COMMONWEALTH of VIRGINIA
Office of the Governor

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On December 14, 2022, Governor Glenn Youngkin launched the *Right Help, Right Now* initiative, fulfilling his commitment to tackle Virginia's overwhelmed behavioral health system. Throughout the Commonwealth, too many Virginians were suffering from mental health issues, anxiety, depression, suicidal ideation, and drug addiction. And with them, their families and communities were suffering as well.

Our aspiration was twofold: first, to ensure that Virginians in crisis would have "someone to call, someone to respond and somewhere to go" which is the goal of the CrisisNow model espoused by the Substance Abuse and Mental Health Services Administration (SAMHSA). And secondly, to begin to re-organize the behavioral health system in a way that prioritizes *people over processes* and *education, prevention and treatment over incarceration, hopelessness and death*.

The focus in year one was to begin the build out of Virginia's crisis infrastructure and set up implementation plans for the initiative's six pillars. More than 125 state employees from several secretariats and agencies participated. This effort on building out the community behavioral health system under the *Right Help, Right Now* plan has been instrumental in addressing universal needs across all populations and communities. With this groundwork now in place, the upcoming year will focus on the behavioral health needs of specific populations, particularly youth and individuals with developmental disabilities.

The Commonwealth, under a Settlement Agreement since 2012 with the U.S. Department of Justice for violation of the Olmstead Act and Americans with Disabilities Act, has made significant strides in the past decade to change the system of care. It is important to remain steadfast in the commitment to ensuring that individuals with developmental disabilities can reside in integrated settings, allowing them to lead fulfilling lives.

Urgent attention is needed to prioritize youth mental health, as highlighted by the 2023 Mental Health America Survey Rankings, where Virginia ranked 48th in the nation using data collected during and after the pandemic. The high prevalence of mental illness, substance use, and barriers to accessing behavioral health care disproportionately affect youth and demand decisive and collective action. It is

critical that the Commonwealth lead the way in implementing transformative and comprehensive changes to safeguard the well-being of Virginia's youth.

Governor Youngkin is committed to empowering families to address youth mental health and substance use issues. Encouraging open communication, providing information about causes, and offering tools for addressing these challenges are essential steps. As parents, we can contribute by actively engaging with our children, addressing their fears and anxieties, setting reasonable limits for social media use, and fostering healthy habits that promote resilience. Recognizing the influence of social media on mental health cannot be understated as we work to shape a holistic approach to support our youth.

Approaching the FY 2025-2026 biennium, it is critical to maintain and accelerate the momentum. The Governor's proposed budget, allocating $500 million in new funding and bringing the total commitment to nearly $1.4 billion, demonstrates a significant commitment to transformative change. This substantial financial support, coupled with introduced legislation, sets the stage for a more robust mental health landscape in Virginia.

This Year 1 Report of the *Right Help, Right Now* plan outlines the accomplishments of a multi-sectoral, collaborative, and dedicated effort to create an accessible and outcome-focused behavioral health system - a vital foundation for the well-being of our communities. In addition, the report highlights key priority areas for proposed legislation and financial investments for the mental health system.

We look forward to discussing this with members of the General Assembly in further detail as we continue our collective efforts to support and prioritize behavioral health, ensuring that the Commonwealth becomes a leader in providing comprehensive, accessible, and effective behavioral health care. We thank the General Assembly, stakeholders, and individuals and families in supporting the ongoing transformation of the behavioral health system in Virginia.

John E. Littel

Transforming Behavioral Health Care for Virginians

Year 1 Report
December 2022 – December 2023

Governor Glenn Youngkin

Virginia.gov

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Executive Summary

The *Right Help, Right Now* Behavioral Health Plan for the Commonwealth is built upon six pillars, forming the foundation for a transformative approach to behavioral health care in Virginia. These pillars collectively cover every facet of the care continuum, providing essential support and enabling factors vital for stakeholders throughout the system. Illustrated in Exhibit 1, these pillars not only guide the plan but also serve as the bedrock for the initiatives aimed at addressing them. In its inaugural year, the comprehensive initiative to reshape behavioral health care in Virginia has achieved significant milestones, successfully advancing key pillars focused on improving crisis care, easing law enforcement burdens, expanding community-based services, preventing substance use disorders (SUD), prioritizing the behavioral health workforce, and innovating service delivery.

Exhibit 1: Six Pillars of the *Right Help, Right Now* Behavioral Health Transformation Plan

Several initiatives outlined in the original plan required substantial legislative and budgetary commitments during the 2023 General Assembly session. The signing of the FY 2024 state budget in late September of 2023 posed challenges to early progress in achieving key goals. Despite this delay, the Commonwealth efficiently utilized the first two quarters of the calendar year to strategically organize work plans, prepare teams for imminent implementation upon the availability of funds, and engage stakeholders to facilitate the execution of programs with shared objectives. Leveraging innovation, creativity, and collective expertise, the Commonwealth successfully implemented and accomplished various milestones through targeted pillar-specific initiatives, Governor-directed task forces, and executive actions.

Year 1 Key Accomplishments of the *Right Help, Right Now* Plan:

Pillar 1 - Same-Day Care:

- Surpassed the initial goal of 70 publicly funded mobile crisis teams and began development or had a project groundbreaking on 159 Crisis Receiving Center chairs and 114 Crisis Stabilization Unit beds.
- Established high-tech 988 call centers with an average response time of under 25 seconds and with over 90% of calls answered by Virginia operators.
- Developed Virginia Crisis Connect for efficient data linkage and real-time connections.

Pillar 2 - Law Enforcement Support:

- Established the Prompt Placement Task Force to facilitate efficient state hospital bed placement for individuals under a Temporary Detention Order.
- Implemented alternative transportation programs for individuals under Temporary Detention Orders.
- Conducted trainings for Community Services Board prescreeners to standardize and improve understanding of changes to the TDO process, including use of a medical TDO.

Pillar 3 - Capacity Expansion:

- Expanded existing services, creating 13 new Assertive Community Treatment (ACT) teams.
- Advanced integrated behavioral health through the Virginia Mental Health Access Program and early development of the Adult Psychiatric Access Line.
- Assigned 561 of 600 new waiver slots from the Priority 1 Waiver List within 90 days.

Pillar 4 - Substance Use Disorder (SUD) Support:

- Launched public-private education campaigns to prevent youth opioid addiction.
- Supported naloxone availability and cross-agency planning for evidence-based treatment.
- Implemented the ten directives of Executive Order 26 through three main areas: Prevention and Treatment, Public Safety and Drug Interdiction, and Organization of Government and Data Collection.

Key Executive Actions

- *Executive Order 26 (May 9, 2023): Crushing the Fentanyl Epidemic Strengthening Virginia's Interdiction and Enforcement Response to Fentanyl Crisis*
- *Executive Order 28 (November 1, 2023): Parental Notification, Law Enforcement Collaboration, and Student Education to Prevent Student Overdoses*

Pillar 5 - Workforce Development:

- Increased the number of Licensed Clinical Social Workers by 51.4% and Licensed Professional Counselors by 12.5% in one year (data from the Virginia Healthcare Workforce Data Center).
- Expanded capabilities of non-behavioral health providers through Crisis Intervention Training.
- Created a public campaign to attract individuals to behavioral health roles, particularly through educational pathways starting in high school.

Pillar 6 - Service Innovations:

- Reprocured Medicaid Managed Care Organization contracts prioritizing behavioral health as a key outcome.
- Virginia is leading the nation by requiring commercial insurance coverage of mobile crisis response teams and crisis stabilization units through HB2216 (2023).

Year Two *Right Help, Right Now* Priorities

On December 14, 2023, Governor Youngkin announced the second phase of his three-year plan to fix Virginia's insufficient behavioral health care system. Young Virginians have suffered from addictive social media platforms, died at the hands of illicit fentanyl manufacturers, and gone without access to the urgent care they need. The next year will apply the *Right Help, Right Now* approach to specifically protect our children while working towards the three-year goals outlined last year. The Governor's introduced budget includes $500 million in new funding, including a funding strategy to expand school-based mental health services.

THREE-YEAR, ACHIEVABLE GOALS

We are fundamentally changing the Commonwealth's infrastructure to improve mental health, address substance use disorders, and support Virginians with disabilities. We can go from a slow evolution to an accelerated revolution by scaling a three-year comprehensive transformational plan.

Exhibit 2: *Right Help, Right Now* target goals for crisis and developmental disability waivers.

CATEGORY	BASELINE	END OF YEAR 1	END OF YEAR 2	THREE-YEAR GOAL
Public Mobile Crisis Teams	36	93	120	140
Crisis Receiving Center Slots	139	211	360	500
Short Term Crisis Beds	242	264	350	400
Funded Developmental Disability (DD) Priority 1 Waiver Slots	16,939	+1,100	+2,820	+4,540

IMMEDIATE ACTION IN YEAR TWO

Governor Youngkin proposed $500 million in new behavioral health funding for his biennium budget. This is a giant step forward when combined with the funding appropriated in the last budget—bringing the commitment to nearly $1.4 billion, including:

- $307 million to provide 3,440 waiver slots, a slot per person on the Priority 1 Waitlist
- $23 million to expand access to school-based mental health services for children, including telehealth services
- $46 million to meet the three-year target of emergency room alternatives, such as crisis receiving centers and crisis stabilization units, and publicly funded mobile crisis response teams to ensure that people have someone to respond to and somewhere to go in a crisis
- $10 million for partnerships with hospitals for build specialized emergency rooms for psychiatric patients, called comprehensive psychiatric emergency programs
- $23 million for to ease law enforcement burden, including expanding alternative transportation
- $58 million for building a best-in-class behavioral health workforce through salary increases in state hospitals, behavioral health loan repayment, and more clinical training sites and residency slots
- $28 million in opioid abatement and response initiatives including a campaign to reduce youth fentanyl poisoning, wastewater monitoring, naloxone availability, and services for those with substance use disorders

YEAR TWO RIGHT HELP, RIGHT NOW LEGISLATION

- **Health insurance coverage standards for mobile crisis teams (SB 543/HB 601)**
  We will ensure that Virginians in a behavioral health crisis have someone to respond when they call 988 by deeming mobile crisis response for mental health an emergency service, just as an ambulance is an emergency service for one's physical health.
- **Expand access to treatments in emergency room alternatives (HB 1038, incorporated into HB 1336)**
  We will embrace innovative remote dispensing systems for on-site storage and automated dispensing of necessary medications in emergency room alternatives, such as crisis stabilization units.
- **Reduce the burden on law enforcement by requiring use of alternative transportation (SB 497/HB 823)**
  This proposal mandates that a designated alternative transportation provider must be able to take custody of a person under an emergency custody order or temporary detention order no more than 6 hours after the issue of the alternative transportation order for that provider to be considered "available".
- **Universal healthcare licensing (SB 682/HB 1479)**
  We will provided baseline requirements to obtain licensure by endorsement of a healthcare license to practice in Virginia for all non-physician healthcare professionals, including behavioral health professionals, to make it easier for them to move to Virginia and get to work right away.
- **Expand the behavioral health workforce (SB 403)**
  We will streamline and increase the available behavioral health workforce by restructuring the Qualified Mental Health Professionals to enable professional career ladders and establish professional behavioral health aides to attain training and competency through various educational pathways including post-graduate and career transition opportunities.
- **Behavioral health certificate of public need (COPN) exemptions (SB 404/HB 628)**
  We will encourage hospitals to expand behavioral health access by reducing the administrative burden of building new psychiatric hospital units and exempting psychiatric beds from the Certificate of Public Need requirement.
- **Manufacturing or distributing illicit drugs that kill users will be a felony homicide (SB 367)**
  When Schedule I or II drugs from a manufacturer or distributor are the proximate cause of the death, the manufacturer or distributor will be found guilty of felony homicide.

Youth Mental Health Strategy

A collective and comprehensive approach is needed to prioritize the health of the Commonwealth's youngest and most vulnerable citizens. Swift action is needed to protect, support, and foster the future of our children and adolescent population. The alarming statistics underline the urgency of targeted action:

- One in five youth in the United States have a mental illness, with over 60% never receiving treatment[1].
- Suicide is the second leading cause of death for youth aged 10-14 years[2].
- Emergency department visits for self-harm among 9-18 year olds have more than doubled between 2016-2021[2].
- Only 45% of students with depressive symptoms report having a trusted adult they can ask for help.
- One in ten high school students report binge drinking in the past 30 days[3].
- Nearly 40% of high school students have experienced depression lasting longer than two weeks, with one in five students contemplating suicide[3].
- Virginia poison control calls have increased 30% in toddlers and teens due to ingestion of cannabis edibles from 2021 to 2022[4].
- Children spend an average of 4.7 hours daily on social media[5]; recent studies have suggested that spending more than 3 hours per day on social media doubles the risk of poor mental health for adolescents.[6]
- 90% of studies associate screen and social media use with sleep loss, impacting cognitive function, obesity rates, and academic performance[7].
- One in five youth in grades 3-8 are chronically absent from school, leading to significant learning loss[8].

The actions taken by the Virginia General Assembly, coupled with Governor Youngkin's initiatives to empower families, mark significant strides towards transforming the behavioral health landscape in the Commonwealth. However, it is essential to recognize that these efforts represent the foundations upon which further growth is possible. There is much more that can be done to fortify and expand the impact of these initiatives. It should be acknowledged that ongoing dedication and exploration of additional avenues will be essential in creating a resilient behavioral health system for Virginians. The proactive engagement of parents, as articulated by Governor Youngkin, serves as a reminder that individual contributions, in tandem with legislative measures, form a comprehensive approach towards nurturing the well-being of our youth. Together, we can build upon these foundations and strive towards a future where mental health is a priority, and every individual in Virginia can thrive.

[1] Mental Health Data and Statistics. Centers for Disease Control and Prevention.
[2] Virginia Department of Health. Self-Harm and Suicide Among Virginia Youth Aged 9-18 Years, 2015-2021.
[3] Youth Risk Behavior Surveillance System, 2021. Centers for Disease Control and Prevention.
[4] Virginia Poison Control Center, 2022.
[5] Familial and Adolescent Health Survey conducted by Gallup June 26-July 17, 2023.
[6] Surgeon General Issues New Advisory About Effects Social Media Use Has on Youth Mental Health, May 23, 2023.
[7] Krishnan B, Sanjeev RK, Latti RG. Quality of Sleep Among Bedtime Smartphone Users. Int J Prev Med. 2020 Aug 6;11:114.
[8] Virginia Department of Education. Impact of COVID-19 on attendance, literacy, and learning.

IMMEDIATE ACTION IN YEAR TWO

To better equip parents and support our young people, Governor Youngkin is taking immediate action in year two of *Right Help, Right Now*. Inside our schools:

- We will expand school-based mental health services to every school in Virginia and provide technical assistance and support to localities that wish to utilize these services. There are more 500,000 children in Virginia schools who are eligible for newly covered mental health services, as compared to the 50,000 children being served today.
- We will require school divisions who monitor student Internet use to disclose what activity is tracked and monitored, obtain parental consent, and notify parents when a safety alert is issued.
- We will expand the behavioral health workforce in schools and other community settings.
- We will increase access to care by providing funds for tele-behavioral health for children in grades 6-12, with their parents' permission, as well as in our public colleges.
- We will work with local school districts to deploy best practices to protect children from addictive and harmful content on devices.

Being around people who know and care for you can often help prevent or de-escalate a crisis situation, which allows an individual in crisis a better chance of treatment and recovery. Sometimes a caregiver is prevented from seeing their loved one during an emergency, which prevents de-escalation.

- We will ensure that Virginia families have the right to be in close physical proximity to a relative during a medical, mental health or substance use emergency and provide the relative with previously prescribed medications.

Lastly, we cannot ignore the impact of social media on youth mental health. Several studies[9] have demonstrated that youth who are already struggling with mental health issues are the most negatively impacted by social media – constant images set unrealistic expectations and set kids up for perceived failure. Critical actions are needed to address addictive and harmful aspects of social media on youth such as:

- Protecting the privacy of all children under 18 years of age from social media companies by banning targeted advertising to children, selling children's data, or creating a marketing profile of a child without parental consent.
- Prohibiting social media companies from using addictive practices, designs, or features, such as auto-playing videos, gamification, and virtual gifts, on children.
- Implementing guardrails on the hours for young minor's social media use and limit social media companies from disrupting teens' sleep cycles by knowingly or intentionally keeping children on their phones or laptops.

Recent studies demonstrate that a single day with devices in a classroom result in the equivalent of five lost instructional days. Several school districts in Virginia already require a device-free environment: Hopewell School District was one of the pioneers of this and it is showing signs of success.

We will continue to transform our behavioral health system in a way that will positively affect generations to come. The Youngkin administration is committed to doing our part to make Virginia an even better place to live, work and raise a healthy family.

[9] Valkenburg et al., 2022; Barthrope et al. 202; Riehm et al., 2019; Twenge et al., 2018; Oberle et al., 2020.

Overview

The *Right Help, Right Now* Behavioral Health Plan for the Commonwealth marks a pivotal milestone in Virginia's commitment to transforming its behavioral health care system. Built upon six pillars, this comprehensive initiative establishes a foundation for a transformative approach, covering every facet of the care continuum. The following sections aim to provide a detailed overview of the key accomplishments achieved in the inaugural year of the plan and outline actions supported in the Governor's introduced budget for FY 25-FY 26. These accomplishments are tangible outcomes that have advanced pillars focused on improving crisis care, easing law enforcement burdens, expanding community-based services, preventing substance use disorders (SUD), prioritizing the behavioral health workforce, and innovating service delivery.

Pillar 1: We must strive to ensure same-day care for individuals experiencing behavioral health crises.

Summary of Year 1 Accomplishments: In the first year, the workstream identified five key areas for improvement in same-day care for individuals experiencing behavioral health crisis – launch Virginia-specific 988, enhance mobile crisis teams (MCTs), enhance crisis receiving centers and stabilization capacity, build and sustain high-tech call centers, and develop technology infrastructure to enable crisis systems.

1. **Launch Virginia-specific 988 Marketing.** An initial 988 marketing campaign and new 988 website increased awareness and utilization of the federal mental health crisis hotline. The 8-week campaign had a total of 76.3 million online impressions, with total online and outdoor billboard impressions of over 133,000,000. 5.8 million unique users on Facebook and 3.9 million unique users saw Google ads, which represents a vast majority of Virginians[10]. Finally, nearly a million listeners heard audio ads on streaming music platforms. These metrics show great success for a campaign designed to increase awareness. The 988va.org includes resources and information as well as toolkits of materials so others can help spread awareness.

2. **Enhance mobile crisis team capacity.** Prior to December 2022, per DBHDS data, there were 36 behavioral health Mobile Crisis Response teams and 34 developmental disabilities mobile crisis teams in the publicly funded system across the 40 Community Services Boards. Through cross-trainings of behavioral health and developmental disability mobile crisis staff in the summer of 2023, there are now over 90 publicly funded mobile crisis teams that can serve any individual in crisis, exceeding the initial year end goal of 70 mobile crisis teams. Continued work is needed to ensure that this service is available 24/7 for all populations; therefore the initiative will adjust its target to 140 Mobile Crisis Response cross-trained teams by the end of Year 4.

3. **Enhance crisis receiving and stabilization capacity**. Community-based crisis care allows lower acuity psychiatric patients to be diverted from the emergency room, improving care, decreasing costs, and alleviating law enforcement burden. Over the past year, 159 Crisis Receiving Center chairs and 114 Crisis Stabilization Unit beds either opened, began development, or had a project groundbreaking, bringing the Commonwealth's current total projected capacity of 211 chairs and 264 beds. In Year 2, plans for an additional growth are underway.

4. **Build and sustain a streamlined call center infrastructure to enable mobile dispatch and data linkage across the crisis continuum.** High tech call centers are a national best practice outlined by SAMHSA and serve as a front line of support for individuals in crisis and connect them to the greater continuum of services. During the first ten months of 2023, an average of 8,000

[10] Data received from Siddall, state contracted vendor for Virginia 988 campaign.

Virginians have sought help from 988 every month, which is an increase over the 7,000 monthly average in 2022. Additionally, crisis call center dispatch of all mobile crisis response teams will begin on December 15, 2023. In Year 2, we will measure increase in call volume and ensure continued successful performance.

5. **Develop Technology infrastructure to enable crisis systems.** Virginia Crisis Connect is a data platform that allows call center staff to connect callers to resources, conduct risk assessments, and dispatch public and private Mobile Crisis Response teams, collectively allowing for rapid response to any Virginian in crisis while ensuring the safety of the provider and the individual. In Year 2, Virginia Crisis Connect will collect data on multiple services and allow for real time connection between Community Services Board staff to private and state hospitals through a Bed Registry Module.

Exhibit 3: Expansion of Crisis Services across the Community Services Boards. Data reported by DBHDS in Jan 2023.

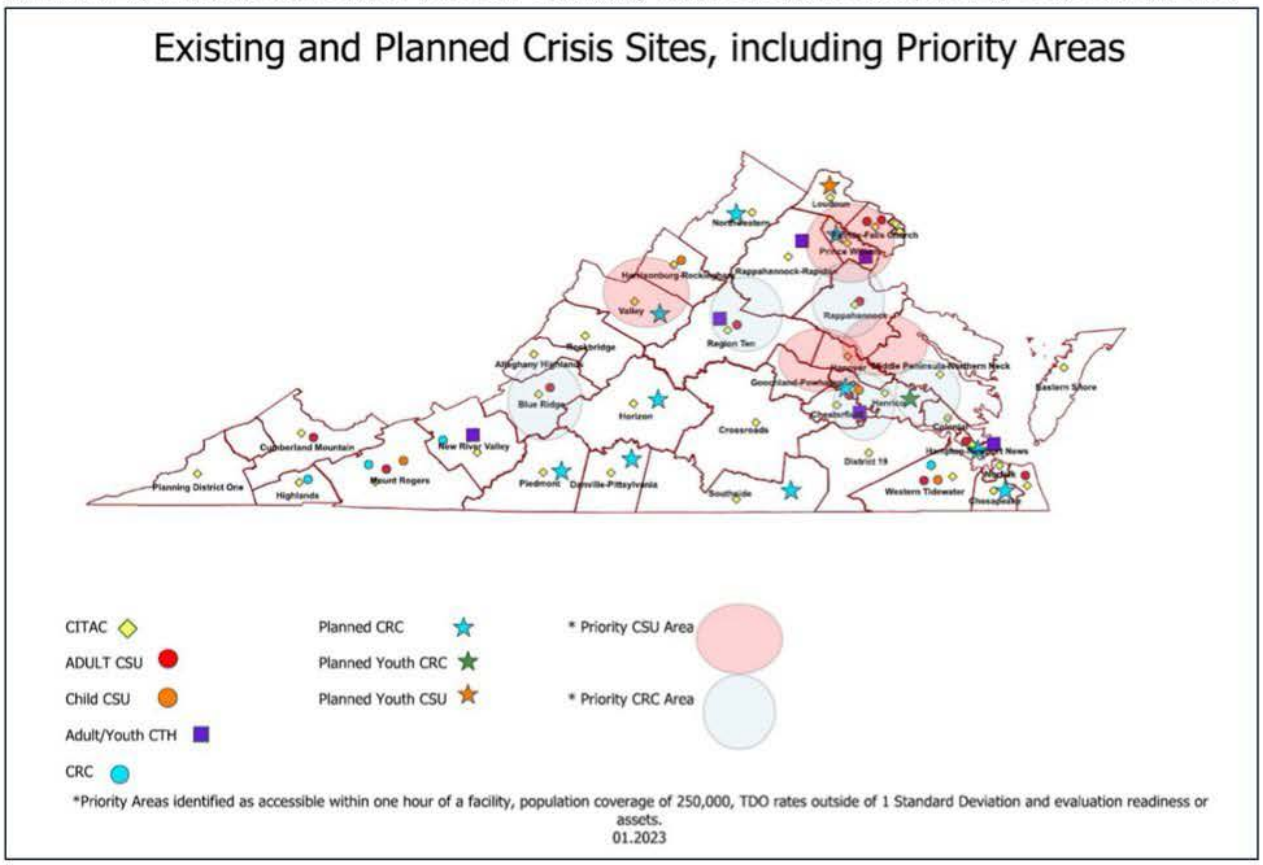


Exhibit 4: Planned infrastructure development across the crisis system to effectively respond to and stabilize behavioral health crises. Data reported by DBHDS in Dec 2023.

	Current and funded crisis continuum infrastructure in Virginia				Projected crisis continuum infrastructure towards Target State	
	Operational (% of target)	In Development	Funded[2]	Sum Total Year 1 (% of target)	Year 2[3]	Year 3 Target state[4]
Mobile crisis teams (MCT)	93[1] (66%)	N/A	N/A	93 (66%)	140[8] (100%)	140
Crisis receiving center slots (<23 hours)	52 (~10%)	87[5]	72[6]	211 (~42%)	360 (~70%)	500
Short-term crisis beds (1-5 days)	150 (~40%)	92[5]	22[7]	264 (~60%)	350 (~70%)	400
Comprehensive Psychiatric Emergency Programs (CPEP)	1	1[9]	2[2]	4	2	Expansion determined by success of pilot
Acute psychiatric inpatient beds	~3,200[10]					Dependent on buildout of CrisisNowVA

Near-term one-time investments to build infrastructure and capacity may be offset in the long-run with sustainable funding sources, including reimbursement of behavioral health services across payor sources (e.g., Medicaid, commercial health plans)

1. Number of actively staffed teams out of Community Services Board Regional Hubs on 12/9/2023, from figures reported weekly to DBHDS.
2. Projects funded through budget amendments approved in September 2023
3. Projected growth utilizing funds requested in FY25-26 budget.
4. Target state is based on estimates from the Crisis Resource Need Calculator of minimum capacity required across settings to manage estimated number of crisis episodes requiring in-person response across the state population (based on observed average of 230 crisis episodes per 100,000 population). Sources: Crisis Resource Need Calculator; DBHDS.
5. Projects in development by Community Services Boards, reported to DBHDS.
6. Funding for 72 of these CRC slots was announced in December 2023.
7. Funding for 22 of these CSU beds was announced in December 2023.
8. Represents fully staffed teams in all five Community Services Board Regional Hubs for both behavioral health and developmental services teams, fully cross trained.
9. Project in Chesapeake region from FY23 funds.
10. Includes psychiatric bed capacity across state and private hospitals (does not reflect staffing levels)

Looking Forward – Key Year 2 Priorities

Continued expansion and modernization of the statewide community-based crisis system: $45.6 million

- Expansion of crisis receiving centers (CRC) and development of crisis stabilization units (CSU) ($35.6 million)
- Increasing the number of publicly funded mobile crisis teams ($10 million)

Collaboration between 911 Public Safety Answering Points (PSAPs) and the Region Five Call Center

Over 950 calls were successfully transferred from 911 PSAPs to the call center, demonstrating effective protocols (Region 5 Hub data). Notably, law enforcement handed off behavioral health cases to mobile crisis teams over 40% of the time, contrasting with the 4% rate at which 988 requested law enforcement dispatch.

Introduced legislation: Increasing medication access in CRCs and CSUs (HB 1038, incorporated into HB1366)

Enhance hospital emergency room psychiatric care: $10 million

- Develop and expand the number of comprehensive psychiatric emergency programs

Increase crisis training among local first responders and hospital personnel: $5 million

- Provides funds for an ongoing contract with the Virginia Crisis Intervention Team Coalition.

Opening of a Crisis Receiving Center at Highlands Community Services Board

The outcomes of the new Highlands Crisis Receiving Center, with 64 referrals since July 2023, highlight a notably low rate of Temporary Detention Orders (TDOs), as only one referral resulted in a TDO. This stands in stark contrast to the statewide average. In comparison, the Crisis Intervention Team (CIT) Assessment Center reported a TDO rate of 30%, underscoring the positive impact of the Crisis Receiving Center on community-based crisis intervention and its efficacy in reducing the necessity for involuntary hospitalization.

Pillar 2: We must relieve the law enforcement communities' burden while providing care and reducing the criminalization of behavioral health.

Summary of Year 1 Accomplishments – To alleviate the burden on law enforcement communities, provide compassionate care, and reduce the criminalization of behavioral health issues, the initiative laid out four goals for its first year: the creation of the Prompt Placement Task Force to coordinate hospital bed placement for individuals under temporary detention orders (TDOs), the promotion of co-responder models of crisis care, the expansion of alternative transportation and custody for individuals under TDOs, and increased trainings opportunities for Community Services Board (CSB) preadmission screeners.

1. **The Prompt Placement Task Force.** The Prompt Placement Task Force made the public waitlist for temporary detention order beds visible to primary stakeholders, namely private and community hospitals, enhancing real-time coordination with accepting facilities.

2. **Co-responder Programs.** Co-responder programs are mobile crisis teams that partner with law enforcement to respond to individuals with either a mental health condition or a developmental disability experiencing a mental health crisis. In 2023, DBHDS surveyed current co-responder programs to assess the number of programs, the structure under which they function, how they are funded, and ways in which they impact their communities. In addition, there has been promotion of new programs, with anticipation of many new co-responder programs beginning in 2024.

3. **Alternative Transportation and Custody**. Alternative Transportation is a program wherein civilian contactors transport individuals under temporary detention orders to psychiatric hospitals, relieving law enforcement burden and aiming to decriminalize mental illness. The program has been available 24/7 statewide since 2021 and has transported over 7,000 individuals under a Temporary Detention Order to psychiatric hospitals for treatment. Per DBHDS data, on average, the program transports 7% of statewide TDOs but up to 25% of TDOs in DBHDS Region 3, where it has been operating the longest. This year, law enforcement and other stakeholders were surveyed regarding their perceptions and experienced with Alternative Transportation. To increase capacity, a pilot project is ready to begin in DBHDS Region 1 in early 2024 which will serve more individuals by reducing exclusionary criteria through safer and person-centered interventions in higher-risk situations and further reduce the burden on law enforcement. An additional pilot is in development in DBHDS Region 3 to utilize Special Conservators of the Peace to maintain custody prior to transport and provide transport when an available bed is identified.

4. **Trainings for Community Service Board (CSB) workers.** In 2023, DBHDS worked with subject matter experts at the Institute for Law, Psychiatry and Public Policy at the University of Virginia to develop trainings for Certified Preadmission Screening Clinicians in three key areas around the crisis and prescreening process. In total, 12 trainings were delivered over four days in locations across the state. The reception was overwhelmingly positive, and the trainers are invited to present the content again at a statewide Emergency Services conference in June 2024.

   Additionally, DBHDS staff collaborated with the Community Services Board Emergency Services Council and the University of Virginia to develop a quality assurance process that will launch in year 2. The Institute for Law, Psychiatry and Public Policy at the University of Virginia will analyze the preadmission screening forms and use the findings to help identify barriers to less restrictive alternatives, gather information to understand challenges faced by local emergency services programs, and identify solutions.

Exhibit 5. Statewide Alternative Transportation Data per DBHDS Region. Region 1= Northwest; Region 2 = Northeast; Region 3 = Southwest; Region 4 = Central; Region 5 = Eastern.

Statewide AT Data	FY 2023	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	TOTAL
Region 1	# Requested	37	31	29	42	31	32	43	27	35	38	27	41	413
	# Completed	28	19	21	31	22	21	30	22	23	29	11	24	281
Region 2	# Requested	24	27	20	26	30	36	33	43	45	34	28	29	375
	# Completed	16	21	12	22	25	26	23	32	36	25	19	19	276
Region 3	# Requested	66	74	74	68	82	72	73	67	84	96	83	71	910
	# Completed	50	65	60	59	68	59	59	56	63	77	66	59	741
Region 4	# Requested	5	5	10	1	7	5	7	7	4	3	5	4	63
	# Completed	5	3	3	0	4	1	2	3	1	1	3	0	26
Region 5	# Requested	20	19	21	19	14	7	6	14	5	5	9	10	149
	# Completed	17	11	12	15	11	3	4	12	2	4	7	7	105
	Total Requested	152	156	154	156	164	152	162	158	173	176	152	155	1910
	Total Completed	116	119	108	127	130	110	118	125	125	136	106	109	1429

Looking Ahead – Key Year 2 Priorities

- Support the ongoing costs of seven crisis co-responder programs established using grant funds in the current biennium ($7.8 million)
- Expand alternative transportation and custody program to individuals under involuntary commitment orders ($9.4 million)
- Fund training and quality improvement for preadmission screening clinicians ($300,000)
- Combine funding for alternative transportation and custody

Implementation of a Crisis Intervention Team (CIT) co-response team by Blue Ridge Behavioral Health

In July 2023, the team successfully intervened at an alternative school, de-escalating a situation involving a child with a history of trauma around police interactions. The child, who initially exhibited aggression, was treated voluntarily, and by the end of the encounter, was giving fist bumps to the co-response officer. The team's success extended to diverting individuals, including children, adolescents, and adults, from emergency custody orders (ECO) and temporary detention orders (TDO).

Pillar 3: We must develop more capacity throughout the system, going beyond hospitals, especially to enhance community-based services.

Summary of Year 1 Accomplishments – To expand capacity of community services to better serve individuals with mental health, substance use, and developmental disabilities, the initiative set forth four goals for its first year: the expansion of existing services, advancing integrated behavioral health services, the funding of the Priority 1 Waiver List for persons with developmental disabilities and the expansion of permanent supportive housing. To support these goals, the initiative engaged with stakeholders to identify gaps in care and studied successful practices in other states.

1. **Expansion of Existing Services and Building Capacity.** Assertive Community Treatment (ACT) is an evidence-based practice proven to reduce hospitalizations and incarcerations, increase housing stability, and improve quality of life for people with the most severe symptoms of mental illness. In Virginia, individuals who were admitted to an ACT team in FY20 saw a 42% reduction in state psychiatric hospitalization, representing a cost avoidance of $11,484,010 over two years while providing less restrictive care. Since the launch of the *Right Help, Right Now* plan 13 new ACT teams have been created, bringing the total to 56 programs operating across the Commonwealth. The success in the outcomes is dependent on fidelity to the treatment model and the Commonwealth will need to ensure support of both the program as well as the evaluation of the teams.

   In 2023, the Complex Hospital Discharge Learning Collaborative was also established, which is led by DBHDS and includes other state agencies and eleven private hospitals in a learning initiative to improve hospital discharges for patients who have a combination of medical, psychiatric, and/or social barriers. It aims to ensure effective transitions from the hospital to the community and implement quicker access to acute care beds for individuals in crisis.

2. **Advancing Integrated Behavioral Health.** Best-in-class behavioral health systems make care easy to access where a person first presents. As such, the initiative worked to increase mental health services in primary care clinics for adults and in schools for youth.

   Behavioral Health – Primary Care Integration: The Virginia Mental Health Access Program (VMAP) has created a successful child psychiatry-pediatrics integrated training and consultation model, which has built capacity and competency in the assessment and treatment of mental health conditions in youth through primary care pediatricians. The Adult Psychiatric Access Line (APAL) seeks to do the same for the adult population, with a target go-live date for September 2024. APAL will serve as a psychiatric access line for citizens across the Commonwealth via their primary care physician, improving access to timely psychiatric assessment, medication management, and outpatient treatment resources, as well as continued education in mental health and substance use disorders for primary care physicians. This pilot program received $1.2 million from the Center for Disease Control (CDC) Workforce Development Grant in December 2022. Both VMAP and APAL help reduce barriers to mental health and substance use treatment. Both programs also address workforce shortages, as well as increase continued education for medical providers.

School-Based Mental Health Programs: The General Assembly appropriated $2.5 million in general funds in 2022 to DBHDS, in collaboration with the Department of Education (DOE), to implement community-based behavioral health service integration in schools. Using this funding, six school divisions collaborated with community partners to hire personnel to provide behavioral health services to students and train school staff. The Virginia Department of Education and Old Dominion University Center of Implementation and Evaluation of Education Systems helped with technical assistance. Through this partnership, nine self-paced learning modules were created for all school division and community partners to help implement school-based mental health services. Thirteen technical assistance sessions were also provided to pilot school divisions to help support their program implementation as well as an opportunity to discuss program successes and roadblocks through meetings and peer-to-peer learning.

3. **Fund the Priority 1 Waiver List**. In December 2022, there were 2,888 number of people awaiting Priority 1 Waivers. In the past year, 600 slots were created through 26,0028,100 ($13,014,050 General Fund) funding. These waivers allow 83% percent of people to remain in the community and out of state institutions.

Enhanced Processes for Waiver Assignments

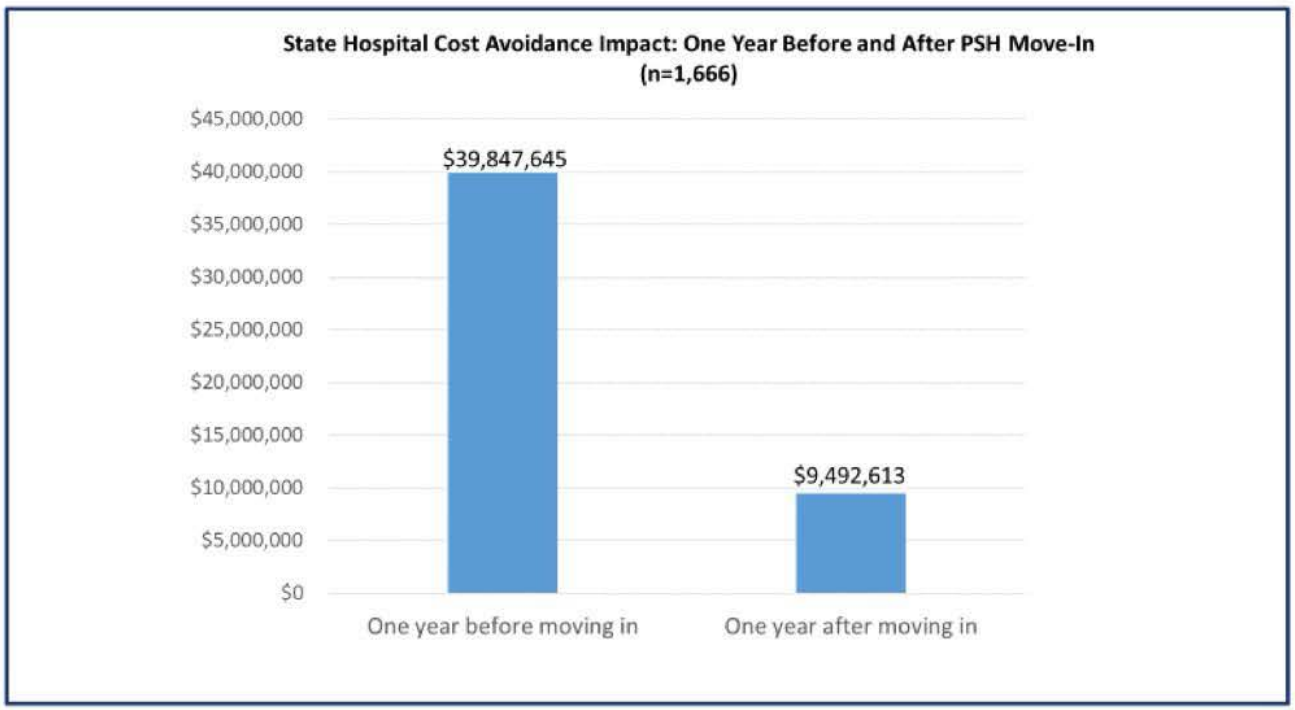
A success story highlights the efficiency in assigning waiver slots, with all allocated slots assigned by the end of October 2023. The efforts of the DBHDS, Regional Support Teams, and CSB Case Managers ensured the quick assignment of 561 out of 600 newly allotted slots within 90 days.

Exhibit 6. Priority 1 Waitlist Growth and Waiver Slots. (DBHDS WaMS data, accessed Dec 7, 2023.)

State Fiscal Year (July 1 – June 30)	***Priority 1 Waitlist***	***Funded Community Living (CL) Waiver Slots***	***Funded Family and Individual Supports (FIS) Waiver Slots***
FY 2022	2565	110	900
FY 2023	2901	0	0
FY 2024	3420	170*	930*

4. **Permanent Supportive Housing (PSH**) – PSH is an evidence-based practice that includes rental assistance to ensure housing affordability, specialized housing support services, and coordination with clinical behavioral health services. PSH is prioritized for individuals leaving state hospitals, experiencing long-term homelessness, or frequently interfacing with crisis, local hospitals, or criminal justice systems. DBHDS added more than 500 slots of permanent supportive housing (PSH) for adults with Serious Mental Illness (SMI) in FY23, increasing the total number of slots managed by 27 providers to 2,339. In FY23, individuals in PSH had a one-year housing stability rate of 91.6% and a 76% reduction in state hospital bed days, representing a state hospital cost avoidance of $30.4 million.

Exhibit 7. Impact of Permanent Supportive Housing on State Hospital Costs from FY 23. Data received from DBHDS, Avatar.



Looking Ahead – Key Year 2 Priorities:

- School-Based Mental Health Programs will be significantly expanded and enhanced to bring the best-in-class mental health services and supports to schools and integrate with the Governor's ALL IN Virginia Plan[11] to address the impact of COVID-19 on attendance, learning, and literacy ($15 million)
- Establish a Chief School Mental Health Officer in the Department of Education ($400,000)
- Expand mental health availability and access though telehealth in both K-12 ($14 million) and Higher Education ($6 million)
- Provide ongoing support for the Peer-to-Peer Mentoring Program through a contract with the Arc of Virginia ($430,000)
- Provide flexibility of pilot funding for inpatient admission alternatives and support complex hospital discharges with community based transition services.
- Amend language to allow dementia-specific funding to be used for all geriatric individual, to improve quality of care and provide services and supports tailored to this population
- Increase the number of developmental disability waiver slots by 3,440 by adding 1,720 slots in each year of the biennium. Over the biennium, the number of Family and Individual Supports waiver slots will increase by 3,096 and the number of Community Living waiver slots will increase by 344 ($307 million).
- Provides the authority to implement telehealth service delivery options for developmental disability waiver services currently authorized by the Appropriation Act or Code of Virginia.
- Modify waiver service limits on assistive technology and electronic supports ($2.2 million)
- Expand the capacity of the DBHDS developmental disability services division to ensure efficient administrative execution ($1.8 million)

[11] ALL In Virginia Plan: https://www.education.virginia.gov/media/governorvirginiagov/secretary-of-education/pdf/ALL-In-Virginia.pdf

Pillar 4: We must provide targeted support for substance use disorder (SUD) and efforts to prevent overdose.

Summary of Year 1 Accomplishments - To address substance use disorder (SUD) and its associated challenges, the initiative targeted five key areas: develop a strategy for mobile crisis response to SUD; support communities in prevention efforts; target programs with the greatest potential to prevent adverse outcomes; convene cross-agency planning for evidence-based treatment pilots and programs; and reduce barriers to recovery, particularly transition programs and peer participation.

1. **Strategy for Mobile Crisis Response to SUD.** The Pillar will expand to incorporate the seven tasks from Executive Order 26, "Crushing the Fentanyl Epidemic." From improved availability of naloxone to more accurate and timely data provision, these tasks will permit optimal targeting of resources for all phases of the opioid response.

2. **Supporting communities in prevention efforts.** A public-private education and prevention campaign was launched to prevent youth opioid addiction and overdose deaths to address the unique pattern of risk found in the adolescent population.

3. **Programs to prevent adverse outcomes.** Strategic planning and contracting to ensure a steady, available supply of naloxone is nearing completion as of this date. Naloxone effectively prevents death from opioid overdose. Emergency Department bridge programs, described below, have been demonstrated to increase participation in post-discharge treatment and increase initiation of medical treatment for addiction, which in turn has been shown to reduce overdose deaths.

Emergency Department Bridge Programs

This year was the launch of Emergency Department (ED) Bridge Programs, in partnership with private health systems and stakeholders. These programs allow patients with SUD presenting in crisis to be assessed and offered evidence-based therapies before release, with a warm handoff to the appropriate community treatment program. Two regional health systems are actively participating, with at least four others moving toward implementation. The goal is widespread participation in every Emergency Department across the Commonwealth. This initiative has stimulated interest in the provision of outpatient SUD care by family physicians, presenting an opportunity for broader availability, especially in underserved areas.

4. **Cross-agency planning for evidence-based treatment pilots and programs.** The Reentry to Recovery Workgroup, a multiagency public-private partnership, was formed to facilitate the movement of incarcerated individuals with SUD toward prolonged recovery. The group completed its first strategic planning session, focusing on successful programs in sheriff-run jails, regional jails, and Department of Corrections prisons. Intent is to expand existing successful programs and their availability to all carceral facilities, allowing for system-wide SUD treatment and counseling during incarceration and direct handoffs to community programs, including services supporting employment, housing, and transportation, upon release.

5. **Reduce barriers to recovery, including transition programs and peer participation.** Programs underway include support for recovery housing and support recovery high schools, where students with SUD may complete diploma requirements while receiving treatment, and broad support for increased participation by peers with lived experience at all levels of the opioid response. These last efforts have led to a 92% increase in the number of registered, work-ready peer recovery specialists in Virginia.

Exhibit 8. Growth of Peer Recovery Specialists (PRS) in Virginia. Certified includes all PRS; Registered includes those who are both certified and registered by the Department of Health Professions.

Looking ahead – Key Year 2 Priorities:

- Provide funding to conduct a wastewater surveillance demonstration project for fentanyl and norfentanyl ($400,000)
- Allocation of Commonwealth Opioid Abatement and Remediation fund dollars to support the Naloxone Distribution Program. Funding will support the purchase and distribution of opioid reversal agents as well as administrative costs such as shipping, test strips, norfentanyl in three geographically diverse localities ($10.9 million).
- Expand and sustain funding for adolescent substance use disorder services by providing funds for medically monitored high-intensity inpatient services (ASAM 3.7) for youth and adolescents with serious mental illness or substance use disorder who may otherwise require inpatient hospitalization and support the Chesterfield Recovery Academy ($1.7 million).
- Establish two new additional peer wellness stay programs in the first year, in addition to providing ongoing support in the second year for the new programs and a peer wellness program established in the current biennium supported with federal grant funds through 2025 ($6.7million).
- Expand the availability of peer recovery specialists in Medicaid by implementing measures that would reduce administrative barriers that limit access to services.
- Establish a targeted youth opioid prevention effort ($8 million)
- Support for a jail-based substance use disorder treatment program ($500,000)

Pillar 5: We must make the behavioral health workforce a priority, particularly in underserved communities.

Summary of Year 1 Accomplishments - To expand the behavioral health workforce, the initiative developed six objectives: increase the number of clinical providers available to provide Behavioral Health services, work towards parity in rates and compensation, expand the capabilities for non-behavioral health providers to perform de-escalation, grow the Behavioral Health workforce pipeline, reduce administrative burdens that hinder care, and support a public campaign to increase the attractiveness of Behavioral Health roles.

1. **Increase the number of providers by reducing constraints where appropriate.** The Department of Health Professions is on track to reduce licensure regulations by 25%. In 2023, there has been an increase above projected growth of Licensed Clinical Social Workers by 51.4% and Licensed Professional Counselors by 12.5%[12].

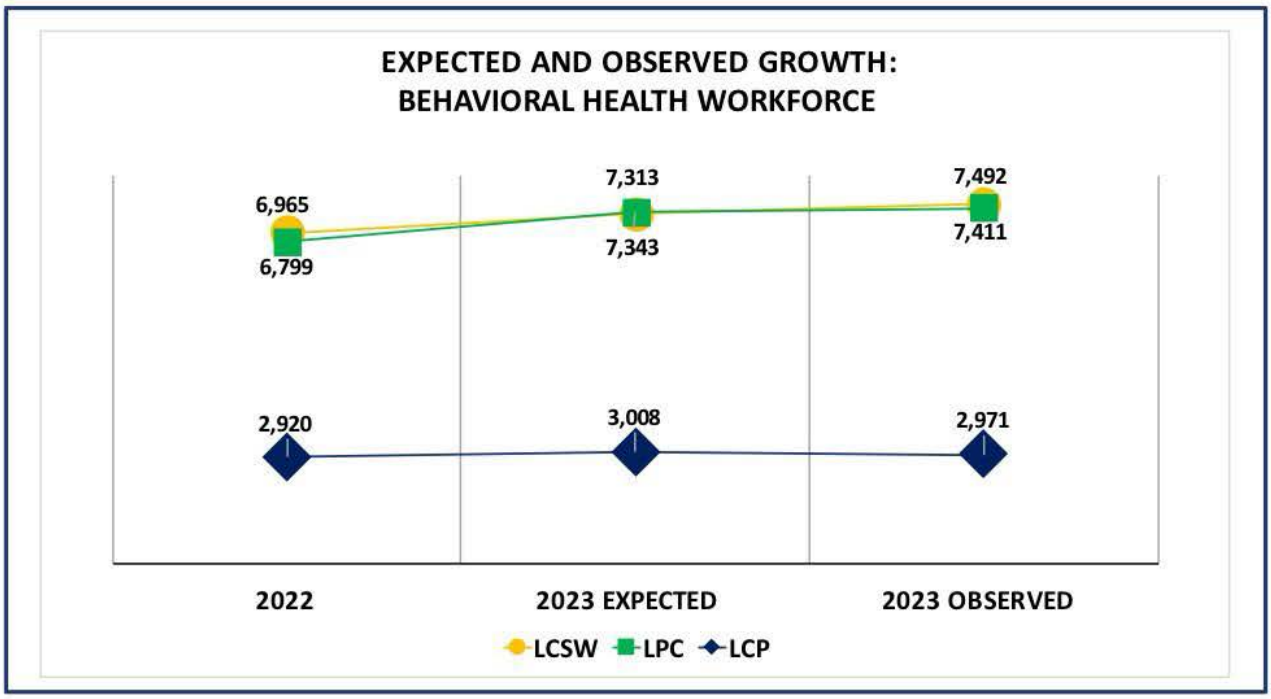
   A comprehensive 50-state analysis of how Virginia's training requirements for Licensed Clinical Social Workers, Licensed Professional Counselors, and Licensed Clinical Psychologists compare with the rest of the nation revealed that Virginia sits in the pocket for Social Work and on the high end for Counseling, but, regardless, several elements to the licensure process for all credentials are cumbersome and need refinement to make Virginia a more attractive place for the Behavioral Health professional community.

   An analysis of scope of practice revealed the true range of behavioral health-related care that can be performed by 22 regulated professions. This assessment has the potential to reduce barriers to care by enabling providers to practice at the top of their license. Implementation of Master's-level clinical Psychology is being explored. Currently, a doctorate is required to practice Psychology, and academic doctorate programs typically have the capacity to only able to accept 1-3% of applicants.

2. **Work towards rate and compensation parity.** The Department of Medial Assistance Services has initiated a two-year rate study to identify where Medicaid is underpaying for behavioral health services rendered by licensed mental health professionals.

[12] Virginia Healthcare Workforce Data Center.

Exhibit 9. Growth of the Behavioral Health Workforce. Data received from the Virginia Healthcare Workforce Data Center.



LCSW – Licensed Clinical Social Worker; LPC – Licensed Professional Counselor, LCP – Licensed Clinical Psychologist
Note: There was a 5% decrease in the Clinical Psychologist workforce from 2020-2021, likely due to the COVID-19 pandemic. Since then, the Clinical Psychologist workforce has experienced a 2% growth; however, the annual average growth prior to the pandemic was 3%, resulting in the 2023 workforce being 37 fewer than expected based on the pre-pandemic growth trend.

3. **Expand capabilities of non-behavioral health providers**. Crisis Intervention Training (CIT) was identified as the most successful statewide program to provide non-behavioral health-licensed personnel with the skills to de-escalate persons experiencing mental health crisis and reduce the use of force or restraint. CIT is generally provided to the law enforcement community, but its benefits have been demonstrated among all first responders and hospital emergency departments. We have partnered with the Virginia CIT Coalition to identify necessary training and budget support to grow this specialized de-escalation program beyond its traditional realm.

4. **Create a behavioral health workforce pipeline.** The Virginia Board of Education (VBOE) is applying Mental Health First Aid as a measure to dually introduce high school students to the behavioral health field while also providing them with necessary skills to respond to signs of a mental illness and substance use. The Board of Education is also incentivizing school divisions to offer or improve access to under-utilized Mental Health Career and Technical Education programs, including Mental Health Technician, Registered Behavior Technician, Nationally Certified Psychiatric Technician, Virginia Certified Substance Abuse Counselor Assistant, and Qualified Cultural Navigator.

5. **Reduce administrative burdens.** The Department of Behavioral Health and Developmental Services and the Virginia Department of Health created a federally recognized Behavioral Health Medical Reserve Corps. It serves as the national standard for crisis response teams to respond to large-scale emergencies.

Behavioral Health Medical Reserve Corps

Virginia has launched a best-in-class, nationally recognized, Behavioral Health Medical Reserve Corps (BHMRC). Historically, DBHDS and VDH each maintained their own deployable large scale response teams with mental health resources. By combining the strengths of these two teams into one response force, Virginia leads the way for emergency behavioral health support during a state or local disaster. Example scenario: A hurricane impacts Region 5 with significant loss of property and souls. The local CSBs are impacted, exhausted, and cannot meet ongoing needs. In preparation for the storm the governor activated state-coordinated shelters and many citizens evacuated to those shelters. DBHDS would coordinate both mutual aid from CSBs across the Commonwealth and the deployment of BHMRC volunteers to support local shelters, state shelters, and impacted CSBs.

6. **Create a public campaign to increase the attractiveness of behavioral health jobs.** The Virginia Board of Education, Virginia Department of Health, and the Department of Behavioral Health and Developmental Services have partnered with the Virginia Hospital and Healthcare Association to create a statewide digital social media campaign aimed at young adults to pursue careers in behavioral health.

   The State Council of Higher Education in Virginia, the Council of Independent Colleges in Virginia, and several universities are examining how to boost in student interest in behavioral health careers.

Looking Ahead – Key Year 2 Priorities:

- Expand the Boost 200 program Virginia Health Care Foundation to pay for the costs of supervisory hours needed for licensure for individuals seeking advanced degrees in social work or counseling, prioritizing the youth mental health workforce ($1.2 million)
- Expand the mental health workforce by conducting an evaluation of the licensing process, funding a workforce training director, and providing scholarships for behavioral health technicians ($1.2 million)
- Establish formal partnerships between academic institutions and the state-operated facilities to serve as clinical training sites for licensed mental health professionals, medical residents, nurses, nurse practitioners, and physician assistants ($1.5 million).
- Support 20 additional psychiatric residency slots beginning in 2025 ($4 million)
- Provide additional support for the Behavioral Health Loan Repayment Program by increasing incentives for tier 1 professions from $30,000 to $50,000 as well as expand program eligibility to include psychiatric registered nurses. $1.0 million shall be set aside each year for eligible behavioral health professionals who are school-based ($10 million).
- Support salary increases for state hospital workers in clinical roles and food service ($40 million).

Pillar 6: We must identify service innovations and best practices in pre-crisis prevention services, crisis care, post-crisis recovery and support and develop tangible and achievable means to close capacity gaps.

Summary of Year 1 Accomplishments **-** The initiative has three major innovation goals: increase youth support through Medicaid managed care programs, collaborate with commercial insurance to enhance behavioral health service coverage, and develop outcome-based payment strategies. The work in this area aims to significantly optimize and re-envision the way services are delivered across the payer system, provider system, and the structures and data needed to support the behavioral health system of care.

1. **Re-procurement of the Medicaid Managed Care Organization (MCO) contracts and prioritizing behavioral health outcomes.** In August 2023, the Virginia Department of Medical Assistance Services announced that the managed care program would be reprocured to continue to build on the foundation and strengths of Virginia's Medicaid managed care program and to drive innovation and strengthen quality and accountability—with one focus area being behavioral health. Areas of program changes highlighted in the public Request for Proposals and Model Contract include: improving quality of treatment, prevention, and follow-up care, including follow-up with members within 24-hours after notification that they have used crisis services; improving network adequacy and access for members by only counting providers who actively treat Medicaid members toward network adequacy standards, monitor provider network compliance with appointment availability standards, and promptly address issues at the individual and regional level; support increased access and reduce provider administrative burden through standardized credentialing processes, more specific managed care organization clean claim and prompt pay requirements, additional provider training, technical assistance, and data to target providers, and increase the quality of health care for members through an expanded quality performance withhold and by requiring MCOs to better align quality measures in value-based payment arrangement with applicable MCO performance withhold measures and CMS core measure sets. There is also an optional Behavioral Health Home component included. The Request for Proposals and associated documents can be accessed through eVA ("Cardinal Care Managed Care")[13].

2. **Increase youth support through Medicaid managed care programs.** The state plan amendment expanding Medicaid reimbursement for school-based health services and provider types was approved in October 2023[14], which will provide significant support to school health and mental health services, with new opportunities to blend funding from state, federal, public and private payer sources. The Virgnia Department of Education and the Department of Medical Assistance Services conducted a week-long training in October 2023 for school-based Medicaid providers and billing personnel. To maximize the availability of resources, further infrastructure for schools will be needed. The state funded school-based mental health programs will be used to inform the model of care and services supported by Medicaid.

   Additionally, a multi-agency workgroup was led by DMAS regarding the current exclusion of youth in psychiatric residential treatment facilities (PRTFs) from Medicaid Managed Care. The group recommended that youth in PRTFs no longer be excluded from Managed Care, but that the service remain carved out from a payment perspective as a short-term step towards a comprehensive continuum of services coordinated through Managed Care. There was recognition that enhancement and oversight of the quality of services is needed.

[13] Information available at Virginia Business Opportunities (cgieva.com)
[14] State Plan Amendment for School Services: https://www.dmas.virginia.gov/media/6213/va-spa-21-0017-approval-signed.pdf

3. **Collaborate with commercial insurance to enhance behavioral health service coverage.** On January 1, 2024, Virginia will have mandated commercial coverage[15] for mobile crisis response and residential crisis stabilization units. This will ensure that all Virginians who experience a mental health crisis will have access to community-based crisis services regardless of payer. A workgroup led by the State Corporation Commission, ensured that stakeholders will be ready for implementation.

Mandated Coverage for Mobile Crisis Response and Crisis Stabilization Units starts January 1, 2024

Cross sectoral collaboration of the SB 1347/HB2216 (2023) workgroup led by the State Corporation Commission positions Virginia leading the country to mandate commercial coverage for mobile crisis response and residential crisis stabilization units, a significant stride towards comprehensive behavioral health coverage based on a national best practice model – CrisisNow – which includes high tech call centers, mobile crisis response, and short term crisis supports through 23 hour crisis stabilization and residential crisis stabilization units.

Looking Ahead – Year 2

- Enhance and reform the legacy youth and adult behavioral health services with evidence-based and trauma-informed services by June 30, 2026. This transition is necessary for Virginia to secure federal support for a comprehensive continuum of behavioral health services through an 1115 Serious Mental Illness (SMI) Waiver[16]. The SMI waiver will integrate evidence-based approaches, including Coordinated Specialty Care (CSC) for first episode psychosis, High Fidelity Wraparound for multi-system involved youth, and specialized outpatient services. The opportunity presented by the 1115 Waiver also offers a platform to assess the effectiveness of diverse strategies, ranging from housing and employment support for individuals with serious mental illness to exploring specific behavioral health provider types and residential level-of-care options for adults. ($1 million)

- In collaboration with the work in Pillar 3 related to school-based mental health programs, innovative strategies are needed to increase uptake, use of evidence, and efficiency of maximizing financial support for sustainability. Efforts in the biennium provides funds to contract with a vendor for a credentialing database for youth mental health services including school-based mental health services to decrease the administrative burden on workforce and establish baseline quality standards and simplify identifying and accessing youth mental health services. ($1 million).

The enhancement of youth behavioral health services is a critical priority, particularly for vulnerable youth in foster care. By prioritizing family-based services and interventions emphasizing prevention and early intervention, we can redirect the trajectory of our youth mental health system from its current 48th national ranking to a best-in-class status. In summary, the significant strides made in the inaugural year serve as a catalyst, propelling us forward in our efforts for transformative changes in the delivery of behavioral health services. These achievements, coupled with the strategic initiatives planned for the future, underscore a commitment to creating a more accessible, efficient, and outcome-focused behavioral health system in Virginia.

[15] SB 1347(Cosgrove)/ HB 2216 (Leftwich), Approved March 22, 2023.
[16] Opportunities to Design Innovative Service Delivery Systems for Adults with a Serious Mental Illness or Children with a Serious Emotional Disturbance (medicaid.gov)

Appendix: Governor's Proposed Behavioral Health Budget

	CH 1			Introduced budget			RHRN Total		
	CH 1 2024	FY 2025	FY 2026	FY 2024	FY 2025	FY2026	FY 2024	FY 2025	FY2026
Crisis									
Expansion of Mobile Crisis Units	$ 10,000,000				$ 10,000,000	$ -	$ 10,000,000	$ 10,000,000	$ -
Fund comprehensive psychiatric emergency programs	$ 10,000,000				$ 10,000,000	$ -	$ 10,000,000	$ 10,000,000	$ -
Increase funding for Comprehensive Crisis Services System (CRCs, CSUs, etc)	$ 58,000,000	$ 39,845,204	$ 39,845,204		$ 32,967,146	$ 2,603,514	$ 58,000,000	$ 72,812,350	$ 42,448,718
Chesapeake Regional Hospital Behavioral Health Services	$ 4,500,000	$ -	$ -				$ 4,500,000	$ -	$ -
Expand alternative transportation to individuals under involuntary commitment orders					$ 4,733,920	$ 4,733,920	$ -	$ 4,733,920	$ 4,733,920
Training and quality improvement for preadmission screening clinicians					$ 300,000	$ -	$ -	$ 300,000	$ -
Continued funding for current Crisis Co-responder programs					$ 3,600,000	$ 4,200,000	$ -	$ 3,600,000	$ 4,200,000
Increase crisis training among first responders and hospital personnel					$ 2,585,000	$ 2,585,000	$ -	$ 2,585,000	$ 2,585,000
Mental Health Transportation Pilot Program DCJS	$ 5,074,631	$ -	$ -				$ 5,074,631	$ -	$ -
Increase Funding for First Three STEP-VA Services	$ 4,350,000	$ 8,700,000	$ 8,700,000				$ 4,350,000	$ 8,700,000	$ 8,700,000
Combine funding for alternative transportation and custody					Language Only			Language Only	
Provide flexibility fo pilot funding for inpatient admission alternatives					Language Only			Language Only	
Total Crisis	**$ 91,924,631**	**$ 48,545,204**	**$ 48,545,204**	**$ -**	**$ 64,186,066**	**$ 14,122,434**	**$ 91,924,631**	**$ 112,731,270**	**$ 62,667,638**
Children's Mental Health									
Establish Chief School Mental Health Officer					$ 200,000	$ 200,000	$ -	$ 200,000	$ 200,000
Fund new credentialing database for youth mental health services					$ 1,000,000	$ 1,000,000	$ -	$ 1,000,000	$ 1,000,000
Fund telehealth behavioral health services in Higher Education					$ 3,000,000	$ 3,000,000	$ -	$ 3,000,000	$ 3,000,000
Fund telehealth behavioral health services for k-12					$ 7,200,000	$ 7,200,000	$ -	$ 7,200,000	$ 7,200,000
Expansion of School-Based Mental Health Services DBHDS	$ 7,500,000	$ 15,000,000	$ 15,000,000				$ 7,500,000	$ 15,000,000	$ 15,000,000
Expand community-based behavioral health services for children at CSBs	$ 4,200,000	$ 4,200,000	$ 4,200,000				$ 4,200,000	$ 4,200,000	$ 4,200,000
Total Children's Mental Health	**$ 11,700,000**	**$ 19,200,000**	**$ 19,200,000**	**$ -**	**$ 11,400,000**	**$ 11,400,000**	**$ 11,700,000**	**$ 30,600,000**	**$ 30,600,000**
Prevention and Post-Crisis									
Expansion of Virginia Mental Health Access Program	$ 3,950,000	$ 7,900,000	$ 7,900,000				$ 3,950,000	$ 7,900,000	$ 7,900,000
Ensure Medicaid behavioral health services are evidence-based and trauma-informed					$ 1,000,000	$ -	$ -	$ 1,000,000	$ -
Medicaid Rates for Community-Based Behavioral Health Services	$ 27,186,242	$ 54,372,484	$ 54,372,484				$ 27,186,242	$ 54,372,484	$ 54,372,484
Permanent Supportive Housing	$ 30,000,000	$ 30,000,000	$ 30,000,000	$ (10,000,000)			$ 20,000,000	$ 30,000,000	$ 30,000,000
Housing Opportunities for Individuals with Serious Mental Illness	$ 4,000,000	$ 8,000,000	$ 8,000,000				$ 4,000,000	$ 8,000,000	$ 8,000,000
Medicaid Parity of Mental Health and Substance Use Disorder Rates	$ 898,272	$ 1,796,544	$ 1,796,544				$ 898,272	$ 1,796,544	$ 1,796,544
Collaborative Care Services for Mental Health and SUD in Medicaid	$ 213,506	$ 427,012	$ 427,012				$ 213,506	$ 427,012	$ 427,012
Provide emergency regulatory language for behavioral health services					Language Only			Language Only	
Improve access to peer recovery support services					Language Only			Language Only	
Support complex hospital discharges with community-based transition services					Language Only			Language Only	
Total Prevention and Post-Crisis	**$ 66,248,020**	**$ 102,496,040**	**$ 102,496,040**	**$ (10,000,000)**	**$ 1,000,000**	**$ -**	**$ 56,248,020**	**$ 103,496,040**	**$ 102,496,040**
Workforce									
Enhance the Behavioral Health Loan Repayment Program	$ 1,500,000	$ 1,500,000	$ 1,500,000		$ 5,000,000	$ 5,000,000	$ 1,500,000	$ 6,500,000	$ 6,500,000
Increase in GME residency slots					$ 2,000,000	$ 2,000,000	$ -	$ 2,000,000	$ 2,000,000
Expand behavioral health workforce (evaluation, training and scholarships)					$ 595,876	$ 645,876	$ -	$ 595,876	$ 645,876
Provide funds for Boost 200 expansion					$ 575,000	$ 575,000	$ -	$ 575,000	$ 575,000
Fund clinical training sites at state facilities					$ 741,989	$ 711,989	$ -	$ 741,989	$ 711,989
Salary increases for food service at DBHDS facilities					$ 8,506,386	$ 8,506,386	$ -	$ 8,506,386	$ 8,506,386
Salary increases for clinical roles at DBHDS facilities					$ 11,373,946	$ 11,373,946	$ -	$ 11,373,946	$ 11,373,946
Increase in CSB salaries	$ 18,000,000	$ 36,000,000	$ 36,000,000				$ 18,000,000	$ 36,000,000	$ 36,000,000
Total Workforce	**$ 19,500,000**	**$ 37,500,000**	**$ 37,500,000**	**$ -**	**$ 28,793,197**	**$ 28,813,197**	**$ 19,500,000**	**$ 66,293,197**	**$ 66,313,197**
Opioid Response and Prevention									
Youth opioid prevention effort					$ 4,000,000	$ 4,000,000	$ -	$ 4,000,000	$ 4,000,000
Designate Portion of Opioid Settlement Fund for Fentanyl response (Naloxone)					$ 5,519,145	$ 5,464,145	$ -	$ 5,519,145	$ 5,464,145
Wastewater surveillance pilot for Fentanyl					$ 400,000	$ -	$ -	$ 400,000	$ -
Adolescent substance use disorder services					$ 1,080,000	$ 610,000	$ -	$ 1,080,000	$ 610,000
Purchase Naloxone (DBHDS)	$ 1,461,398	$ -	$ -				$ 1,461,398	$ -	$ -
Fund a jail-based substance use disorder treatment program					$ 500,000	$ -	$ -	$ 500,000	$ -
Fund Peer wellness stay programs					$ 3,443,525	$ 3,302,053	$ -	$ 3,443,525	$ 3,302,053
Total Opioid Response and Prevention	**$ 1,461,398**	**$ -**	**$ -**	**$ -**	**$ 14,942,670**	**$ 13,376,198**	**$ 1,461,398**	**$ 14,942,670**	**$ 13,376,198**
DD/ID Waiver									
Fund 500 developmental disability waiver slots	$ 15,488,904	$ 30,977,808	$ 30,977,808				$ 15,488,904	$ 30,977,808	$ 30,977,808
Add developmental disability waiver slots					$ 102,232,362	$ 204,464,725	$ -	$ 102,232,362	$ 204,464,725
Increase rates for personal care, respite, and companion services	$ 44,405,228	$ 88,810,456	$ 88,810,456				$ 44,405,228	$ 88,810,456	$ 88,810,456
Implement telehealth service delivery options for developmental disabilities					Language Only			Language Only	
Peer to Peer mentoring and employment contract with Arc of Virginia					$ 214,250	$ 214,250	$ -	$ 214,250	$ 214,250
Modification of waiver service limits on assistive technology and electronic supports					$ 1,146,978	$ 1,146,978	$ -	$ 1,146,978	$ 1,146,978
Add new positions in the developmental disabilities division (8 FTEs)					$ 980,444	$ 980,444	$ -	$ 980,444	$ 980,444
Total DD/ID Waiver	**$ 59,894,132**	**$ 119,788,264**	**$ 119,788,264**	**$ -**	**$ 104,574,034**	**$ 206,806,397**	**$ 59,894,132**	**$ 224,362,298**	**$ 326,594,661**
Total (all funds) included in each year for new initiatives	**$ 250,728,181**	**$ 327,529,508**	**$ 327,529,508**	**$ (10,000,000)**	**$ 224,895,967**	**$ 274,518,226**	**$ 240,728,181**	**$ 552,425,475**	**$ 602,047,734**
								Total funds	**$ 1,395,201,390**