE: 50.16

Productivity

Visits per direct FTE: 482.05
STEP VA Services per direct FTE: 542.08

CSB: Loudoun County Department of Mental Health, Substance Abuse and Developmental Services

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visits per FTE is extremely low. Recommend verification of FTE, visits and services data.

Key Statistics*Population Assessment*

Hours open per week: 51.5
Community population: 433929
Unduplicated patient count: 3773
Visits per patient: 4.32
Inpatient stay count: 343
Court under temporary detention orders: 429

Workforce Assessment

Reported Direct FTE: 120.13
Outsourced FTE: 0
Reported Total FTE: 120.13
Expected FTE: 31.57
Provider Requested FTE: 19
Total Requested FTE: 20

Productivity

Visits per direct FTE: 1.36
STEP VA Services per direct FTE: 287.91

CSB: Mount Rogers Community Services

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics*Population Assessment*

Hours open per week: 50.5

Community population: 114005

Unduplicated patient count: 20600

Visits per patient: 25.56

Inpatient stay count: 436

Court under temporary detention orders: 557

Workforce Assessment

Reported Direct FTE: 339.90

Outsourced FTE: 0

Reported Total FTE: 339.90

Expected FTE: 170.37

Provider Requested FTE: 194

Total Requested FTE: 194

Productivity

Visits per direct FTE: 1549.10

STEP VA Services per direct FTE: 553.92

CSB: New River Valley Community Services

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics*Population Assessment*

Hours open per week: 77

Community population: 183586

Unduplicated patient count: 16757

Visits per patient: 16.77

Inpatient stay count: 544

Court under temporary detention orders: 686

Workforce Assessment

Reported Direct FTE: 316.43

Outsourced FTE: 0

Reported Total FTE: 375.93

Expected FTE: 237.61

Provider Requested FTE: 52.25

Total Requested FTE: 52.25

Productivity

Visits per direct FTE: 887.85

STEP VA Services per direct FTE: 512.48

CSB: Norfolk Community Services Board

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics

Population Assessment

Hours open per week: 45

Community population: 238112

Unduplicated patient count: 3451

Visits per patient: 14.47

Inpatient stay count: 973

Court under temporary detention orders: 786

Workforce Assessment

Reported Direct FTE: 10.42

Outsourced FTE: 0

Reported Total FTE: 10.42

Expected FTE: 27.58

Provider Requested FTE: 15.5

Total Requested FTE: 15.5

Productivity

Visits per direct FTE: 4790.69

STEP VA Services per direct FTE: 3547.89

CSB: Piedmont Community Services

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Recommend verification of FTE, visits and services data.

Key Statistics

Population Assessment

Hours open per week: 45

Community population: 132942

Unduplicated patient count: 9898

Visits per patient: 7.08

Inpatient stay count: 526

Court under temporary detention orders: 389

Workforce Assessment

Reported Direct FTE: 194.92

Outsourced FTE: 0

Reported Total FTE: 395.56

Expected FTE: 61.05

Provider Requested FTE:

Total Requested FTE: 20.25

Productivity

Visits per direct FTE: 359.69

STEP VA Services per direct FTE: 384.34

CSB: Planning District One Behavioral Health Services

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics

Population Assessment

Hours open per week: 44

Community population: 81926

Unduplicated patient count: 10241

Visits per patient: 6.33

Inpatient stay count: 272

Court under temporary detention orders: 102

Workforce Assessment

Reported Direct FTE: 14.48

Outsourced FTE: 0

Reported Total FTE: 32.95

Expected FTE: 40.84

Provider Requested FTE: 27.64

Total Requested FTE: 27.64

Productivity

Visits per direct FTE: 4473.59

STEP VA Services per direct FTE: 3860.95

CSB: Portsmouth Department of Behavioral Health Services

Data Observations or Concerns: None.

Key Statistics

Population Assessment

Hours open per week: 53

Community population: 96085

Unduplicated patient count: 2781

Visits per patient: 5.01

Inpatient stay count: 434

Court under temporary detention orders: 247

Workforce Assessment

Reported Direct FTE: 45

Outsourced FTE: 0

Reported Total FTE: 45

Expected FTE: 31.17

Provider Requested FTE: 0

Total Requested FTE: 44

Productivity

Visits per direct FTE: 309.78

STEP VA Services per direct FTE: 745.40

CSB: Rappahannock Area Community Services Board

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics

Population Assessment

Hours open per week: 53

Community population: 400385

Unduplicated patient count: 16177

Visits per patient: 13.88

Inpatient stay count: 1056

Court under temporary detention orders: 864

Workforce Assessment

Reported Direct FTE: 18.87

Outsourced FTE: 1

Reported Total FTE: 22.13

Expected FTE: 138.28

Provider Requested FTE: 1

Total Requested FTE: 1

Productivity

Visits per direct FTE: 11900.43

STEP VA Services per direct FTE: 5019.50

CSB: Region 10

Data Observations or Concerns: None.

Key Statistics

Population Assessment

Hours open per week: 168

Community population: 272011

Unduplicated patient count: 6870

Visits per patient: 7.88

Inpatient stay count: 574

Court under temporary detention orders: 730

Workforce Assessment

Reported Direct FTE: 206

Outsourced FTE: 0

Reported Total FTE: 206

Expected FTE: 203.40

Provider Requested FTE: 35

Total Requested FTE: 35

Productivity

Visits per direct FTE: 262.74

STEP VA Services per direct FTE: 604.24

CSB: Richmond Behavioral Health Authority

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics

Population Assessment

Hours open per week: 77.5

Community population: 229035

Unduplicated patient count: 19701

Visits per patient: 10.87

Inpatient stay count: 1652

Court under temporary detention orders: 1410

Workforce Assessment

Reported Direct FTE: 371.74

Outsourced FTE: 0

Reported Total FTE: 434.12

Expected FTE: 202.46

Provider Requested FTE: 82.25

Total Requested FTE: 82.25

Productivity

Visits per direct FTE: 575.85

STEP VA Services per direct FTE: 441.53

CSB: Rockbridge Area Community Services Board

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Services per FTE seems very high. Recommend verification of FTE, visits and services data.

Key Statistics

Population Assessment

Hours open per week: 47.5

Community population: 40546

Unduplicated patient count: 2381

Visits per patient: 6.62

Inpatient stay count: 104

Court under temporary detention orders: 111

Workforce Assessment

Reported Direct FTE: 37.80

Outsourced FTE: 1.04

Reported Total FTE: 97.47

Expected FTE: 202.05

Provider Requested FTE: 7.5

Total Requested FTE: 7.5

Productivity

Visits per direct FTE: 416.96

STEP VA Services per direct FTE: 3306.32

CSB: Southside Behavioral Health

Data Observations or Concerns: None.

Key Statistics

Population Assessment

Hours open per week: 42.5

Community population: 78345

Unduplicated patient count: 3099

Visits per patient: 9.12

Inpatient stay count: 224

Court under temporary detention orders: 171

Workforce Assessment

Reported Direct FTE: 77.06

Outsourced FTE:

Reported Total FTE: 182.16

Expected FTE: 55.37

Provider Requested FTE:

Total Requested FTE: 150.02

Productivity

Visits per direct FTE: 366.84

STEP VA Services per direct FTE: 393.56

CSB: Valley Community Services Board

Data Observations or Concerns: Productivity numbers are lower than expected. Recommend verification of FTE, visit and services provided data.

Key Statistics

Population Assessment

Hours open per week: 45

Community population: 128484

Unduplicated patient count: 6266

Visits per patient: 5.475

Inpatient stay count: 480

Court under temporary detention orders: 566

Workforce Assessment

Reported Direct FTE: 157.15

Outsourced FTE: 0.75

Reported Total FTE: 269.31

Expected FTE: 37.00

Provider Requested FTE: 30

Total Requested FTE: 30

Productivity

Visits per direct FTE: 218.31

STEP VA Services per direct FTE: 237.19

CSB: Virginia Beach CSB

Data Observations or Concerns: Significant reported FTE compared to expected FTE variance. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend verification of FTE, visits and services data.

Key Statistics

Population Assessment

Hours open per week: 54

Community population: 453605

Unduplicated patient count: 2578

Visits per patient: 53.92

Inpatient stay count: 1116

Court under temporary detention orders: 733

Workforce Assessment

Reported Direct FTE: 200

Outsourced FTE: 8

Reported Total FTE: 509

Expected FTE: 102.56

Provider Requested FTE: 0

Total Requested FTE: 0

Productivity

Visits per direct FTE: 695.03

STEP VA Services per direct FTE: 327.61

CSBs with Missing or Incomplete Data

CSB: Chesterfield Community Service Board

Data Observations or Concerns: Did not report unique patients served. Visit count was equal to services provided count. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend reporting of unique patients served, verification of visits and services data.

Key Statistics

Population Assessment

Hours open per week: 51

Community population: 387,703

Unduplicated patient count: Not Reported

Visits per patient: Unavailable

Inpatient stay count: 518

Court under temporary detention orders: 677

Workforce Assessment

Reported Direct FTE: 176

Outsourced FTE: 0
Reported Total FTE: 176
Expected FTE: 365.5
Provider Requested FTE: 0
Total Requested FTE: 0

Productivity

Visits per direct FTE: 846.37
STEP VA Services per direct FTE: 846.37

CSB: Dickenson County Behavioral Health Services

Data Observations or Concerns: Did not report actual FTEs. Recommendation report actual FTEs.

Key Statistics

Population Assessment

Hours open per week: 40
Community population: 13603
Unduplicated patient count: 2746
Visits per patient: 16.67
Inpatient stay count: 49
Court under temporary detention orders: 35

Workforce Assessment

Reported Direct FTE: Not reported
Outsourced FTE: Not reported
Reported Total FTE: Not reported
Expected FTE: 11.72
Provider Requested FTE: 5.0
Total Requested FTE: 5.0

Productivity

Visits per direct FTE: Not available
STEP VA Services per direct FTE: Not available

CSB: District 19 Community Services Board

Data Observations or Concerns: CSB modified the service participation data to remove time factor estimates for FTE utilization. Visit count was nearly equal to services provided count. Visit data compared to services provided data is not realistic. Visit should be less than services provided as more than one service may be provided in a day. Recommend reporting of unique patients served, verification of visits and services data, including time factor data.

Key Statistics

Population Assessment

Hours open per week: 42
Community population: 178,880
Unduplicated patient count: 5309
Visits per patient: 4.5
Inpatient stay count: 950
Court under temporary detention orders: 672

Workforce Assessment

Reported Direct FTE: 70.20

Outsourced FTE: 0

Reported Total FTE: 70.20

Expected FTE: Not Available

Provider Requested FTE: 0

Total Requested FTE: 0

Productivity

Visits per direct FTE: 340.81

STEP VA Services per direct FTE: 358.90

CSB: Eastern Shore Community Services Board

Data Observations or Concerns: Used an old version of the cost report template and did not report actual FTEs, changes from 2023 to 2024 or needs beyond 2024. Recommendation report using current version of the cost report, including projected needs and FTEs.

Key Statistics

Population Assessment

Hours open per week: 45

Community population: 45336

Unduplicated patient count: 3965

Visits per patient: 6.7

Inpatient stay count: 128

Court under temporary detention orders: 105

Workforce Assessment

Reported Direct FTE: Not reported

Outsourced FTE: Not reported

Reported Total FTE: Not reported

Expected FTE: 11.43

Provider Requested FTE: Not reported

Total Requested FTE: Not reported

Productivity

Visits per direct FTE: Not available

STEP VA Services per direct FTE: Not available

CSB: Harrisonburg Rockingham CSB

Data Observations or Concerns: Did not report service utilization data. Recommend reporting service utilization data.

Key Statistics

Population Assessment

Hours open per week: 51

Community population: 141,498

Unduplicated patient count: 5206

Visits per patient: 6.2

Inpatient stay count: 339
Court under temporary detention orders: 308

Workforce Assessment

Reported Direct FTE: 79.9
Outsourced FTE: 0
Reported Total FTE: 79.9
Expected FTE: Not available
Provider Requested FTE: 13.0
Total Requested FTE: 13.0

Productivity

Visits per direct FTE: 403.10
STEP VA Services per direct FTE: Not available.

CSB: Middle Peninsula Northern Neck Community Services Board

Data Observations or Concerns: Did not report visit or unique patients served data. Recommend report visits and unique patients served.

Key Statistics

Population Assessment

Hours open per week: 54
Community population: 144,492
Unduplicated patient count: Not reported
Visits per patient: Not available
Inpatient stay count: 407
Court under temporary detention orders: 245

Workforce Assessment

Reported Direct FTE: 116
Outsourced FTE: 2
Reported Total FTE: 118
Expected FTE: 177.85
Provider Requested FTE: -1.0 (outsourced)
Total Requested FTE: -1.0 (outsourced)

Productivity

Visits per direct FTE: Not available
STEP VA Services per direct FTE: 487.21

CSB: Prince William County Community Services

Data Observations or Concerns: Used an old version of the cost report template and did not report actual FTEs, changes from 2023 to 2024 or needs beyond 2024. Recommendation report using current version of the cost report, including projected needs and FTEs.

Key Statistics

Population Assessment

Hours open per week: 40
Community population: 552,661
Unduplicated patient count: 10,690

Visits per patient: 8.8
Inpatient stay count: 725
Court under temporary detention orders: 787

Workforce Assessment

Reported Direct FTE: Not reported
Outsourced FTE: Not reported
Reported Total FTE: Not reported
Expected FTE: 86.8
Provider Requested FTE: Not reported
Total Requested FTE: Not reported

Productivity

Visits per direct FTE: Not available
STEP VA Services per direct FTE: Not available

CSB: Western Tidewater Community Services Board

Data Observations or Concerns: Did not report actual FTEs. Recommendation Report actual FTEs.

Key Statistics

Population Assessment

Hours open per week: 168
Community population: 167,304
Unduplicated patient count: 11569
Visits per patient: 14.2
Inpatient stay count: 434
Court under temporary detention orders: 429

Workforce Assessment

Reported Direct FTE: Not reported
Outsourced FTE: Not reported
Reported Total FTE: Not reported
Expected FTE: 124.18
Provider Requested FTE: 15
Total Requested FTE: 15

Productivity

Visits per direct FTE: Not available
STEP VA Services per direct FTE: Not available

Appendix 3 – Cost Report Definitions

Labor Costs Definitions (Salary and Benefits)

1. Psychiatrist
2. Psychiatric nurse
3. Child psychiatrist
4. Adolescent psychiatrist
5. Substance abuse specialist
6. Case manager
7. Recovery coach
8. Peer specialist
9. Family support specialist
10. Licensed clinical social worker
11. Licensed mental health counselor
12. Mental health professional
13. Licensed marriage and family therapist
14. Occupational therapist
15. Interpreters or linguistic counselor
16. General practice (performing STEP VA services)
17. Other

Direct Costs Non-Labor

25. Medical supplies
26. Transportation (health care staff)
27. Depreciation - medical equipment
28. Professional liability insurance
29. Telehealth
30. Subtotal other direct costs not
already included (specify details in

Comments tab)

Administrative Facility Costs Allowed (Overhead)

- 33. Rent
- 34. Insurance
- 35. Interest on mortgage or loans
- 36. Utilities
- 37. Depreciation - buildings and fixtures
- 38. Depreciation - equipment
- 39. Housekeeping and maintenance
- 40. Property tax

Admin Costs Allowed

- 43. Office salaries
- 44. Depreciation - office equipment
- 45. Office supplies
- 46. Legal
- 47. Accounting
- 48. Insurance
- 49. Telephone