

# 2021 ANNUAL REPORT



Virginia Association Of  
Community Services Boards, Inc.  
*Making a Difference Together*

# VACSB 2021 Annual Report

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*CSB program requirements dictate that staff and participants practice COVID-19 prevention and protection measures in accordance with Centers for Disease Control guidance and state, local and federal mandates. Any photos depicting individuals without masks or who are not six feet apart were taken when such measures were not required or recommended by the state, local, or federal government, or the CDC.*



# A Message from the VACSB Board Chair

**The Virginia Association of Community Services Boards (VACSB) is pleased to present its 2021 Annual Report.**



**Angelo Wider**  
VACSB Board Chair

At press time for the 2021 VACSB Annual Report, we will be nearly two full years into the COVID-19 pandemic. I remain inspired by Virginia's CSBs and their ability to adhere tightly to their mission as public safety net providers. I cannot remember a time when our safety net has been more critical.

Substance use disorders and overdoses have soared as a result of the isolation and anxiety the pandemic has brought with it. Mental health issues such as depression have also become greater challenges for some, and we are especially concerned about the behavioral health impacts of the pandemic on our youth. The transition from in-person learning to virtual and then back to in-person has been hard on both children and young adults. Individuals with developmental disabilities and their families have also had to make numerous adjustments to their service arrangements which can throw the family rhythm off, especially for those who need a strong sense of routine to enjoy and engage in integrated activities.

The increased demand for services and supports comes at a time when CSBs are facing critical workforce shortages. While the CSBs have not failed at any time during the pandemic to provide their code mandated services, staff shortages and turnover have made their work that much more difficult. CSBs have programs that operate 24/7 and serve individuals with acute behavioral health and developmental disability service needs, as well as many with complex medical conditions. Maintaining operations will require a financial investment in the CSB workforce but it will also require communities to recognize and appreciate the value of the work dedicated CSB staff do and to uplift and encourage young people to see public behavioral health

and developmental disability service work as a viable and fulfilling career. Investments will also need to be made to ensure that those who have been working hard throughout the pandemic have incentives to stick with it.

CSBs have achieved so much in 2021. VACSB and its members have continued to implement the System Transformation, Excellence and Performance in Virginia model (STEP-VA), including the critical crisis step of this program. Virginia policymakers have demanded an aggressive timeline for implementation of crisis services transformation. This requires the CSBs to adjust their services, hire staff and educate their communities more quickly than any other state that has implemented a similar model, but they are committed to achieving the state's objectives. In addition, we have continued to focus on the necessary developmental disability services enhancements that will allow Virginia to come into compliance with the Department of Justice Settlement agreement in the near future.

I would like to commend the CSB staff for their continued adherence to the idea that with appropriate services and supports, individuals can engage in recovery and/or gain greater independence. We should not underestimate the transformative nature of quality programs and services. In spite of everything, this has driven CSB performance, and it shows on the faces of the individuals featured in this report and in their amazing success stories.

Resilience is a skill that must be developed and when faced with a multitude of challenges, it can be difficult to cultivate. The full implications of the pandemic will likely not be known for some time, but CSBs and the individuals they serve have learned to adapt and draw strength from their vulnerabilities and are hopeful about the future.

We cannot clap with one hand; however, so we are relying upon our communities and our policymakers to help us create the robust future we all want. CSBs and the individuals they serve deserve nothing less.

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### **Hilary Piland, Public Policy Manager**

### **Valerie Long, Operations Specialist**

### **Allison Downey, Administrative Support & Training Specialist**

## Virginia Association of Community Services Boards

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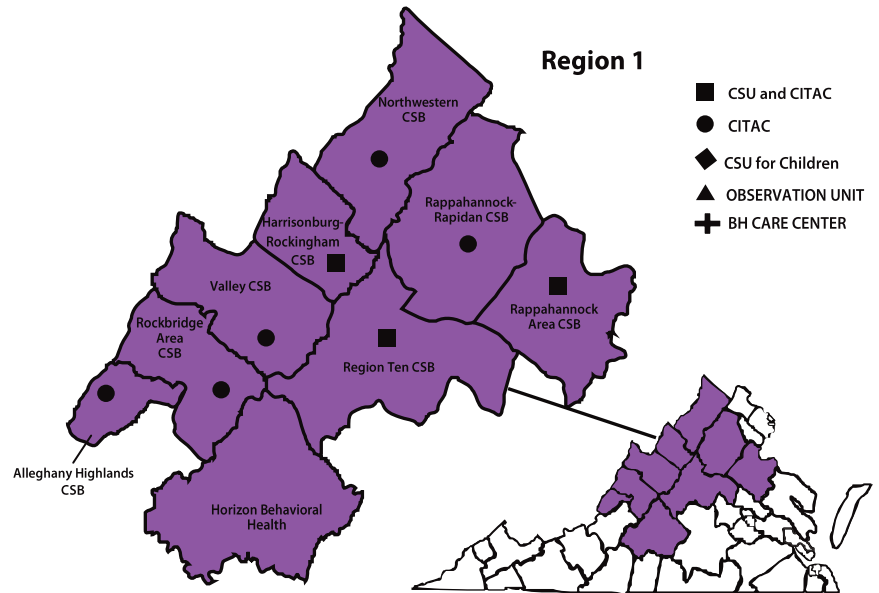
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## 2021 Highlights

Region 1 has continued to make progress with the alignment of regional initiatives under Region 1's Regional Office to include mobile crisis and Regional Educational Assessment Crisis Response and Habilitation (REACH) services. This alignment will ensure consistent and streamlined services for the region along with the Regional Crisis Call Center, Adult Mobile Crisis, and other programs implemented through Region 1's Regional Office during the next year.

Region 1 Children's Crisis and Psychiatric funds allowed for MH Crisis positions at each CSB to serve a total of 2,118 children and youth in crisis. Child REACH served 470 children and youth with developmental disabilities and prevention services secured a 94% retention placement in home and community settings. Region 1 Children's Mobile Crisis was implemented in October 2020 and was fully operational by March 2021 and provided mobile crisis responses to 92 children and youth during FY21.



Region 1's Regional Office also implemented a regional portal to provide an online resource for staff and consumers regarding regional initiatives. This online portal also provides access to a regional training calendar to highlight trainings offered at the regional level.

The Adult REACH program trained 1,226 individuals. This is a 42% increase over the previous fiscal year. Training occurs at the regional level by the Regional Crisis Director regarding the REACH program, programmatic updates, and targeted topics of discussion with Service Coordinators, Emergency Services clinicians, private providers, other interested CSB programs and community groups. The Clinical Director also facilitates clinical trainings to law enforcement agencies, support coordinators, providers, Western State Hospital, community therapists, schools, and other targeted groups.

Utilization Management Programs	Service Unit	Region 1
Local Inpatient Purchase of Service (LIPOS) Adult	Individuals	201
	Bed Days	746
State Hospital Adult	Individuals	1,385
	Bed Days	65,148
State Hospital Older Adult	Individuals	214
	Bed Days	18,727
State Hospital Youth	Individuals	173
	Bed Days	1,850
Discharge Assistance Plan (DAP)	Individuals	555

State hospital data does not include forensic bed days. State Hospital Data Source: DBHDS Bed Utilization Report FY21. The Utilization Management Programs listed are all regional.

Crisis Programs	Service Unit	Region 1
Crisis Stabilization Units- Adult (CSU)	Individuals	730
	Bed Days	5,839
Child Mobile Crisis	Individuals	1,340
	Service Units	16,124
REACH Crisis Therapeutic Home	Individuals	47

Note: The CSUs & Child Mobile Crisis programs may be managed by individual CSBs in the region & other CSBs may occasionally utilize the services if practical due to proximity.



# Allegheny Highlands Community Services Board

## 2021 Highlights & Innovations

### Allegheny Highlands Community Services Board (AHCSB) begins work in Drug Court



In May 2020, the Allegheny County/City of Covington Adult Drug Treatment Court was approved by the Virginia Supreme Court. In September 2020, the first participant was inducted into the drug treatment court. Upon release from jail, the participant arrived at the AHCSB mental health/substance use clinic to complete the appropriate assessments and start treatment services at AHCSB.

In order to become a candidate for the Drug Treatment Court, a candidate must be 18 years or older and have either pending drug charges, drug-driven charges or a probation violation. The candidate's defense attorney or probation officer can refer the individual to the Commonwealth's Attorney for a legal screening. Once the legal screening is completed and the individual agrees to participate, the Commonwealth's Attorney then passes the candidate's information to the Drug Court Coordinator.

The Drug Court Coordinator then administers a Risk and Needs Triage (RANT) assessment. The results of this assessment determine the referral's level of risk and needs. The results of both the legal screening and RANT assessment are sent to the Drug Court Team to accept or deny the referral. Upon acceptance, the individual will then go before the judge and be ordered into the drug treatment program.

AHCSB is excited to be a part this program, and we are looking forward to partnering with local stakeholders.



**AHCSB  
Opioid  
Awareness  
Event  
September  
2020  
Jackson River  
Complex**



TRAININGS	NUMBER TRAINED
Mental Health First Aid	16
REVIVE!	18

### SERVES

County of Allegheny, City of Covington,  
Towns of Clifton Forge and Iron Gate

## SUCCESS STORY

Four year old Jase was diagnosed with Autism in April 2019. Like most parents we were in denial and tried not to make comparisons with other children.



At Jase's one-year pediatric appointment he wasn't walking, talking, or making eye contact and had little to no response to his name. After a tearful visit with the pediatrician, we came to terms with the fact that Jase was at least developmentally delayed. I am thankful that his pediatrician referred us to the Early Intervention services at AHCSB.

Early Intervention not only helped Jase but helped our entire family. We immediately felt less alone and scared. We had resources and people who listened and cared. Michelle and Robin, the therapists that worked with Jase were amazing. I could contact them with questions and always received the support we needed. Michelle would bring something new for him to try weekly and even made laminated pictures for us to use at home. I felt like Michelle and Robin were not only service providers but also friends. The Early Intervention staff were equally amazing. When we first learned about Developmental Delay, Autism and Sensory Processing Disorder we were overwhelmed and scared. It was nice to be able to reach out to our service coordinator and get trusted information. We have worked with several wonderful staff members who have made sure items that were needed such as a weighted blanket, weighted vest, scooter, and laminated pictures were available and personally delivered to our home.

Jase has aged out of services and now attends preschool at Mountain View Elementary. Our family will remain forever thankful for the providers who were there for this scared mother and who stood by our entire family every step of the way.

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## SERVES

City of Harrisonburg and County of Rockingham



## HARRISONBURG-ROCKINGHAM COMMUNITY SERVICES BOARD

### 2021 Highlights & Innovations

The Harrisonburg-Rockingham Community Services Board (HRCSB) spent the year bringing on new services during the COVID-19 pandemic and finishing out the final work toward building a new home for the HRCSB outpatient clientele. This has been a five-year project of which we are extremely proud. The HRCSB employees had input into the design of the new facility with the architects during the conceptualization phase. The new building brings together child and adult services under one roof. Being together creates efficiencies and familiarity during the transition ages, while also creating clear pathways to services in the physical structure using divisions for age, and public and private spaces. HRCSB is especially grateful to both the city and county governments for the financial investment in the future of HRCSB. HRCSB is looking forward to the new facility becoming a reality in 2021.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	69
REVIVE!	14

## SUCCESS STORY

Mark (not his real name) stated that his recovery goals are being met because, "This time I have support! When you don't have support you tend to drift and that can be bad. You might pick up old habits you had before."

Mark has been living in an independent apartment in the community since April. His recent recovery trajectory began 18 months ago when he was discharged from Western State Hospital into the Supervised Living Residential Program at the HRCSB. After previous hospital discharges directly into the community or to assisted living facilities, Mark agreed to try a transition to independence through the residential referral of his Community Liaison Case Manager. Through the use of Discharge Assistance Project (DAP) funding he discharged into the Market Street House where he received daily living skills support and supervision of his medication regimen. Mark says, "Everybody there was so great! I just enjoyed it."

Mark talked about the education and coaching from staff being a key to his weight loss. He was able to lose 45 pounds over the course of a year through a healthy diet and exercise. The weight loss among other benefits also reduced his chronic joint pain.

Through quarterly treatment team meetings with his case manager, residential and Psychosocial Rehabilitation (PSR) staff, it was decided Mark was ready to move from the residential house to his own residential apartment, providing an opportunity for him to have increased independence but continued supervision and support from staff.

After about 12 months in residential, Mark began working with a Housing Specialist from HRCSB's Permanent Supportive Housing (PSH) program and secured an apartment in the city that was close to a bus line in a quiet neighborhood.

In all of these transitions, Mark has been able to make choices that are his own, with feedback from his treatment team. "You don't have to choose everything everybody says. You can say, no." While Mark is no longer participating in PSR, he socializes with other residents in his apartment building. In addition, he regularly engages in local community endeavors and continues to improve his independent living skills by working with an HRCSB Mental Health Skill-builder.

Mark describes himself as content. He says he is hopeful about "staying out of the hospital" because "I know what I need to do, and I love my apartment!"



## SERVES

Counties of Amherst, Appomattox, Bedford and Campbell; City of Lynchburg

## 2021 Highlights & Innovations

### Reaching Communities with Messages of Hope and Resiliency

Horizon Behavioral Health (HBH) is responding to COVID-19 with innovative community-level prevention efforts, including health communication strategies that prioritize children, young adults, rural communities, and racial/ethnic minorities in an effort to address associated mental health and substance use conditions. Horizon launched a summer outreach community health worker initiative that has reached residents in underserved communities right at their doorstep to provide home wellness checks and care packages at no cost. The community health workers are trained to identify signs of mental health and substance use conditions and provide information on how to access food, housing, employment, financial assistance, legal and medical services, as well as additional resources to help prevent potential crisis.

Over 1,000 wellness visits revealed emerging community needs and barriers to needed services, such as access to technology, lack of awareness, stigmatization, as well as social isolation. Through this initiative, Horizon is proactively addressing these barriers by improving perceived accessibility to available supportive services throughout Central Virginia.

Foundational to the success of this initiative are valued and dedicated community partnerships with local school divisions, law enforcement, and departments of social services who collaborated with Horizon to ensure communities most in need are provided the support offered by this initiative.



## SUCCESS STORY

Georgia Robinson received a wellness check on August 3<sup>rd</sup>, by Horizon's community health worker team where she expressed her struggle after losing her 23-year-old daughter in November of 2020. Left as the primary caregiver for her two granddaughters, ages five and three, she is now aware of services that can support her and her grandchildren. "I'm raising two little girls now. I don't know how to deal with the grief of my daughter, but I'm trying. These little girls grieve their mommy. So, it does mean a lot to me to know that there's help out there for me," said Georgia.



**Residents Served**  
**1,647 Households Visited**  
**882 Care Packages Delivered**

TRAININGS	NUMBER TRAINED
Mental Health First Aid	91
REVIVE!	137

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## 2021 Highlights & Innovations



Northwestern Community Services Board (NWCSB) is in the process of purchasing and renovating the property located at 170 Prosperity Drive, Winchester, Virginia 22602. This property will house the clinical operations currently located in Frederick County. In addition to moving the current clinic, NWCSB anticipates moving the Amherst Substance Use Disorder Clinic, The Brad-dock Street Child and Adolescent Psychiatry Clinic and the downtown Winchester Assertive Community Treatment (ACT) operations into the new facility. The Genoa dispensing pharmacy will also be moved into the new facility. The new facility is 10,000 square feet.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	69
REVIVE!	127

## SERVES

Counties of Clarke, Frederick, Page, Shenandoah and Warren, City of Winchester

## SUCCESS STORY

Melanie (not her real name) is an 18-year-old with spastic cerebral palsy. She is confined to a power wheelchair and has a Family and Individual Support Waiver. During her senior year in high school, she was living with her temporary legal guardian in an accessible home built by Habitat for Humanity. The home was left in a Special Needs Trust after her mother passed away the previous year. When Melanie turned 18, her case manager, knowing that Melanie could not afford her home with only her Social Security Disability Insurance (SSDI) income, assisted her with applying for a Department of Justice (DOJ) Housing Voucher. Since the home was left in a Special Needs Trust by her mother, and the Virginia Department of Housing Authority (VDHA) perceived that she owned the home, Melanie was unable to use the voucher. She filed a housing complaint for discrimination with Housing and Urban Development (HUD) and her case manager contacted an attorney through Legal Services. The attorney contacted Habitat for Humanity and asked them to purchase the home back from the trustees. As a result, Melanie can now use her voucher and remain in her home permanently. This benefit has a value of \$185 in rent per month. Habitat for Humanity maintains the yard and the exterior, and her landlord completes repairs without charge. Melanie is flourishing as she attends college, interacts with her personal care attendants, manages her finances, and uses public transportation to access the community as well as medical care. She is in the process of purchasing an accessible van, and actively volunteers in the community.

***Melanie's life is forever changed, and she is very grateful for the assistance of NWCSB in resolving her housing issue so that she can live the life that she wants and deserves.***



## SERVES

Counties of Caroline, King George, Spotsylvania, Stafford, and City of Fredericksburg

## 2021 Highlights & Innovations

This fiscal year challenged Rappahannock Area Community Services Board (RACSB) in many ways, and the staff was able to rise to the occasion and provide services to individuals despite an ongoing pandemic, a rise in need, a crisis in crisis care and a severe workforce shortage.

This year was extraordinarily difficult for crisis services with a rise of individuals needing behavioral healthcare, closings at state psychiatric facilities and concerns related to COVID-19. This situation could have had dire consequences for our community. Despite significant obstacles, RACSB was able to help individuals experiencing mental health emergencies. This was the result of a number of factors, including:

- RACSB's dedicated hospital liaisons, who never stopped meeting hospital patients in-person.
- RACSB's partnership with local law enforcement, emergency departments and private hospitals.
- RACSB's range of services, including outpatient, crisis stabilization, emergency services and permanent supportive housing.
- RACSB's emergency services therapists, who at times had to rely on creativity and ingenuity to find solutions where they didn't seem to exist.



RACSB staff offering Rapid REVIVE! training at the Fredericksburg Pride Festival.

Discharge planners provided services to **162** unique individuals who had at least one admission to the state hospital during the fiscal year which included more than **2,107** total services. Discharge planners provided **1,730** hours of service to these same individuals all with a combination of in-person and virtual services.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	516
REVIVE!	301

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## SUCCESS STORY

The Co-Response Program for Fauquier County Sheriffs Office and Warrenton Town Police Department launched in October of 2020. Later in May of 2021, co-response was also established for Culpeper Police Department. This joint response initiative with law enforcement for mental health related calls was a pilot funded by the local community. An expansion of this program is planned as a part of the Marcus Alert grant project that Rappahannock Rapidan Community Services Board (RRCSB) is piloting for Region 1, with plans to extend co-response to Orange, Madison, and Rappahannock counties by the end of the year. Currently, co-response is operating on the weekdays during prime hours; as more staff are onboarded, this coverage will eventually extend to 24/7. The program has been met enthusiastically by community partner agencies who have been eager to utilize the program and recognize the need for such a response. Mental health co-response goes out to about 50-60% of mental health related calls that are coming through dispatch for Warrenton and Fauquier County. Data shows a reduction in emergency custody orders (ECOs) initiated in Fauquier County from 125 to 80 when compared to the same time last year. On scene response with mental health allows consumers to get redirected to appropriate community-level interventions without officers needing to take consumers into custody to get them help. Consumers, their friends, and their family have given positive feedback for the program, often stating how relieved and pleased they are with having a mental health presence on scene along with law enforcement. An emerging trend as the program continues, is people specifically requesting a co-responder to come to the scene when calling 911. The ability to provide linkage to services and schedule follow up appointments in real time is also proving to be a benefit that is increasing engagement and utilization of available services.

## SERVES

Counties of Culpeper, Fauquier, Madison, Orange and Rappahannock

## 2021 Highlights & Innovations

- With Project LINK, prevented 20 children from entering into foster care by connecting parents to treatment services.
- Provided affordable housing vouchers for over 150 homes and expanded permanent supported housing.
- Brought focus to staffs' individual values with Diversity Equity and Inclusion assessment.
- Chosen as one of five pilot locations for implementation of Marcus-David Peters Act programs, bringing a wide range of community stakeholders together.
- Began planning for Direct Support Professional Credentialing through the National Association of Direct Support Professionals (NADSP).
- Successful pilot implementation of crisis co-response with local law enforcement
- Completed implementation of Peer Recovery Services program.
- Finalized plans for living room model facility that hosts recovery support groups for veterans and special populations as well as peer recovery and transitional programs.
- Adapted to help the community through the pandemic by providing telehealth options, 40,000 home-delivered meals, and resiliency trainings with thousands of participants.
- Collaborated with Health Department to bring vaccine access to clients and staff.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	0*
REVIVE!	54

*\*Trainings may have been conducted virtually at other CSBs.*



## SERVES

Counties of Albemarle, Fluvanna, Greene, Louisa & Nelson; City of Charlottesville

## SUCCESS STORY



### Region Ten's

### Project LINK Participants

"Going through Project LINK during the pandemic helped lower my anxiety by providing online access to recovery services for substance use treatment, while also removing the barrier of transportation. I felt more comfortable working my program from home and was able to access different online resources to help with my recovery. Through this program I have been able to build confidence in my sobriety and develop my peer network. Project LINK has been a big support for myself and my family this year."

## 2021 Highlights & Innovations

- Became a Living Wage employer in November 2020.
- Established a department for Diversity, Equity and Inclusion and trained 61 staff on Microaggressions in the Workplace and 54 staff on Implicit Bias.
- Region Ten's Crisis Stabilization Unit (CSU), the Wellness Recovery Center, had 185 admissions since reopening in July 2020.
- Drug Treatment Court had 14 graduates this year and celebrated its 200th graduation ceremony.
- Received a significant grant award from the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to enhance and expand Family Treatment Court.
- Received funding from the Virginia Foundation for Healthy Youth to provide tobacco prevention programs to local youth.
- Collaborated with local Office-Based Opioid Treatment Programs (OBOTs) and Opioid Treatment Programs (OTPs) in the community to fund self-pay consumers and expand opportunities for Medication-Assisted Treatment.
- Began offering drive-thru safety events to distribute free medication lock boxes, lock bags, and trigger locks to the public to help prevent drug misuse and suicide.
- Sixteen Region Ten staff were trained in both courses (1 and 2) of the Community Resilience Initiative.
- The Fluvanna Counseling Center partnered with local probation and the courts to create a drug court with 8 participants.
- Town Creek Assisted Living Facility maintained full census over the last year.
- Expanded local Developmental Disability (DD) Provider Coalition by 75% in order to share information and resources that kept consumers safe during the pandemic.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	66
REVIVE!	143

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## 2021 Highlights & Innovations



In honor of Suicide Prevention in September and Mental Health Awareness in May, Rockbridge Area Community Services Board (RACSB) Prevention team, in collaboration with a local family, created yard signs that offer messages of hope and encouragement. The community response has been amazing. To date approximately 650 signs have been distributed and they can be seen in yards throughout the Rockbridge area.



**Crossroads, Goochland-Powhatan, Southside and Rockbridge CSBs successfully facilitated 6 Adverse Childhood Experiences (ACEs) training courses with ZOOM. Almost every class received enough registrations to be filled to capacity.**

**Yay for new collaborations!**

The ACEs Collaborative Team started with 6 prevention team members who came together in June 2020 to find a way to continue to offer the ACEs training in a virtual format. This team of 6 (4 CSBs) grew quickly to 12 CSBs and over 20 prevention team members across the state. The team offered 30 virtual trainings during FY21 that reached 2,130 people.

## SERVES

Counties of Bath & Rockbridge;  
Cities of Buena Vista and Lexington

As part of a community coalition effort, RACSB partnered with multiple organizations and coalition members to collect items and deliver 300 Resiliency Kits to children in four local schools.

## SUCCESS STORY

Camille Clark started services with RACSB in December 2020, when she was directed to get an intake assessment due to a Driving under the influence (DUI) charge. She had been using methamphetamines almost daily for 5 years. Ms. Clark also struggled with a mental health (MH) disorder. She began attending a women's substance abuse (SA) group via telehealth due to COVID-19, in February. According to her group leader, Camille was faithful in attendance in phases two and three and only missed when her job was so busy that she was unable to attend. Ms. Clark was so dedicated in attending that she would dial into the group during her breaks. She was an active participant who was open and supporting of others. Ms. Clark was able to achieve sobriety and, to date, remains sober. She is employed full-time and has been offered a promotion to management. Ms. Clark continues to look to the future and, along with managing her addiction and MH disorder, she has an application into Habitat for Humanity for a stable home for herself and her children. Ms. Clark provides a positive role-model for other women in the SA group and works hard daily to maintain success. She truly deserves recognition for her hard work, perseverance and dedication. RACSB is happy that it could be part of helping her positively forge her future.

COVID-19 caused the suspension of the 'Be a Santa to A Senior' program for the first time in 13 years. RACSB staff stepped up in a big way, partnering with a local church, to provide Christmas to forty-three low income and isolated seniors in the community. Thanks to caring staff these seniors felt special and loved!

TRAININGS	NUMBER TRAINED
Mental Health First Aid	29
REVIVE!	41

## 2021 Highlights & Innovations

Valley CSB (VCSB) created a Racial Equity, Social Justice and Health Equity Committee following the murder of George Floyd. The committee formed using guiding statements from civil rights advocates:

"When you see something that is not right, not fair, not just, say something, do something. Get in trouble, good trouble, necessary trouble." Representative John Lewis, Civil Rights Leader, said.

"Intuitively we all like to seek the things that are comfortable rather than uncomfortable. But I do think there is a way of saying that if I believe in justice and I believe that justice is a constant struggle, and if I want to create justice, then I have to get comfortable with struggle." Bryan Stevenson, Lawyer, Social Justice Advocate, Author: Just Mercy.

The group was intentionally created with staff representing diverse cultures, races, genders, and position levels, excluding the Executive Leadership Team (ELT). The current focus is on racial equity and how VCSB is meeting or not meeting this standard. The group felt the need to work to create spaces where people felt safe to express honest opinions, even if the opinion was not the same as the person hearing the opinion. The ELT is kept apprised of committee discussions through summaries submitted after each meeting and in the quarterly visit by the CEO to inform the committee of ELT actions related to the committee summaries. This is an intentional communication bridge that was felt to be critical to the success of the committee and its mission.

A mission statement was created: To assist VCSB in promoting equitable and quality services in a culturally and linguistically appropriate manner for persons of diverse backgrounds, including individuals receiving services, staff, and community.

To meet that mission the committee looked at a checklist of steps, which has shaped the work. At this time a completed survey from all staff is being analyzed, and data and recommendations will soon be shared with the ELT for next steps.

In addition to the survey, the committee has created a calendar of events to celebrate racial equity, social justice, and health equity by highlighting different events each month and having staff participate and celebrate the various events. Our kickoff event was a virtual panel discussion about racism within our community, how it affects each of us and how we can be part of the solution with three community members invited to share their experiences. Other events have included: a scavenger hunt to recognize local black community leaders and events, a movie discussion on "Judas and the Black Messiah" to celebrate Black History Month, weekly educational awareness materials sent to staff to celebrate Autism Awareness Month, a movie discussion of "Hidden Figures," to celebrate Women's History Month, and a recycled kite contest to recognize Earth Day.

## SERVES

Counties of Augusta & Highland;  
Cities of Staunton & Waynesboro

## SUCCESS STORY

### Lucy's Story (not her real name)

Lucy came into Office-Based Opioid Treatment (OBOT) services just over a year ago looking for assistance in remaining sober from heroin. She started using when she was 19 years old and used daily for the next 5 years. During that time, she struggled with homelessness and was unable to maintain consistent employment. After serving 15 months in jail for possession and a probation violation, Lucy began psychiatric services at VCSB in early 2019. At that time, she was sober. In 2020, she relapsed and was referred to OBOT on June 4<sup>th</sup>. VCSB's team was able to see her and get her started on Suboxone the same day.

When Lucy entered OBOT, she had been using heroin daily for a month. Lucy has remained sober for the 14 months she has been in the OBOT program. During that time, she has been able to maintain full time employment and was promoted to a new position several months ago. She remains career oriented and is enthusiastic about opportunities to continue learning and moving up in her company. She has also been able to address other needs, such as improving her physical health and getting dental care. Lucy recently got married and is enjoying life as a newlywed. She and her new husband have been able to purchase a home and no longer worry about housing stability. Over the last 14 months, VCSB's team has had the joy of watching Lucy go from struggling with daily heroin use to maintaining sobriety and thriving in many areas of her life.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	0*
REVIVE!	59

*\*Trainings may have been conducted virtually at other CSBs.*

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

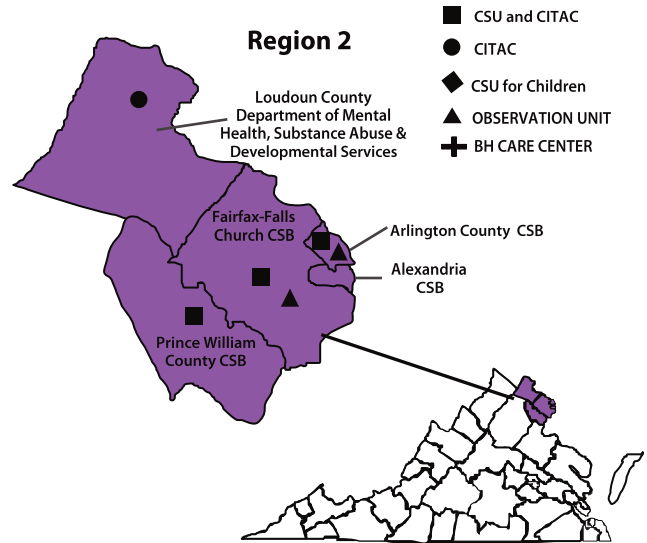


## 2021 Highlights

FY21 was a challenging year for healthcare across the country due to the pandemic, and the mental healthcare system was not immune to this; Virginians experienced challenges in accessing inpatient psychiatric healthcare in both private and state facilities. As a result, Region 2 (R2) turned much of its focus to problem-solving ways to alleviate this strain.

Throughout FY21, R2 strengthened partnerships with private providers, and the acceptance rate of Temporary Detention Orders (TDOs) increased at 4 area private hospitals. R2 had a 9% decrease of admissions to Northern Virginia Mental Health Institute (NVMHI) and a 20% decrease in admissions to Piedmont Geriatric Hospital. This has allowed the local state facility, NVMHI, to have the capacity to admit 272 diversions in FY21, a 100% increase in diversion admissions from FY20, providing necessary safety net services for the state. Additionally, R2 partnered with the private system in the Certificate of Public Need (COPN) process to advocate for increased private psychiatric beds; from these efforts, 17 new beds are scheduled to come online in October 2021 at Stone Spring Hospital and advocacy for an additional 20 beds at Inova Mount Vernon Hospital is in process.

Creating capacity in the community has also been a focus of R2 this year; if individuals have appropriate community resources, they are less likely to require inpatient psychiatric hospitalization. In FY21, R2's Regional Education Assessment Crisis Services Habilitation (REACH) Youth Crisis Therapeutic Home became fully licensed for 6 beds and R2 applied for and was granted funds from Department of Behavioral Health and Developmental Services (DBHDS) to create an 8-bed Intensive Community Residential Treatment Stepdown (ICRT-S) Transitional Home. This program will allow individuals to discharge from the state hospitals to a supervised level of care and will allow individuals at the most intensive community level, the ICRTs, to progress in their recovery and stepdown to a less intensive setting when ready, creating capacity at the ICRTs for individuals discharging from state hospitals. The ICRT-S Transitional program opened within 4 months of award notification thanks to a strong partnership and an already established contract with one of R2's private vendors.



Utilization Management Programs	Service Unit	Region 2
Local Inpatient Purchase of Service (LIPOS) Adult	Individuals	389
	Bed Days	4,079
LIPOS Youth	Individuals	Included above
	Bed Days	Included above
State Hospital Adult	Individuals	1,452
	Bed Days	64,109
State Hospital Older Adult	Individuals	77
	Bed Days	7,402
State Hospital Youth	Individuals	95
	Bed Days	1,042
Discharge Assistance Plan (DAP)	Individuals	108

State hospital data does not include forensic bed days. State Hospital Data Source: DBHDS Bed Utilization Report FY21. The Utilization Management Programs listed are all regional.

Crisis/Respite Programs	Service Unit	Region 2
Crisis Stabilization Units - Adult (CSU)	Individuals	671
	Bed Days	5,613
Child Mobile Crisis	Individuals	878
REACH Crisis Therapeutic Home	Individuals	121

Note: The CSUs & Child Mobile Crisis programs may be managed by individual CSBs in the region & other CSBs may occasionally utilize the services if practical due to proximity.

## 2021 Highlights & Innovations

### Family Support Partners

The Alexandria CSB's (ACSB) Child & Family Behavioral Health Services has long had a commitment to hiring people with lived experience to provide peer support. Recognizing the need for a dedicated program with a supervisor with lived experience, the team reorganized with existing funding. In FY21, Alexandria's Family Support Partner (FSP) program became fully staffed with a Coordinator, and two FSPs, all with lived experience with children in their care in child-serving systems. ACSB contracted with the University of Maryland to train 12 FSPs from ACSB and across the state in the Program to Encourage Active and Rewarding Lives (PEARLS), the only evidence-based core-competency training for FSPs. In support of sustainability and strengthening the FSP workforce, the contract includes ongoing coaching for two FSP supervisors and a coordinator, to become trainers in PEARLS. Stakeholders and caregivers alike are pleased with the program. Stakeholders reported a significant increase in parent engagement when FSPs were involved and referrals to the service increased. Families reported greater confidence in the systems and themselves.

### ACSB Staff Becomes SOAR Local Lead

Jessica Wenger, LPC, a trained representative of the Social Security Disability Insurance/ Supplemental Security Income (SSDI/SSI) Outreach, Access and Recovery (SOAR) program, was invited by Department of Behavioral Health and Developmental Services (DBHDS) to attend the SOAR Leadership Academy held August 2020. The three-day training is designed to prepare individuals to serve as SOAR Local Leads who assist with the implementation of their state's SOAR Action Plan and guide the SOAR initiatives in their communities. An initiative to increase access to disability income benefit programs administered by the Social Security Administration (SSA), SOAR provides a direct connection between the SOAR representative and the SSA. As a SOAR Local Lead for the Northern Virginia (NOVA) region, Ms. Wenger assists with bi-monthly meetings of NOVA SOAR representatives and provides support to other representatives as they assist clients with applying for benefits. Ms. Wenger's new role will be in addition to her work with the Forensic Services Team, which provides services to clients who are diagnosed with a serious mental illness and are involved in the criminal justice system. As a clinical case manager, she provides clients with clinical support and assists them while navigating the court systems. Wenger works closely with the Commonwealth Attorney's Office, Public Defender's Office, Alexandria Criminal Justice Services, Probation and Parole, and the Alexandria Sheriff's Office to meet individual client needs.

## SERVES

City of Alexandria

## SUCCESS STORY



*Photo: Residents, staff, board members and members of partnering agencies gather before the official community ribbon cutting.*

### Bellefonte Residents Celebrate Reopening of Renovated Apartment Community They Call Home

On June 29, residents of the Bellefonte Apartment Community celebrated the reopening of newly renovated units and buildings, which provide affordable and safe housing for adult community members with developmental disabilities. Twelve HUD-subsidized units in the Bellefonte Apartments, which are provided by Sheltered Homes of Alexandria (SHA), give residents the opportunity to live independently with support provided by CSB Developmental Disability Services staff, who provide a variety of services such as in home training, personal care assistance and assisted and supervised living assistance. The renovation included a range of improvements to increase the usability of the property for another 30 years. The interiors were completely renovated with modern finishes, energy efficient appliances, and open floor plans. Six of the twelve units were also made fully ADA accessible during the renovation. Outside, redevelopment included an update to the stormwater drainage system and landscaping, adding a 200ft drain and improving landscaping on the site, which will improve drainage for SHA as well as neighbors. In addition, a wheelchair lift was replaced with a ramp. Finally, several security features were added to the community; vestibules with key-fob entry limit access to resident units, and residents can screen and admit guests via a cell-phone call box. Outdoor walkway illumination has also been improved.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	0*
REVIVE!	0*

*\*Trainings may have been conducted virtually at other CSBs.*

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

## SERVES

County of Arlington

## 2021 Highlights & Innovations



Jail-Based Department of Human Services (DHS) staff continued to provide all in-person services throughout the pandemic. Although the census within the Arlington County Detention Center was lower than it has been in years, the acuity level of mental health needs increased dramatically. Total mental health consults, in FY21 were

4,824. These consults included: crisis interventions, initial assessments, administrative segregation reviews, supportive contacts, crisis cell placements and management of the mental health unit. Emergency forensic Temporary Detention Order's (TDO's) increased to 16 in FY21 from 8 in FY20.

A new opioid based program was implemented by staff. The program will give individuals diagnosed with opioid use disorder (OUD) the best chance to succeed upon release. The program includes new screening techniques and measures to identify OUD clients early in the booking process, emergency backpack kits, and a streamline process to connect clients to treatment. The Medication Assisted Treatment (MAT) kits contain treatment resources for the D.C./Maryland/Virginia area, toiletries, a metro card, a box of NARCAN Nasal Spray, the opioid overdose reversal medication, as well as fentanyl test strips, all provided in a backpack. Thus far 24 backpacks have been distributed. This program is a joint effort between the Arlington County Sheriff's Office, Arlington County Department of Human Services and the Justice Community Opioid Innovative Network (JCOIN). Resources and support are also received through the Arlington Addiction Recovery Initiative (AARI).

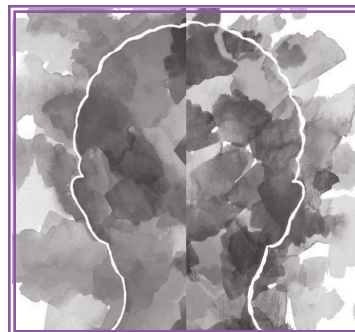
TRAININGS	NUMBER TRAINED
Mental Health First Aid	0*
REVIVE!	716

\*Trainings may have been conducted virtually at other CSBs.

## SUCCESS STORY

The Behavioral Health Docket (BHD) Program was launched in September of 2020. This program is a six to twelve-month program that seeks to identify individuals arrested for either a misdemeanor or felony offense who suffer from a serious mental illness, developmental disability or dually diagnosed (SMI/DD/DD). The docket offers those meeting program eligibility an opportunity to voluntarily participate in a court-supervised diversion program that provides intensive treatment and support in lieu of jail. The goal of the BHD is to improve both mental health and criminal justice outcomes.

To date, twenty-one individuals have been screened for the docket program, which celebrated the graduation of its first participant in July of 2021. This participant entered the BHD Program in October of 2020. Throughout her participation in the docket program she attended all individual and group sessions with the clinical and supervision team. The participant completed groups such as Wellness Recovery Action Plan (WRAP), Whole Health Action Management (WHAM), Phases of Wellness, Engagement & Recovery (POWER) and Illness Management Recovery (IMR). Additionally, she was engaged with activities planned by the Certified Peer Recovery Specialist and the Recreation Therapist. As a result of her hard work and commitment to her recovery, she applied for graduation and was approved for graduation by the BHD Team on July 21, 2021. Her pending legal charges (1 Felony charge, 1 Misdemeanor charge) were subsequently dismissed as a result of her successful completion of the BHD Program.



## BUILDING HEALING COMMUNITIES

In May of 2020, Arlington DHS Child and Family Services Division presented a Mental Health Awareness Month event to the community that included three days of virtual workshops covering

topics such as mental health, race and equity, youth mental health, and a path to healing. The past year has been difficult due to the pandemic and has had profound impacts on the mental health of people of all ages. Now more than ever it is critical to reduce the stigma around mental health struggles that commonly prevents individuals from seeking help.



## 2021 Highlights & Innovations

**The Merrifield Crisis Response Center (MCRC)** provides 24-hours-a-day comprehensive walk-in psychiatric emergency services to the community. This includes a Crisis Intervention Team (CIT) Assessment Center that aims to reduce the number of individuals in jails and divert them to more appropriate treatment services in the community. Individuals in psychiatric distress may walk in for services or may be transported by law enforcement for assessment and evaluation. If psychiatric hospitalization is needed, MCRC staff must arrange for a medical assessment prior to psychiatric admission.

Whenever possible, onsite medical assessment is optimal. Emergency departments are not an ideal location for someone in crisis and often bring long wait times in a non-therapeutic environment. This is a difficult location for law enforcement to maintain individuals' safety and security. In addition, law enforcement spends hours waiting with individuals in emergency departments for individuals to be medically cleared and are not available for patrol in the community.

The MCRC was awarded funding from the Virginia Department of Behavioral Health and Development Services to enhance services at the MCRC CIT assessment site by providing onsite medical assessment. MCRC contracted with Neighborhood Health (NH), a Federal Qualified Health Center, to provide onsite ambulatory medical assessment during the high-volume times of 1 p.m.-9 p.m., Monday through Friday, for individuals requiring medical assessment prior to psychiatric or crisis stabilization admission. The Medical Assessment Program was officially launched in October of 2020. Onsite medical clearance is completed in an average of less than 90 minutes per medical assessment, which is a 67% decrease in the average time from the emergency department assessment in the previous year.

The goals of this program are to reduce client and law enforcement time spent in emergency departments; increase the number of transfers of custody of individuals under Emergency Custody Order (ECO) at the MCRC CIT assessment center; reduce the number of injuries to the client and law enforcement; increase the number of individuals connected to follow-up primary care services; and reduce costs for medical assessment in an outpatient ambulatory setting versus an inpatient emergency department.

**Medication-Assisted Treatment (MAT)** expanded and the number of individuals waiting for residential treatment decreased from 49 in July 2020 to 35 in July 2021. The Sheriff's Office's jail-based MAT program in the Adult Detention Center (ADC) launched in July 2020 and saw early success with former inmates staying engaged and successfully connecting in unprecedented numbers to the CSB's Addiction Medicine Clinic.

## SERVES

County of Fairfax; Cities of Fairfax and Falls Church

**The Jail Diversion program** is a team of clinicians, peers and medical staff who provide intensive, community-based case management to justice-involved adults with mental illness. The goal is to divert them away from the criminal justice system and into appropriate treatment. The full team typically serves 110-130 individuals by assisting them with many critical needs including psychiatric medications, substance abuse treatment, health insurance, primary medical care, housing and access to meaningful day activities.



Kim Berlin administers injectable medications to a Jail Diversion client.

When COVID-19 began, the Jail Diversion team quickly modified operations to adapt. The Jail Diversion's work cannot be provided in a virtual setting. Many clients are unsheltered and do not have access to technology. Many are actively experiencing psychiatric symptoms and must be seen in-person. Nearly half of all clients are on injectable medications which must be provided by nursing staff. The intensive level of care provided often requires seeing clients at a variety of public locations.

The team needed to minimize the risk of spread to clients, staff and the public, and adopted a hybrid model of service. This included the essential in-person community work as well as a rotation of staff at physical offices to minimize the congregation of staff. Virtual techniques and telework were used to the extent possible. When the team interacted with clients in person, they maintained physical distance, wore appropriate personal protection equipment (PPE), provided PPE to clients and sought out open, well-ventilated spaces.

Other in-person work during the pandemic included filling medication planners with clients, facilitating medical appointments, attending justice-related requirements such as court hearings, attending probation appointments and attending jail visits. The Jail Diversion team continues to provide critical services to some of our community's most vulnerable residents.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	800
REVIVE!	658

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

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

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

## 2021 Highlights & Innovations

### SERVES

County of Loudoun



The Commonwealth of Virginia launched the Cross System Mapping Statewide Initiative in 2008. Cross Systems Mapping is a two-day training that brings together behavioral health and criminal justice leaders and other stakeholders to develop strategic plans that reflect the locality's priorities to improve the outcomes at the intersection of the behavioral health and criminal justice systems. According to the Virginia Department of Behavioral Health and Developmental Services (DBHDS) Office of Forensic Services Final Report, Cross Systems Mapping has three primary objectives :

- Develop a comprehensive understanding of how individuals with behavioral health issues interact with each point of the criminal justice system;
- Identify gaps, resources, and opportunities at each of these points; and
- Solidify agreement on a community-wide strategic plan with the top five priorities and corresponding action steps to improve the locality's system.

Cross Systems Mapping uses the Sequential Intercept model as the framework. There are six intercepts (distinct points of the criminal justice system): Intercept (1): Community Services; Intercept (2): First Responder/Law Enforcement; Intercept (3): Initial Detention/Court Hearings; Intercept (4): Jails and Courts; Intercept (5): Re-entry; and Intercept (6): Community Corrections/Supervision.

Loudoun County Department of Mental Health, Substance Abuse and Developmental Services (LCDMHSADS) hosted its first Cross Systems Mapping two-day training in 2013. In April 2021, LCDMHSADS partnered with Loudoun County Department of Community Corrections (DCC) to host a multi-agency Cross Systems Mapping exercise to set goals for the future ongoing development of a comprehensive continuum for individuals with behavioral health and/or developmental disabilities interacting with the criminal justice system.

The workgroups were structured slightly differently than in 2013 by promoting more community input. The DBHDS again provided trainers for the exercises and over 60 key stakeholders from approximately 30 agencies, along with self-advocates, peer support specialists and family advocates were invited to participate. In addition, over 30 community advisory board members also participated and included representation from the Community Criminal Justice Board, Community Services Board and Disability Services Board.

The first day of mapping reviewed the current Loudoun map and identified themes that could be formed into potential new strategies. These themes were then presented to the group of community advisory board members for further review, brainstorming, and prioritization. The final day of mapping with the key stakeholders culminated in a final ranking of the themes. Participants in the mapping exercise divided into workgroups to consider goals and objectives. They also drafted tentative workplans with primary points of contacts for the top five themes:

1. Co-Responder Crisis Response Review;
2. Communication and Collaboration Across Agencies;
3. Access to Immediate Place to Live;
4. Crisis Intervention Team Assessment Center (CITAC) Expansion; and
5. Comprehensive and Coordinated Marketing and Education.

This work continues, as participants in the 2021 mapping exercise convene collaborative workgroups to develop objectives and timelines for the top five themes.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	299
REVIVE!	379

## 2021 Highlights & Innovations

- Prince William County Community Services Board (PWCCSB) staff combined prevention and treatment forces in FY21 to distribute 497 doses of NARCAN through their REVIVE! efforts. Staff provided virtual REVIVE! trainings and express REVIVE! trainings in the community and at the agency to make sure community members have the lifesaving medication to assist in opioid overdoses that continue to increase in our locality. This is an 168% increase from FY20 for all NARCAN distribution avenues. The Behavioral Health & Wellness Team provided 76% of the REVIVE! trainings.
- The Adverse Childhood Experiences (ACE) Interface trainings increased by 127%. The number of participants went from 1,320 in FY20 to 3,066 in FY21. Staff coordinated the community's ACE Interface facilitators to virtually offer the program to school system staff, community partner agencies and residents.



Behavioral Health & Wellness staff teamed up with High Intensity Drug Trafficking Areas (HIDTA) Prevention and community partners to distribute 300 boxes of food each week to residents in need during the COVID-19 crisis. The team took the opportunity to share resources and information promoting mental health and reminding residents of the dangers of substance misuse. Thousands of medication disposal bags and resource materials were distributed safely.

The PWCCSB Medication Assisted Treatment (MAT) clinic has continued to operate onsite throughout the COVID-19 pandemic. Over the past year, the clinic has managed 40 to 50 clients at any given time. In previous years, 50 would have been the total number of MAT clients served in a year. To achieve the increase in service delivery, the MAT staff have worked to reduce barriers to accessing MAT. Examples of this include: eliminating re-admission criteria for the MAT Clinic, partnering with PWCCSB Access (Intake) to identify potential MAT clients and referring those clients to treatment and the MAT Clinic, working with the Adult Detention Center (ADC) to establish procedures for continuation of MAT services for inmates following release, providing on-site intakes in coordination with the MAT induction, increasing communication between MAT Clinic and other programs through bi-monthly case consultation, a fulltime peer recovery support (PRS) position in the MAT Clinic, providing assistance with transportation to appointments, providing medication payment assistance for indigent and uninsured clients, and utilizing the added support of the Community Services Engagement Specialist. In addition, clinic staff have engaged in outreach efforts for potential MAT clients and provided overdose education and NARCAN distribution.

## SERVES

County of Prince William;

Cities of Manassas and Manassas Park

## SUCCESS STORY

### New Horizons Intensive In-Home Program



M is a 9-year-old Hispanic male that was referred to PWCCSB by his Department of Social Services (DSS) social worker. M has a history of physical and verbal aggression in the home, specifically towards his mother. DSS became involved over allegations of abuse and neglect. Home-based services were started with the family in May 2021. Through sessions, it was apparent that additional supportive services would be needed. The case manager completed referrals for Applied Behavior Analysis (ABA) services and while M waited for services to begin, home-based services continued.

Within the sessions, M's mother was able to process her own trauma as it relates to feeling abandoned by her family. Although she speaks minimal English, the therapist was able to connect with her, empathize with her, and highlight what she has to offer as a mother and a wife. Empowering M's mother allowed her to provide increased structure in the home, putting chores in place for M and his brother, holding them accountable for their behaviors, and also highlighting their positive behaviors. This, along with ongoing individual therapy with M, resulted in decreased physical aggression. M did not have any incidents of physical aggression during the time Home-based services were in place. It also resulted in an increase in "happy days" for both M and his brother.

In addition to the focus on the family structure and M's aggression, therapist also worked with M on managing his anxiety. A person diagnosed with Autism often becomes fixated on certain things, which can result in anxiety. During a trip to the beach, M developed anxiety about the waves, fearing that the waves would "wash everything away". Therapist worked with M to educate him on the ocean and help him find things about the ocean that are not scary. Attached is a picture of the snow globe that therapist made with him. With this snow globe, M sees what he likes about the ocean and when feeling anxious, he can shake it, allowing the glitter to circle and calm him.

M was successfully discharged from Home-Based Services on August 2nd, 2021.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	35
REVIVE!	497

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities



# DBHDS Region 3 - Regional Initiatives

Region 1

Region 2

Region 3

Region 4

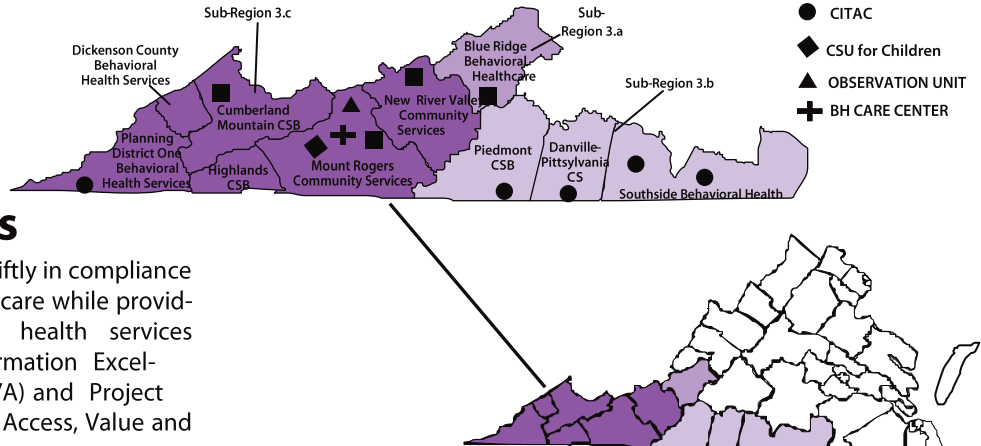
Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

## Region 3



## 2021 Highlights

Region 3 continues to move swiftly in compliance and ensuring greater access to care while providing high quality behavioral health services through both System Transformation Excellence and Performance (STEP-VA) and Project Behavioral Health Redesign for Access, Value and Outcomes (BRAVO).

Since the implementation of Alternative Transportation (AT) in October 2019, Region 3 continues to lead the state in utilization. There have been 2,138 requests made and 1,877 completed transports. 142 of those transports were under the age of 18. Furthermore, roughly 400,000 miles were covered for Region 3. Since October 2019, Region 3 has accounted for 57% of the transport requests and 62% of the completed transports. As it relates to the juvenile and adolescent transports, Region 3 accounted for 70% of the transports since November 2020 when the pilot started and 58% of the transports from when the transports for juvenile and adolescents began statewide in March 2021. A discharge transportation pilot began, August 30<sup>th</sup>, at Western State Hospital. The pilot has one dedicated driver with one dedicated dispatcher and should not take away any resources from the current Temporary Detention Order (TDO) transport program. AT commended Region 3 for being the powerhouse of the state when it came to alternative transportation.

There appears to be a 35% decline in adult civil TDO's admitted with Substance Use Disorders (SUD) primary and/or co-occurring at both Catawba State Hospital (Catawba) and Southern Virginia Mental Health Institute (SVMHI). Alcohol, cannabis, stimulants and opioids continue to be the most prevalent substances identified during admissions. The Regional SUD Liaisons work with as many primary SUD hospitalized individuals as possible, both individually and with treatment teams, to best serve the after care needs and offer a continuum of treatment options post discharge.

The Intellectual/Developmental Disability (ID/DD) Divisions within Region 3 are all working collaboratively to ensure that the Region meets the goals of the Department of Justice (DOJ).

Region 3 has been diligently working with Mobile Crisis and is very active in its implementation. Youth Mobile Crisis is running smoothly with the anticipation of expanding to adults.

Utilization Management Programs	Service Unit	Region 3a	Region 3b	Region 3c
Local Inpatient Purchase of Service (LIPOS) Adult	Individuals	13	34	85
	Bed Days	76	123	465
State Hospital Adult	Individuals	349	388	759
	Bed Days	14,651	19,535	40,882
State Hospital Older Adult	Individuals	66	70	137
	Bed Days	6,229	7,627	19,088
State Hospital Youth	Individuals	45	55	80
	Bed Days	524	509	792
Discharge Assistance Plan (DAP)	Individuals	131	90	114

State hospital data does not include forensic bed days. State Hospital Data Source: DBHDS Bed Utilization Report FY21. The Utilization Management Programs listed are all regional.

Crisis Programs	Service Unit	Region 3a	Region 3b	Region 3c
CIT Assessment Center	Individuals	443	859	570
Crisis Stabilization Units - Adult (CSU)	Individuals	218	N/A	351
	Bed Days	2,442	N/A	2,461
Child CSU	Individuals	N/A	N/A	161
	Bed Days	N/A	N/A	1,677
Child Mobile Crisis	Individuals	28	31	337
REACH Crisis Therapeutic Home	Individuals	N/A	N/A	N/A

Note: The CSUs & Child Mobile Crisis programs may be managed by individual CSBs in the region & other CSBs may occasionally utilize the services if practical due to proximity.

## 2021 Highlights & Innovations



*Hope Spoken Here*

## Blue Ridge Behavioral Healthcare

- Maintained **multiple same-day access to care options** for Roanoke Valley adults, children and families to engage in Blue Ridge Behavioral Healthcare (BRBH) behavioral health and developmental disability services throughout the pandemic. During FY 2021, BRBH served 3,062 people for in-person same day access services at the Burrell Center during normal business hours and 652 people for telehealth evaluations. In addition, 224 adults were admitted to the BRBH Crisis Stabilization and Detox Services Unit.
- Continued to serve the **emergency services mental health needs in the Roanoke Valley communities** throughout the pandemic and the ongoing Virginia psychiatric bed crisis. During FY 2021, BRBH staff provided or supported emergency services evaluations for 2,133 individuals and families, including 913 emergency custody orders and 1,282 temporary detention orders. BRBH Emergency Services staff worked tirelessly, throughout both the pandemic and the state bed hospital crisis, to divert individuals into less restrictive levels of care when appropriate and served an additional 2,021 clients through direct emergency calls for whom services were provided over the phone. In addition, BRBH Discharge Planning staff worked in partnership with the state facilities to expedite and plan for discharges in the community. When appropriate for individuals ready for discharge from state psychiatric beds, safe stepdown placements were available.
- In FY 2021, BRBH Prevention & Wellness staff assisted in collecting **over 3,600 lbs of unused prescription drugs** during local Prescription Drug Take Back Days in partnership with the US DEA, Western Virginia Water Authority, local law enforcement and area prevention coalitions.
- BRBH Project LINK program**, serving pregnant women and mothers with substance use disorders, first began providing medication-assisted treatment in May 2012 for women who are opiate dependent. Since that time, **132 babies have been born drug-free**.

### SERVES

Counties of Botetourt, Craig and Roanoke;  
Cities of Roanoke & Salem

## SUCCESS STORY

### Auxiliary Grant Supportive Housing helps individuals thrive in the community

Many individuals in the Roanoke Valley thrive with the support of the BRBH housing specialists and the Auxiliary Grant Supportive Housing (AGSH) Program. AGSH is an income supplement for recipients of Supplemental Security Income and certain other aged, blind or disabled individuals who meet the criteria for an Assisted Living Facility (ALF) level of care and desire to live independently with community-based supports.

One gentleman in his 50s, Mr. B., now served by AGSH, was released from a state hospital to an Assisted Living Facility after being found Not Guilty by Reason of Insanity by the courts. In the ALF environment, he was not able to cook his own meals or create music, a passion of his, because it disturbed the other residents. After being assessed by a BRBH housing specialist and enrolled in AGSH, his plan was adapted to allow him to move into a one-bedroom apartment in September 2020.

Over the past year, Mr. B. has become much more stable in the community. He has not needed any further psychiatric hospitalizations, he has worked closely with his BRBH support team, and he has been a responsible tenant. Mr. B. has had no interactions with law enforcement during this time and actively participates in BRBH psychiatric and case management services. He has built friendships with his neighbors and said they rely on one another for support. He especially values the time he spends creating music. The AGSH program has helped Mr. B to be happier and more independent than he has been in many years.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	282
REVIVE!	689

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

# Cumberland Mountain Community Services Board

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

## 2021 Highlights & Innovations



### Cumberland Mountain Community Services Board (CMCSB) Prevention Services

Despite the barriers imposed by COVID-19 restrictions, prevention staff persevered and conducted 1,112 in-person REVIVE! trainings with community individuals. Many of these individuals were trained and provided NARCAN nasal spray while awaiting Feeding America and faith-based recovery food distribution throughout the area. Individuals also received prevention care bags containing recovery information, parenting handbooks, Deterra packs, lock boxes, timer cap bottles, gunlocks, suicide prevention materials, masks, hand sanitizer and various giveaways.

Lock boxes (1,500), timer caps (2,500) and prevention resources bags were also disseminated at schools, Departments of Social Services, churches, faith-based coalition outdoor fishing events, police departments, health expos, Mental Health First Aid and Adverse Childhood Experiences (ACEs) trainings and medicated assisted programs.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	137
REVIVE!	1,112

## SERVES

Counties of Buchanan, Russell & Tazewell



## SUCCESS STORY

Bradford celebrated 108 days without experiencing a psychiatric hospitalization. "That was the longest I have ever gone without being hospitalized," he says with a smile. He continued, "That was a great accomplishment for me. I have hebephrenic schizophrenia and it's hard to make it through the day because of lack of attention and lack of energy." He reports he seeks voluntary admission to the crisis stabilization unit (CSU) at the Laurels Recovery Center when he begins to experience increased symptoms. He notes that he had been utilizing the facility frequently. "I had a lot of people that encouraged me to stay on track." He explained, that he was talking about the staff at the Laurels Recovery Center CSU as well as the staff at Providence House, a psychosocial (PSR) program that he attends 4 days a week. He reports he was introduced to the PSR program by the staff in the CSU, and was encouraged to attend Providence House as a part of his discharge plan from the CSU. "When I come to clubhouse," referring to the PSR program, "I don't have as many delusions as I do when I am home alone." "I want to thank staff for fixing up my apartment. That made me feel good about myself," referring to the time when the CSU staff assisted him with cleaning his apartment and getting it ready for his return from the CSU. Bradford shared that he set a goal to remain out of the hospital/CSU for at least 100 days. On June 30, 2021, the members and staff of Providence House and several staff from the CSU enjoyed a "100 days celebration" as Bradford exceeded his goal. While enjoying cake he said, "My advice to everyone is to go to a clubhouse (PSR). It will help you just like it helped me." Currently, Bradford has set another goal for himself to remain out



of the hospital/CSU through November 2021. He continues to attend the PSR program, participate in case management services, and receive medication management services at CMCSB.



# Danville - Pittsylvania Community Services

## 2021 Highlights & Innovations

### Danville Pittsylvania Community Services (DPCS)

- New Website design and Logo.
- Implemented Mobile Crisis Services.
- Growth and expansion of Behavioral Health Child and Family programs with several clinician hires and training on six evidenced-based practices for staff, including Parent Child Interactional Therapy (PCIT), Motivational Interviewing, Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), Attachment Theory and dialectical behavior therapy (DBT).
- Doubled the number of permanent drop boxes for medications in the catchment area to include the city and county areas.
- Medicaid Enrollment Assistance Program assisted 257 individuals with their application for Medicaid in FY21.
- Healthy Families Program served 89 families. 657 Home visits were completed by Healthy Families Family Support Workers in FY21.
- 577 individuals were trained to understand how adversity negatively impacts behavior and health outcomes in the 33 Adverse Childhood Experience Interface training sessions offered in FY21.
- DEA Drug Takeback Program collected 357.8 lbs of drugs at the two local Drug Takeback Events in FY21.
- 142 participants attended the Beth Macey, author of *Dopesick*, virtual event in FY21.



### SUCCESS STORY

Tonya was a part of the foster care system most of her life. As an adult, she resided with a couple who supported her through Personal Assistance. When relationships within that home deteriorated it led to increased anxiety for Tonya. Tonya then expressed to her Case Manager that she would like to pursue independent living.

Her Case Manager located a Group Home that was willing to support Tonya short term. While at the Group Home, Tonya was supported through Community Guide services with the Arc of the Southside, designed to assist her in locating an apartment and complete the application process. Tonya's Case Manager also initiated flexible funding to request items designed to support Tonya in living independently. Tonya was granted flexible funding to pay her security deposit & first month's rent, along with her utilities deposit. Flexible funding also covered the cost of home furnishings as Tonya did not have any of her own. On October 1, 2020, Tonya signed the lease on her very first apartment. During Tonya's recent annual ISP meeting, she highlighted that she no longer experiences the same level of anxiety that she had previously experienced prior to moving into her own home. She explained she is, "pretty much happy all the time now."

### SERVES

County of Pittsylvania; City of Danville



### SUCCESS STORY

Joseph is a 23-year-old African American male that has been receiving services at DPCS since 2008. Joseph was the primary caregiver for his disabled parents. He dreamed of living his own life but felt trapped. He attempted to move out when he was 18; however, family dynamics and financial challenges caused him to return home. In July 2020, the stress of "helper's fatigue," along with crushed dreams, drove Joseph to receive Mobile Crisis Services (MCS). MCS provides counseling, case management, and peer support to individuals during times of crisis in an effort to prevent inpatient hospital admission. In December 2020, Joseph found himself overwhelmed by his situation. This time there was a vacancy at Piney Ridge Apartments (a supportive residential apartment complex operated by DPCS). His Case Manager, Mental Health Skill Builder and the Supportive Housing Coordinator provided support and encouragement to change his housing situation. On February 3, 2021, Joseph moved into a Piney Ridge apartment with his small dog, Nina. In May 2021, while Joseph was still getting settled in, crisis struck - his father passed away. He returned home for a couple of weeks to be with his family. Staff worried that he may not return, but he did.

Today Joseph is working on cutting the strings that prevented him from soaring. He is in the process of becoming his own payee. He takes Nina for walks multiple times per day for exercise and socialization. He is looking to become more involved in the community through volunteering, part time employment and participating in community activities. Joseph would like to let others know that if they are ever in a situation where it feels like things are not going in the right direction, keep trying. When people persevere they can accomplish anything.

The Mobile Crisis staff and Piney Ridge staff worked with Joseph to accomplish his goals. He is motivated to continue on his path to a positive future with the assistance of DPCS' programs.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	246
REVIVE!	104

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

## 2021 Highlights & Innovations



### Bear Pen Pool Community Outreach

Dickenson County Behavioral Health Services (DCBHS) Prevention Team targeted the Bear Pen Pool for community outreach this summer to reach families, kids and youth in our area. DCBHS provided prevention education on tobacco, vaping, alcohol, over the counter medicine, opioids, stimulants, Lock & Talk, Suicide Prevention, Are You Okay Program, We Don't Support Underage Use items and Detera Drug Deactivation Packets. DCBHS provided free activities such as a movie night, night swims, crafts such as tie-dye, making slime, necklaces, cardboard boat races, friendly competitions and employee night for our youth to promote good mental health and a safe drug free environment for everyone to enjoy. DCBHS provided Rapid REVIVE! training at the pool along with Lock & Talk community presentations. DCBHS distributed medicine lock boxes, gun locks and smart pill bottles. DCBHS has 2 large banners hanging for Suicide Prevention and Lock & Talk information. Free educational materials are placed in the restrooms on a daily basis.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	15
REVIVE!	133

## SERVES

County of Dickenson

## SUCCESS STORY

My name is James and I am a 32-year-old male. I am an addict that has been in recovery for over a year. My addiction began at age eleven, when I was diagnosed with Acute T Cell Lymphocytic Leukemia. I had a football size tumor between my heart and lungs and two golf ball size tumors in my lymph nodes. At the age of eleven I was prescribed opiates and was told I would require some form of pain killer for the rest of my life. At the age of twelve I was given my first prescription of oxycontin. I spent my high school years highly medicated and passed out on my desk. After high school I started experimenting with stronger drugs. At the age of twenty-eight, my physician would no longer fill my pain medication prescription due to the fact that I was smoking marijuana. I began going to the streets for drugs to manage my pain. I used heroin and methamphetamines to cope. In February 2020, I was arrested for distribution. Sadly, I was not distributing. The amount of drugs in my possession were what I felt I needed to cope. I was then given the opportunity to participate in Drug Court instead of prison. I decided to get sober. I tried many times but had always gone back to the bad habits. In treatment, I learned skills to manage emotional and physical pain. I also learned if I put my mind to something there is nothing I cannot accomplish. During the COVID-19 restrictions, I completed 90 meetings in 90 days over zoom. I am continuing Drug Court with Dickenson County Court Service and am currently receiving treatment with DCBHS where I have learned coping techniques. I currently attend Individual Counseling and Case Management Services twice a month and Group Counseling on a weekly basis. This summer I worked at the Bear Pen Swimming Pool with the Dickenson County Partners in Prevention through Behavioral Health Services. I helped expand the recovery community in my area by helping create more support meetings. My goal is to finish Drug Court in December 2021 and, if all goes according to plan, I hope to work with Prevention as an employee.





## 2021 Highlights & Innovations

### SERVES

Washington County & City of Bristol

Reflecting on a year that required levels of innovation never before imagined to continue basic operations, it is difficult to narrow down meaningful highlights. Like many other CSBs, Highlands Community Services Board (HCSB) found new ways to dig deep and create solutions to meet the different evolving types of community needs.

- HCSB is proud of the fact that the Crisis Intervention Team Assessment Center (CITAC) and Children's Advocacy Centers remained open and continued to see high-risk and vulnerable individuals throughout the pandemic.
- HCSB is equally proud of Interchange, the alternative school, meeting the needs of at-risk students by remaining open and operational – even when public schools were not open.
- HCSB opened NAVIGATE a comprehensive evidence-based program designed to provide early and effective treatment to individuals who have experienced a first episode of psychosis.
- HCSB collaborated with local school partners to offer a four-week summer program that expanded access to interventions missed during lapses in the regular school year.
- Alpha, HCSB's new facility dog, was finally able to make his court debut.
- HCSB re-opened the Intellectual and Development Disabilities (I/DD) Day Support and psychosocial rehabilitation (PSR) programs to in-person, on-site services in early July of 2021, allowing interaction opportunities outside of the home environment for many of these consumers for the first time in months.
- HCSB partnered with one of the localities and school systems to offer a Child Day Camp for the community. HCSB enhanced the technology to allow for a higher volume of Wi-Fi access – allowing children to have the supervision and educational supports needed to tackle virtual learning.
- HCSB partnered with a local pharmacy to conduct a drive-through vaccination clinic for the exceptionally vulnerable consumers with developmental disabilities, mostly in the HCSB sponsor homes, enhancing health security and peace of mind for these individuals along with their loved ones.

While these are part of the successes around daily service provisions, HCSB also met needs that evolved due to COVID-19. HCSB's FY21 story isn't much different than the 39 other boards with their own stories of a year of heroics. HCSB is proud to be part of this system.



**Alpha,  
HCSB's  
new  
facility  
dog**



TRAININGS	NUMBER TRAINED
Mental Health First Aid	111
REVIVE!	170

Region 1

Region 2

Region 3

Region 4

Region 5

People &  
Services

PACT, Funding  
& Other Data

Budget  
Priorities



## 2021 Highlights & Innovations

**Crisis Care Center Expansion** – Mount Rogers Community Services' (MRCS) first Crisis Care Center, in Smyth County, expanded to a 24/7 program. Two other Crisis Care Centers, in Wythe County and the City of Galax, were opened to serve the rest of the catchment area. The Crisis Care Center's goal is to provide crisis intervention and stabilization in a "living room" model and decrease hospitalizations.

**CCBHC Status** – MRCS became a Certified Community Behavioral Health Clinic (CCBHC). Becoming a CCBHC shows MRCS commitment to being one of the highest quality behavioral health agencies in the nation.

**Valley Health Care Center Project** – Along with the Department of Behavioral Health and Developmental Services (DBHDS) and Valley Health Care Center in Chilhowie, VA, MRCS worked to open a geriatric behavioral health wing in Valley's Skilled Nursing Facility.

**OBOT Expansion** – Two new Office-Based Opioid Treatment (OBOT) sites were opened across the MRCS service area. Also, suboxone induction is now available at two Crisis Care Centers.

**Youth Mobile Crisis Team** – Mount Rogers launched a Youth Mobile Crisis Team, treating children in crisis anywhere in the MRCS community.

**ACT Team Expansion** – Adding another Assertive Community Treatment (ACT) team allows Mount Rogers to serve 6 jurisdictions.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	0*
REVIVE!	90

*\*Trainings may have been conducted virtually at other CSBs.*

## SERVES

Counties of Bland, Carroll, Grayson, Smyth & Wythe; City of Galax



## SUCCESS STORY

Diane Charapich is a Family Support Partner Coach at MRCS. Before coming to work with MRCS, Charapich's son received services through the agency.

When Charapich's son was in Kindergarten, his teacher recommended an evaluation for Attention-deficit/hyperactivity disorder (ADHD). After receiving the results of that evaluation from a different provider, Charapich's son started treatment and medication for ADHD. Instead of helping, his behaviors seemed to get worse. Charapich says, "We struggled. I kept telling them something is just not right. He was very angry, impulsive, and the meds just don't seem to be working."

Charapich and her son continued to struggle for the next six years. He had two hospitalizations and Charapich was forced to consider residential treatment. "It was very hard. I was constantly battling with myself with how have I failed my child as a parent. What have I done wrong?"

After her son's second hospitalization, Charapich and her son's treatment team at Mount Rogers worked together to find another answer. Six years after the initial ADHD diagnosis, a new Psychological Evaluation revealed the answer they had been looking for. Charapich says, "The day that the Psychological Evaluation came back, my Case Manager asked if she could come out and talk to me at work. She came out and talked to me and said, 'Dr. Qualls says he is autistic. He fell on the spectrum.' As a mother, I was relieved. I always knew their was a piece of the puzzle missing."

With the new autism diagnosis, treatment changed. So did life in the Charapich household. There were no more hospitalizations, no more thoughts of residential treatment. "It made me look at my child differently, in a way of understanding him better," she says.

Now, Charapich's son is 19-years-old and doing as well as he ever has. Meanwhile, Charapich is working as a Family Support Partner Coach for Mount Rogers. Here, she helps families who are experiencing the same thing she was seven years ago.

## 2021 Highlights & Innovations

- New River Valley Community Services (NRVCS) began work on development of a new crisis center in Radford and also established a co-response position to support local law enforcement in their interactions with individuals experiencing a psychiatric crisis. The success in developing these diversion strategies is the result of strong community partnership with local law enforcement. It has taken a significant amount of collaboration and true team effort to create these initiatives, which support alternatives to medical and psychiatric hospitalization and keep consumers engaged in community-based treatment.
- NRVCS established a Dialectical behavioral therapy (DBT) team that includes providers from outpatient, case management, and mental health skill building to collaboratively provide wrap around services for high risk clients.
- An Access to Care group called "Connect to Care" was developed and meets weekly to staff these high risk individuals, and ensure that they are receiving the appropriate level of care. Members of the team include supervisors from multiple programs across the agency.
- NRVCS launched an intensive outpatient program for adolescents (ages 13 – 17) with a substance use disorder. Known as "Lighthouse," the program utilizes Motivational Interviewing, Adolescent Community Reinforcement Approach (ACRA), as well as mindfulness-related interventions. Movement and group activities are used to teach and reinforce wellness skills. Participants are taught principles of their chronic disease, basic problem solving techniques, positive communication and expansion of their support systems is emphasized. Positive coping skills and relaxation skills are also a regular part of the group process.
- Length of stay in each program is determined individually, based on participant's needs included within the treatment plan goals. Staff conduct weekly assessments to determine if the current level of care is the best treatment option available. Periodic drug screens are administered and are documented in the participant's medical record.
- The NRVCS Community Wellness & Outreach team embraced virtual technology, utilizing it for a variety of presentations and trainings – including several via Facebook Live. The platform enabled NRVCS to reach a larger audience than what we would have been able to do in-person. The virtual town hall for International Overdose Awareness Day (conducted via Facebook Live) has reached an audience of more than 3,100 with over 1,900 views as of June 30, 2021.

## SERVES

Counties of Floyd, Giles, Montgomery & Pulaski;  
City of Radford

- The Same Day Access team has served 1,234 consumers since January of 2021, ensuring a continuity of services despite the barriers during the pandemic. Provision of this service has successfully included a combination of telehealth and walk in's.

## SUCCESS STORY

Jean currently participates with services including Assertive Community Treatment (ACT) and Psychosocial Rehabilitation (PSR).



Providers from both teams have coordinated closely together, alongside of Jean, to encourage her to take steps that support her well-being, as well as personal goals related to overall functioning and quality of life. As a result of person centered services that are premised on strong collaborative relationships, Jean has taken several constructive steps, despite living with a serious mental illness. Through present services in place, Jean has been able to more efficaciously manage social anxiety. She has enrolled in college courses and has completed several classes towards a certificate in Human Services.

Jean has worked closely with the ACT vocational specialist in exploring educational courses and planning/preparing for future employment opportunities. Moreover, through her participation with PSR and ACT, Jean has identified a desire to help support other's recovery through her lived experiences. Consequently, Jean is also pursuing certification as a peer support specialist. She hopes to complete an internship and eventually work full-time in a peer support position.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	241
REVIVE!	78

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities



## SUCCESS STORY

Crystal and her sister lived with their grandparents due to their mom & dad's struggle with alcohol and illegal substances. At 14, Crystal was prescribed opioids for an injury received while playing softball and again at 15 when she shattered both ankles. At 16, Crystal began working to pay bills for her mother. Her mother had a new boyfriend who began abusing her. To cope, she relied on pills. By 18, Crystal was an addict. When Crystal was 22 she fell asleep at the wheel of her car. When she woke up in the Intensive Care Unit, her first question was, "What happened to my pills?" Crystal got married and had her first child. It seemed like life was turning around instead, her husband taught her to inject heroin. After the loss of her second child to SIDS, her marriage fell apart. In 2010, Crystal's grandmother passed away and left both sisters a \$175,000 inheritance. Life seemed to be getting better. She bought a house and multiple cars. Her sister was murdered in 2012 and Crystal began a downward spiral. She lost her home, cars, and kids. Her husband was in jail and Crystal was living in a tent. She had little food, money or will to live. Crystal asked for help. She was taken to a local hospital where it seemed no one cared. She quickly checked herself out and came to Piedmont Community Services Board (PCSB). She was connected to inpatient treatment to detox for 17 days. Once released, PCSB helped secure housing, navigate health insurance, provide counseling, group therapy, peer support and medication management. The events of Crystal's life set her up for failure. Today, Crystal celebrates over 6 years of sobriety. She is enrolled in college and studying to be a Substance Abuse Counselor. She currently works as a Peer Navigator with the Pace to Recovery Program at PCSB. Her goal is to provide support and resources to those in addiction. As someone who has been there, she knows that recovery is possible!

## SERVES

Counties of Franklin, Henry and Patrick;  
City of Martinsville

## 2021 Highlights & Innovations

### Piedmont Community Services Board (PCSB) Occupational Training Program (OTP)

PCSB Work Adjustment Training program OTP provides individuals with the opportunity to develop vocational skills that can lead to participants overcoming vocational barriers to employment and obtaining gainful employment.

The training is done by providing janitorial/housekeeping services. The focus is on the development and/or improvement of work place competencies, that employers have indicated lead to being successful in the employment environment. The individual receives services from an employment specialist and a peer support specialist who provide job development in real work activity; this assist the individual in adapting to any work environment and performing the job at the employer's expected level.

The employment specialist completes a vocational assessment that assist in the development of a person-centered service plan with vocational goals and objectivities. Then, the individual is assigned to a training site where he/she will perform janitorial duties with support and guidance. In addition to hands-on training, the individual attends a week of job readiness workshops, a workshop on banking with Carter Bank & Trust, and individual services on applying for employment. The individuals are compensated for the hours they participate in the OTP.

As a vendor with the Department of Aging & Rehabilitation Services (DARS), the DARS counselor can refer individuals to the OTP. As a vendor, PCSB can receive reimbursement from DARS for the time that the individuals participate in the program. The collaboration is a mutual benefit for the individuals and the agencies.

Currently, the funding for the Occupational Training Program is through a grant with the Harvest Foundation.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	114
REVIVE!	56



## 2021 Highlights & Innovations

### 2020 Virginia CIT Law Enforcement Officer of the Year

Planning District One Behavioral Health Services (PD1BHS) Crisis Intervention Team (CIT) is proud to share that Wise County Sheriff's Deputy Dalton Cress was named 2020 Virginia CIT Law Enforcement Officer of the Year. Dozens of nominations were received from across the state, with the winner being chosen by the leadership of the Virginia CIT Coalition.

Deputy Cress completed CIT Training in March 2020 and immediately began to put the principles of Crisis Intervention to work. Examples include Deputy Cress going above and beyond to show compassion and empathy to those in crisis due to homelessness and substance abuse. In one of the most dramatic examples, Deputy Cress made telephone contact with a subject that was in the beginning stages of a suicide attempt and after a lengthy conversation convinced the subject to halt the attempt and drive himself to a local Sheriff's Office for help. That subject has stated since that he had a plan, the intention, and the means to complete the act, and that the compassion shown by Deputy Cress was the only thing that changed his mind.

### Certified Community Behavioral Health Clinic (CCBHC) Grant

PD1BHS service partner, Frontier Health, has been awarded a two-year, 4-million-dollar grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The annual grant is funded from the \$4.5 billion allocated to SAMHSA from the COVID-19 relief package passed in December 2020. Frontier Health is 1 of 134 clinics across the country to receive this grant to improve individuals' health and welfare throughout the region.

This grant will help expand and improve community health care for those individuals with serious mental illness, co-occurring disorders, substance use disorders, and children and adolescents with serious emotional disturbance through comprehensive mental health and substance use treatment by meeting the criteria of CCBHC.

The CCBHC model supports multiple pathways for individuals to recover from substance use disorders and mental health issues and embraces a recovery-oriented philosophy by requiring Frontier Health team members to work in an integrated way, enacting a harm-reduction model. To provide effective support for recovery, CCBHC's implement medication-assisted recovery with counseling and care coordination services for individuals with mental and substance abuse illnesses.

### Seventh Consecutive Commission on Accreditation of Rehabilitation Facilities (CARF) Accreditation

CARF International has awarded PD1BHS service partner Frontier Health its seventh consecutive three-year term of accreditation for 20 program areas including crisis intervention, crisis stabilization, detoxification, residential alcohol and drug treatment, intensive outpatient, outpatient, case management, community integration: psychosocial rehabilitation, intensive family-based services, out-of-home treatment and employment services.

A three-year accreditation, which will extend through June 2023, represents the highest level of accreditation given to an organization and shows Frontier Health's conformance to the CARF standards. The organization demonstrated, to a team of eight surveyors during a three-day virtual visit, its commitment to providing high quality programs and services that are accountable through their measurable outcomes.

Kristie Hammonds, PD1BHS Associate Director and President and CEO of Frontier Health states "Frontier Health is proud of having achieved another three-year accreditation from CARF International, especially after going through unprecedented times with the pandemic. This shows the true dedication of PD1BHS team members to provide the highest quality of care to those needing care in the communities. PD1BHS is truly blessed to have an amazing team that made this possible."

### SERVES

Counties of Lee, Scott and Wise;  
City of Norton



## SUCCESS STORY

PD1BHS, in partnership with Frontier Health, and Lee County Schools, is excited to share the expansion of outpatient therapy services which began in February 2021.

The pandemic has brought a new surge of anxiety, unease and additional behavioral health needs within the schools. Lee County Schools understood this and reached out to partner with PD1BHS to offer those needed services at the high school which includes prevention, assessment, outpatient therapy, and referrals for additional services. The school counselors who identify a need are able to quickly refer for treatment, based on needs. These students are often unable to access services in the outpatient setting due to scheduling conflicts, lack of transportation and the stigma associated with mental health. Providing confidential access within the school allows for an easy, stigma-free environment where students feel more comfortable seeking care.

To share how this expansion of services is truly assisting students in meeting their needs, PD1BHS recently had a 17-year-old female who experienced the tragic death of a friend. The emotions she was feeling surrounding this loss were impacting her ability to concentrate and focus at school. A school counselor recognized this and referred her for services. She received therapy during approved time at school which alleviated barriers to obtaining services otherwise, allowed her parents to continue working and reassured them that their daughter was receiving the needed care. Due to this, she has been able to successfully navigate her feelings and focus on her academic goals.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	41
REVIVE!	0*

\*Trainings may have been conducted virtually at other CSBs.

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

# Southside Behavioral Health

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

## SERVES

Counties of Brunswick, Halifax and Mecklenburg

### 2021 Highlights & Innovations



Southside Behavioral Health (SBH) started a re-branding project last year and was able to continue with that through the public health emergency. We updated our logo and signage throughout the catchment area and engaged with the community virtually to promote our services. We incorporated multiple stages of System Transformation, Excellence and Performance (STEP-VA), obtained a Permanent Supportive Housing (PSH) expansion grant, and grew service options for the community by expanding to evening hours and developed an after hour peer warm line. SBH partnered with local agencies to ensure that a continuum of care for substance use services was available for individuals in need and that the community remained informed of those services.

What we are most proud of is the staff at SBH. Change is difficult and there has been a great deal of change over the last year. Even during the pandemic the staff at Southside never wavered, met each challenge head on and provided excellent care for the individuals receiving services from SBH. When the days were long and the problems seemed insurmountable, the SBH staff found a reason to smile and laugh and continued to support one another. If it wasn't for the dedicated SBH staff, the community would have been without mental health services. Thank you SBH staff for remaining dedicated during this time, Southside will be forever grateful.

## SUCCESS STORY

Dale has been coming to the Southside Behavioral Health Clinic for 10 to 12 years and during that time learned about Peer Support. At first, she didn't know whether she wanted to try Peer Support or not. Today Dale admits that Peer Support services have helped her to get better organized and stay on track with her apartment and medications. In the future, Dale plans to get her GED and write an autobiography, which she has already started. She encourages others to try Peer Support services as part of their regular routine, saying that "it'll help them out in ways they never could think of."



TRAININGS	NUMBER TRAINED
Mental Health First Aid	101
REVIVE!	93

## DBHDS Region 4 - Regional Initiatives

### 2021 Highlights

The COVID-19 pandemic continued to impact the operations of most regionally-operated programs, as it did other CSB services, through much of FY21. However, all programs maintained operability during this time. In some cases, in-person services continued but at reduced capacity, such as the adult crisis stabilization unit and the HOPE co-occurring residential facility; in other cases, full in-person services with some interruptions occurred due to COVID-19 outbreaks, such as at the Regional Education Assessment Crisis Services Habilitation (REACH) crisis therapeutic homes, the children's crisis stabilization unit, and the regional jail team; or, services transitioned to virtual operations for a period of time, as for Children's Response and Stabilization Team (CRST) mobile crisis intervention for youth, REACH crisis response, Substance Use Disorder (SUD) diversion services, and regional utilization management. **Despite the many challenges, however, regionally-funded teams served more than 2,300 individuals through the various programs during the year.**

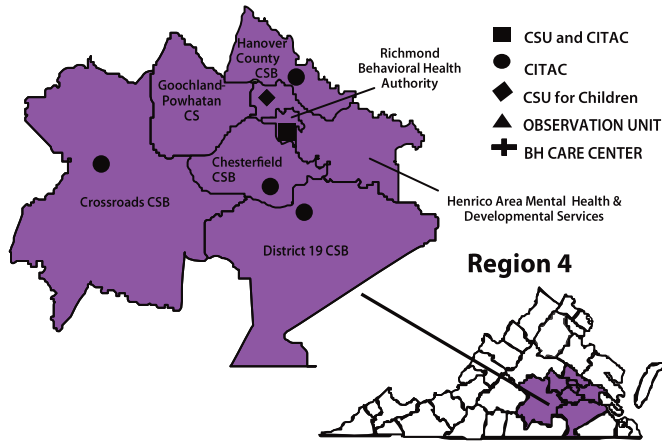
Mid-year, the Richmond Behavioral Health Authority (RBHA) operated Region 4 **REACH** and **CRST** teams launched the **shared 24/7 triage phone line** after months of planning and developing workflows and one and two-person response protocols. Simultaneously, CRST implemented its expanded crisis response service hours to the region 8 am-midnight, 7-days a week, as part of the System Transformation Excellence and Performance (STEP-VA) mobile crisis rollout.

The **Regional Training Consortium** with the leadership of the Training Coordinator **planned and delivered 20 virtual trainings** during the year, including 6 STEP-VA focused trainings, with a total attendance of over 1,600 CSB and hospital staff.

**Regional Peer Recovery Services** maintained a strong presence in the region during the year, delivering trainings to the peer workforce, including Wellness Recovery Action Plan (WRAP) refresher, Personal Medicine Coaching, and Psychosocial Rehabilitation Program (PRS) trainings.

Finally, and leading into FY22, the region developed plans for **STEP-VA Mobile Crisis Services** for adults, involving CSB partners and existing mental health and emergency services resources; submitted plans for **STEP-VA Crisis Call Centers**; as well as plans for implementation of **STEP-VA Peer & Family Support Services**, expanded/enhanced **Outpatient Training and Capacity** building services, and **Service Member Veteran and Family Member** services.

Throughout the year, Region 4 partners maintained the commitment to a partnership grounded in the mission of hospital diversion-based services, providing the region with services that help individuals recover, discharge to, maintain, and thrive in the community.



Utilization Management Programs	Service Unit	Region 4
Local Inpatient Purchase of Service (LIPOS) Adult	Individuals	253
	Bed Days	1,334
LIPOS Youth	Individuals	N/A
	Bed Days	N/A
State Hospital Adult	Individuals	1,136
	Bed Days	73,079
State Hospital Older Adult	Individuals	140
	Bed Days	15,248
State Hospital Youth	Individuals	163
	Bed Days	1,885
Discharge Assistance Plan (DAP)	Individuals	221

State hospital data does not include forensic bed days. State Hospital Data Source: DBHDS Bed Utilization Report FY21. The Utilization Management Programs listed are all regional.

Crisis Programs	Service Unit	Region 4
CIT Assessment Center	Individuals	2,267
Crisis Stabilization Units - Adult (CSU)	Individuals	362
	Bed Days	2,153
Child CSU	Individuals	195
	Bed Days	1,416
Child Mobile Crisis	Individuals	802
	Service Units	6,904
REACH Crisis Therapeutic Home	Individuals	116

Note: The CSUs & Child Mobile Crisis programs may be managed by individual CSBs in the region & other CSBs may occasionally utilize the services if practical due to proximity.

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities



## 2021 Highlights & Innovations

- Redeployed over 100 agency staff to cover critical shifts in the 24-hour Residential group homes.
- Developed daily “Calm, Caring, Connected Chesterfield” social media posts highlighting mental health and parenting tips for citizens. Through these social media posts and other campaigns via videos, billboard, TV and radio ads, we had a reach of over 1,067,074 viewers.
- Increased the frequency of parenting classes such as Active Parenting, More Than Sad and Mental Health First Aid for Youth.
- Chesterfield CSB (CCSB) & The Substance Abuse Steering Committee received a 2021 National Association of Counties (NACo) Award for creating an Opioid Outreach Coordinator position held by Lauren Herschler and her community outreach preventative efforts in response to increasing overdose deaths, and the overall impact on our community of the opioid epidemic.
- Provided needed medications and injections to residents through use of a drive-thru clinic.
- Provided day services to individuals in their group home settings to prevent community exposure.
- Started Mental Health (MH) & Service Coordination PILOT to staff cases with a co-occurring Developmental Disability and Mental Health diagnosis to assure that the individuals’ needs are being best served through a collaborative array of services.
- After months of preparation and planning, Intensive Community Treatment (ICT) became provisionally licensed as an Assertive Community Treatment (ACT) Team with the Department of Behavioral Health and Disability Services (DBHDS), shifting focus to fidelity measures and provision of 24/7 program coverage beginning July 1, 2021.
- Medical Services hired a Nurse Practitioner. This addition has helped streamline efforts within our Office-Based Opioid Treatment (OBOT) program, Dual Treatment Track, and Drug Court, and will continue to be an essential resource in addressing substance use in our community.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	262
REVIVE!	2,428

## SERVES

County of Chesterfield

## SUCCESS STORY



CCSB met David (not his real name) in 2017, when he presented for outpatient therapy due to concerns surrounding aggressive behaviors, anger, defiance, high conflict in the home, lack of peer supports, problems with attention and follow through, and conflict with authority figures. At 12 years old, David had been living with his grandmother since the death of his parents when he was 4. Diagnosed

with Reactive Attachment Disorder, Attention-deficit/hyperactivity disorder (ADHD), and Disruptive Mood Dysregulation Disorder, he struggled with making friends, using appropriate social skills, and communicating his needs effectively. David’s grandmother was struggling to care for him due to his aggression. Safety concerns around his behaviors, along with his difficulties at school, put him at risk of being placed out of his home. The Child & Adolescent Services Team (CAST) provided Targeted Case Management to address the intensive system-level needs that were impacting his life and added substance use therapy when he began to use marijuana. In addition, began addressing underlying trauma and loss issues.

In 2019, the Case Manager enrolled him in Martial Arts World, which was funded through Child and Adolescent Mental Health Initiative (CAMHI) monies. Chesterfield CAST has a strong relationship with Martial Arts World staff, working collaboratively with each child along with the Case Managers to provide a supportive environment. David flourished with the high structure, positive environment, and opportunities to help others. It helped foster self-discipline, self-control, and self-regulation. He began making friends, feeling respected and encouraged by others, and was able to find healthy physical and emotional outlets that helped to build confidence and self-worth.

In 2020, David was also diagnosed with Autism Spectrum Disorder. However, he was mastering a wide array of positive coping skills and had access to a comprehensive array of supports. Additional in-home supports were added to educate his family to better cope with his needs. He continued to participate in Martial Arts World and moved into a volunteer position as the staff there mentored him.

In the summer of 2021, CCSB received a request to stop funding Martial Arts World services for David because they had offered him a job as part of their team. He no longer needed outpatient therapy services and his Case Manager reports that he expresses stability and satisfaction with his life and continues to grow and find his place and purpose.

## SERVES

Counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway and Prince Edward

## 2021 Highlights & Innovations

- Crossroads Community Services Board (CCSB) is offering in-person services along with telehealth services. CCSB continues to operate in a hybrid model with all locations and services open.
- Developmental Services Case Management has had no turnover in the past 12 months, which is remarkable in this workforce. CCSB is providing case management services to more people than ever before.
- The Bee Hive day support program is a new program geared towards individuals diagnosed with intellectual or developmental disabilities who are aging as well as individuals with more complex medical needs. The program provides group day services including opportunities for community integration. The program focus is on building upon the individuals' strengths and skills. Participants have opportunities for socializing while also being able to engage in activities such as exercise, movies, spa days, games, crafts and more.
- The CCSB Children's Services Department partnered with Cumberland County to provide two licensed staff for outpatient therapy services in the school system. It is CCSB's hope that this will reduce the barrier of parents and youth accessing services due to issues with transportation and other socioeconomic obstacles.
- CCSB expanded support to all local Children's Services Act (CSA) teams. CCSB serves 7 localities and works closely with CSA offices to ensure that underserved youth experiencing serious emotional disturbances and related disorders, and who are not mandated to receive services under the Children's Services Act, are able to access the services needed to enhance stabilization.
- Outpatient Services added two full-time peer support specialists to the staff, one serving individuals with substance use disorders and the other focusing on mental health clients.
- Crisis Intervention Team Assessment Center (CITAC) program has completed two Train the Trainer events, where a total of 15 officers have been trained to be Crisis Intervention Team (CIT) instructors. CCSB is proud to say that the CITAC program has run uninterrupted throughout the pandemic, without a single shift being missed!

## SUCCESS STORY

**Troy** (not his real name) struggled with extensive behavioral support needs for years which resulted in numerous psychiatric hospitalizations. Troy was transferred to Crossroads Community Services Board (CCSB) in 2018, at which point crisis supports were implemented. Troy moved in 2019 when the CCSB found a residential provider that specialized in supporting individuals with extensive behavioral support needs. Troy always had a desire to work but was unable to secure a job due to his extensive behavioral support needs. After several years of his support team addressing the barriers to employment, he was ready to begin the search for employment. A referral was made to the Department for Aging and Rehabilitative Services (DARS) in 2020. DARS worked with Troy for several months, doing situational assessments in various places of employment. DARS linked him to VCU, where he was offered a position in September of 2021. Troy is now working in the dining hall with a job coach 3 days a week. He works five-hour work days and utilizes public transportation to and from work. Troy has not experienced a mental health crisis, nor has he had a psychiatric hospitalization, in over 2 years. This is the longest he has been considered "stable". His success is a result of Troy's CCSB Case Manager and support team working together, advocating for him, and finding him the right services, supports, and providers.

**Esther** (not her real name) is 70 year old woman who has been receiving services from the CCSB since 2010. The services Esther receives consist of therapy, case management services, peer support and attending the psychosocial day program. Esther lives on her own in a private apartment. This year she set a goal to attain employment. The CCSB is proud to say that Esther met her goal and is currently working a part time job three days a week! Esther's mood is much brighter and she is so proud of herself for accomplishing her goal. Esther recently set a new goal for herself to get a new place that she can call her own.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	380
REVIVE!	78

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

## 2021 Highlights & Innovations

### Specialized Children's Services

- The Department of Juvenile Justice has put an emphasis on providing community based services to juveniles as opposed to detention. Juveniles are detained only in the most extreme cases. During FY21, a District 19 CSB (D19CSB) Juvenile Corrections Clinician provided mental health and substance use disorder services to 176 (duplicated) / 25 (unduplicated) consumers at Crater Youth Care Commission. Psychiatric medical services were provided to 9 consumers.
- The Children's Mental Health Case Management Program continued to operate in all the D19CSB catchment areas. The D19CSB Child Mental Health Case Managers provided case management services to 196 different consumers.
- The Adolescent Substance Use Disorder (SUD) Outpatient Program provides services that include screening and brief intervention, assessment, individual and group therapy to adolescents in need of substance use intervention and treatment. Due to COVID-19, the courts were closed or operating at a reduced capacity, decreasing the number of referrals to the Adolescent SUD Program. The Program provided services to 25 consumers.
- The Court Service Unit (CSU) Program provides community-based services to juveniles referred by the 6th and 12th District Court Service Units. Services provided include mental health and substance use disorder assessments, case management, individual, family, and group counseling, relapse prevention, brief intervention and crisis intervention. Due to COVID-19, the number of referrals was decreased. The CSU Program provided services to 59 juveniles.
- The Infant & Toddler Connection of Crater District (D19CSB's Infant Intervention Program) provides early intervention supports and services to infants and toddlers from birth through age two who are not developing as expected or who have a medical condition that can delay normal development. During FY21, COVID-19 continued to impact the number of referrals received. The Program provided Developmental, Physical, Occupational, and/or Speech therapy services as well as Service Coordination to 258 children. The program developed 108 initial Individualized Family Service Plans (IFSP) during FY21 and transitioned 112 children to appropriate destinations. This is a 31% decrease in children leaving the Infant Intervention program over FY20.
- Despite the challenges presented by COVID-19, D19CSB ensured continuity of care by integrating the use of telehealth in their service delivery and maintained quality of care to serve consumers remotely and in-person depending on the presenting needs and preferences of the clients. Clinicians were able to provide clinical assessment, identify resources, and assist with linkage to community providers. Additionally, D19CSB was able to strengthen the trauma informed service environment through the use of physical space and distancing, durable and sanitary furniture, and the establishment of a calming room.
- Crisis Assessment Center (CAC) sites assisted 1,515 individuals with the following: connecting individuals to community resources, triaging calls received and providing crisis intervention via phone and/or tele-health, providing consultation to area stakeholders who may be dealing with individuals who are in a crisis and conducting prescreens via telehealth for individuals wanting emergency prescription assistance or wanting services through Richmond Behavioral Health Authority's (RBHA's) or Saint Joseph Villa's (Crisis Stabilization Unit) CSU.

### SERVES

Counties of Dinwiddie, Greensville, Prince George, Surry and Sussex; Cities of Colonial Heights, Emporia, Hopewell and Petersburg

## SUCCESS STORY

**Jeremiah's Story** It has been over a year since Jeremiah was referred to D19CSB Early Child Intervention. Both parents and a grandparent support Jeremiah, and are pleased with the Occupational Therapy (OT) & Physical Therapy (PT) services received. Ms. Lisa and Ms. Teresa are super and the therapy provided is just what Jeremiah needed to help him thrive and become successful in his growth and development. Everyone works well together and Jeremiah enjoys his time with in home OT & PT. Ms. Karen took care of the essential paperwork and follow-ups for our family. I believe it's more than a job to her. She is professional, kind, caring and compassionate. Thank you all for all that you have done for Jeremiah and his family.

**Jo's Story (not the real name)** Jo was receiving treatment at Southside Regional Medical Center and wanted to receive step-down services. D19CSB conducted a prescreen and determined RBHA's Crisis Stabilization Unit (CSU) would be an appropriate stepdown due to Jo experiencing depressive symptoms and alcoholism. Jo was accepted into RBHA's CSU and given additional referrals after discharge. Jo called D19CSB in August to thank D19CSB for helping get her/his life on track. Jo is starting to learn who he/she is and how to function in life without alcohol. Jo requested that we continue to help people like her/him.

**Tim's Story (not the real name)** Tim sought services from D19CSB after being discharged from a local jail. Tim did not have access to housing, had significant comorbid medical issues that exacerbated his well-being, and did not have a supply of medical or psychiatric medication, all of which are significant risk factors. The intake process at D19CSB was able to quickly mobilize supports from three different departments to have the client screened, set up temporary housing, engage transportation services, and link to services. D19CSB was able to rely on its current resources to rapidly engage services for a high acuity client. The coordination of community based services enabled the client to be linked to services, ultimately minimizing the rapid readmission to jail and/or a possible state hospital.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	5
REVIVE!	4



## 2021 Highlights & Innovations

### SERVES

Counties of Goochland and Powhatan



## SUCCESS STORY

The Goochland-Powhatan Community Services (GPCS) Early Intervention program has received national attention for assisting in problem-solving tele-service delivery to rural areas. The efforts of the Parent-Infant Education Program (PIEP) at GPCS were published in an article on SpecialEdConnection.com as part of a series profiling "education service providers across the country who are using innovative and collaborative approaches to serve students with disabilities during extended school closures due to the coronavirus outbreak." This followed a YouTube video made by the Virginia Early Intervention Professional Development Center where a PIEP staff member spoke alongside a goat about ways to approach the challenges of serving a rural area where internet and 4G are not available.

Here the GPCS Developmental Specialist, Lily, gives feedback after observing Melissa and her baby Sophia practicing serve and return games like "got your nose". While it seems like silly play, these games build their relationship and lay the groundwork for all of Sophia's future conversations.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	7
REVIVE!	40

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

# Hanover County Community Services Board

## 2021 Highlights & Innovations

SERVES

County of Hanover

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

### Hanover County Community Services Board (HCCSB) COVID-19 related response and support, to include:

- Maintained crisis and Same Day Access (SDA) services without interruption. In fact, the HCCSB Crisis team continued to offer in-person evaluations and (SDA) assessments during the pandemic.
- Similar is true across the agency as case managers, supported living, employment services and day program staff continued to see individuals in-person in order to best support them throughout the public health emergency. This included delivering meal kits, supplies, and wellness activities to support individuals throughout the pandemic.
- Upgrades/enhancements to facilities.
- Significant redeployment of staff.
- Staff assistance with Call Center and Vaccine Clinic.
- Staff direct support in assisting individuals served to access the vaccine.
- CSB Transportation Team – there was only a four-day period during the beginning of COVID-19 that drivers were not able to provide services to individuals working in the community. Drivers continually went above and beyond to meet the needs of the individuals while adhering to the guidelines that were put into place to ensure the safety of staff as well as the individuals being served.
- Developed and maintained a robust social media presence that engages the community around topics such as coping during the COVID-19 pandemic and general behavioral health wellness topics.

### Successful (CARF) Commission on Accreditation of Rehabilitation Facilities Accreditation for the next 3 years with minimal recommendations:

- All audits completed fully remotely, although some records are stored within the electronic health record, all personnel files are paper so this was a significant change in process. All required documents were submitted prior to audit due dates.
- Multiple quality assurance documents were reviewed for the first time as these documents/reports are not typically reviewed by regulatory bodies outside of CARF. This year they have been reviewed in multiple audits resulting in zero citations.
- Day Health and Rehabilitation received a certificate/letter of achievement for compliance with Home & Community Based Services, along with several praises of the program.
- Supports Coordination have and will continue to undergo several audits simultaneously, all related to the DOJ Settlement Agreement.

The Supported Employment Team was trained to offer Customized Employment services which is a way of personalizing the employment relationship between a candidate and an employer in order to meet the needs of both. It can be most helpful with employees who have more unique and/or severe disabilities.

The new school-based program was launched with a plethora of unknowns, even before COVID-19 related issues further complicated matters. Over the last 10 months, the program staff (located at Mechanicsville High School) received 42 referrals for new clients, saw clients daily (in-person with proper COVID-19 protocols in place), led two support groups for students, facilitated multiple *Signs of Suicide* interventions for the entire student body, developed curriculum for the school counseling team to use, participated in the Social-Emotional Learning task force for Mechanicsville High School, responded to crises, collaborated with county stakeholders, and performed a host of "other duties as assigned."

Launched an Adolescent dialectical behavior therapy (DBT) Skills group.

Created and implemented The Hanover Fire-Emergency Medical Services (EMS) Clinician Awareness Program, a 4-hour virtual training that teaches Fire-EMS cultural competency to mental health providers within the Cigna Employee Assistance Programs (EAP) network. The first workshop was held November, 2020. 105 people registered for the training across Virginia. The purpose of this training is to enhance mental health services to first responders who often find it difficult to locate a trusted and culturally competent clinician. By training clinicians within the EAP network, the Fire-EMS Peer Support Team has the opportunity to build relationships with clinicians, train them to be culturally competent to work with Fire-EMS providers.

After identifying a need to provide additional support for youth who had completed the Juvenile Drug Court (JDC) Program, a JDC Alumni group was launched. Facilitated by HCCSB staff, the group meets virtually each month to support each other's success with sobriety and independence.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	0*
REVIVE!	50

*\*Trainings may have been conducted virtually at other CSBs.*



# Henrico Area Mental Health and Developmental Services

## SERVES

Counties of Charles City, Henrico and New Kent



## SUCCESS STORY

I am thankful for the Parent-Child Interaction Therapy (PCIT) program through Henrico Area Mental Health and Developmental Services (HAMHDS). My family participated with my four-year-old son from July to January and had our discharge session last week. The difference in him over those six months is extraordinary and we have PCIT staff and the skills they taught us to thank for it. They were patient and understanding and went out of their way to find answers to our questions. My son is very smart and looked for every loophole in the system. They were always there to help us work through scenarios and find a solution/phrase that would make the process work for us.

Just before we started in July, I dreaded having lots of time with my son because I knew it was going to end with one of us in tears. Now, thanks to PCIT, we can play for hours and genuinely enjoy each other's company. We now have structure and house rules so bad behavior is not tolerated. Since we ended our regular sessions in January, we have only had a handful of time out scenarios, a real testament to the efficacy of this program.

Our family was not in a great place in July (it's amazing how much a 4-year-old can derail everything!), and now, thanks to PCIT, we are doing much better. Thank you!

## 2021 Highlights & Innovations

**COVID-19 Vaccination Efforts** By partnering with providers in the community, such as The Daily Planet Health Service, Henrico Doctors' Hospital and Westwood Pharmacy, the HAMHDS staff had access to 229 vaccines early on. In January, CVS vaccinated all HAMHDS group home and support home residents and staff. The Virginia Department of Health provided a vaccine clinic for HAMHDS Day Service programs, and the HAMHDS Medical Unit responded in less than 24-hours administering 110 vaccines. Staff utilized community connections to connect over 900 members to vaccines in the community through a local pharmacy. HAMHDS outreached to communities and clients with information about the vaccine availability, assisted clients in registering for vaccines and organized transportation to the vaccine sites.

**Pharmacy Access** The in-house Westwood Pharmacy located in the HAMHDS East Center expanded to add an alternative delivery site at the Woodman office in January. The expanded services include payment acceptance and Westwood staff on site. Pharmacy costs for subsidized medications have been reduced by 85% through effective collaboration with Westwood Pharmacy. More total clients have been served through this partnership while decreasing utilization of funds.

**Full Compliance with Department of Justice (DOJ) Settlement** HAMHDS exceeded the Department of Justice's 86% compliance expectation. In FY 21, over 90% of HAMHDS Developmental Disability (DD) Waiver individuals who meet the criteria for Enhanced Case Management (ECM) services received at least one in-person Case Management (CM) service monthly. Over 90% of those received at least one in-person CM service visit in the individual's residence. Approximately 11,000 significant contacts were made to DD individuals receiving HAMHDS CM in the past year. HAMHDS averaged 766 ECM monthly contacts in the past year in person and/or by telehealth. During the COVID-19 pandemic, HAMHDS DD case managers continued monitoring all case management activities using a combination of video conferencing, telephone conferencing, and in-person contacts based on the needs and preferences of the individuals served. HAMHDS employment/day services staff developed and implemented a YouTube channel for the individuals served who were not able to attend day programs due to COVID-19. At the end of June, there were 203 subscribers and 50,156 views of over 100 videos.

**Expanded Evidence-Based Programming** Utilized System Transformation, Excellence and Performance (STEP-VA) funds for program expansion and additional staff for outpatient services, peer services and support to Service Members, Veterans, and their Families (SMVF).

**Permanent Supportive Housing (PSH)** funding permitted HAMHDS to significantly increase staffing and open 15 new PSH slots. The program will be restructured to link the housing support staff with Adult Recovery Services to have the staff who provide more administrative oversight linked to the agency's housing program.

**HAMHDS Substance Use Services** was enhanced by coordinating with the Addiction Task Force and community partners to expand Office-Based Opioid Treatment (OBOT) options to include Rapid Access at three sites.

**Parent Child Interaction Therapy (PCIT)** increased staffing and services to families. Additionally, a clinician was devoted to providing PCIT and Child Adult Relationship Enhancement (CARE).

TRAININGS	NUMBER TRAINED
Mental Health First Aid	42
REVIVE!	182

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities



Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

## 2021 Highlights & Innovations

FY21 continued with many of the challenges that were faced in FY20. As Richmond Behavioral Health Authority (RBHA) transitioned to FY21, it hoped for a swift end to the COVID-19 pandemic. This did not happen. RBHA is proud to report that even in the face of the challenges of COVID-19, it served a record 12,785 consumers in FY21.

RBHA instituted an aggressive campaign of staff vaccinations as soon as the vaccine was made available. Just as importantly, RBHA instituted a polymerase chain reaction (PCR) and rapid test protocols at all of the residential facilities. In spring 2021, RBHA made vaccinations available to all individuals served.

### Among the program innovations and achievements during FY21 at RBHA:

- Expanded mobile crisis access for youth.
- Remodel of the Child Services Center (CSC) at the North Campus residential facility. RBHA also relocated Part C services to the CSC to integrate into the community.
- Increased Permanent Supportive Housing - 40 slots.
- RBHA Developmental Services funded Specialized Afterschool Services for 16 individuals.
- Expanded the evidenced-based practices utilized in outpatient therapy services for children and adults.
- Record number of referrals from around the state to North Campus residential substance use services.
- Opened 43 new youth to Developmental Services; serving an average of 210 each month.
- Developmental Services served 619 infants and toddlers unduplicated - 5% growth during the pandemic.
- Began programming under a new 2-year grant to expand our Certified Community Behavioral Health Clinic (CCBHC) integrated health services.
- Served 740 individuals across all REACH services.
- Surpassed 3,368 individuals served at Richmond Integrated Community Health (RICH) primary healthcare clinic.

RBHA continued to embrace technology by continuing telehealth efforts. In summer 2021, RBHA increased in-person services with safety as the top priority. RBHA will continue to evaluate the safety of in-person services and adjust as circumstances warrant.

Lastly, RBHA continues to expand its role in the community and the state. You are invited to browse the new RBHA website, [www.rbha.org](http://www.rbha.org), and find out how you can join RBHA in its mission. RBHA would like to praise the resilience and determination of the incredible consumers RBHA serves and the RBHA dedicated staff. **Together, we are fearless.**

## SERVES

City of Richmond



## SUCCESS STORY

Katalina shares her triumphal story from being dropped off at an orphanage at age 8 ½ by her sister after her parents passed away. She lived there for two years hoping to be adopted and shares that she was blessed to be the last adoption from the agency at 10 ½ as they then closed. She grew up in a healthy home with her adopted family and that drugs didn't start for her until her late twenties.

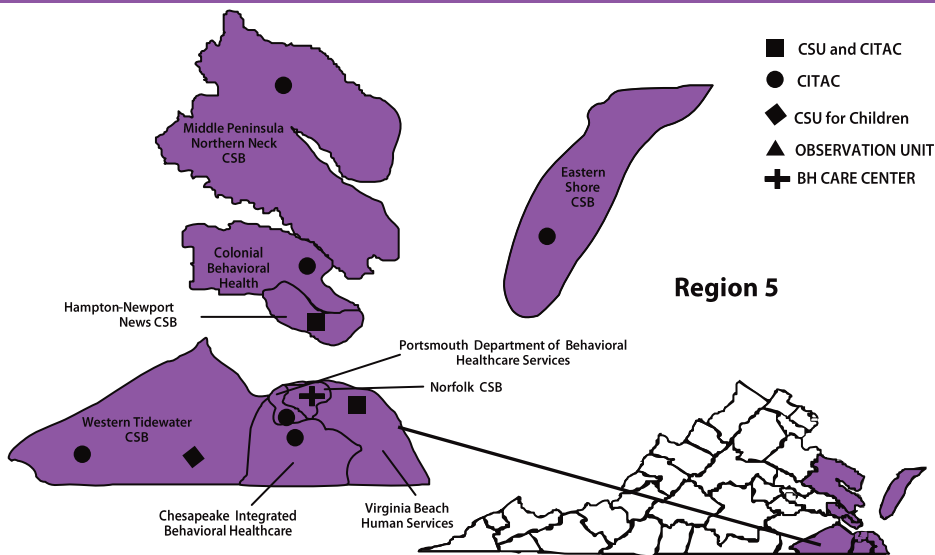
Katalina was in & out of addiction for 3 years prior to getting sober this last time, which was her second time when she checked into treatment with RBHA on January 9th with her two girls. She had hopes of learning to live sober, be a good mother and reconnect with her foster parents. She has reconnected with both of her parents and all is well between them. Her father currently helps support her and her girls.

She has learned to live sober with the exception of a relapse after leaving treatment. When asked how she was able to stop using and get back on track she shares it was with a desire to be available to her children and a support system. Katalina currently has stable employment, housing and a healthy relationship. Since leaving residential treatment with RBHA, she has continued to be a part of the wrap around services through RBHA's intensive outpatient services and the Be Well RVA program where she receives additional support and resources from the Be Well RVA team.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	218
REVIVE!	318

# DBHDS Region 5 - Regional Initiatives

## 2021 Highlights



Region 5's service structure grew significantly throughout the year to include the following enhancements:

- Roll out of Children's Mental Health Mobile Crisis from a central hub at Western Tidewater CSB (WTCB) and 2 co-located response sites; Middle Peninsula – Northern Neck CSB and Virginia Beach Human Services. Services are available region-wide from 7 am -11 pm, 7 days per week.
- Plans to expand Mental Health Mobile Crisis for adults under the same construct that was initially implemented for children.
- Expansion of the Tidewater Cove Assisted Living Facility operated by WTCB from 65 beds to 80 beds, to include 10 beds for a specialty memory care unit. In addition, a community-based integrated treatment team was designed to work collaboratively with the crisis hub to stabilize and support individuals with Dementia and other neuro-cognitive disorders, in the home or alternative community settings, to minimize risk of hospitalization.
- Expansion of Bridges Children's Crisis Stabilization Unit from 6 to 8 beds, along with infrastructure improvements at the facility, that will support family involvement and allow the unit to accommodate youth with greater acuity of needs.
- Established a Regional Call Center Model that includes Care Navigation to support the ongoing needs of callers entering the public behavioral health system in coordinating care with their local CSBs. The Call Center is staffed 24/7 and provides crisis counseling, triage, and dispatch across disability areas for any resident of Region 5 in a behavioral health crisis. The region has been represented on statewide committees for the integration of Marcus Alert and 988 National Suicide Prevention Lifelines to enhance the overall system of care in Virginia.
- Region 5's training committee has assembled a regional syllabus focusing on key content areas: Compliance Elements (required training and standards of care) and OP Counseling Elements (foundation skills, business informatics, and clinical supervisor training).

Utilization Management Programs	Service Unit	Region 5
Local Inpatient Purchase of Service (LIPOS) Adult	Individuals	466
	Bed Days	2,303
LIPOS Youth	Individuals	N/A
	Bed Days	N/A
State Hospital Adult	Individuals	1,485
	Bed Days	102,990
State Hospital Older Adult	Individuals	179
	Bed Days	20,054
State Hospital Youth	Individuals	153
	Bed Days	1,653
Discharge Assistance Plan (DAP)	Individuals	286

State hospital data does not include forensic bed days. State Hospital Data Source: DBHDS Bed Utilization Report FY21. The Utilization Management Programs listed are all regional.

Crisis Programs	Service Unit	Region 5
CIT Assessment Center	Individuals	4,131
Crisis Stabilization Units - Adult (CSU)	Individuals	421
	Bed Days	3,794
Child CSU	Individuals	84
	Bed Days	1,263
Child Mobile Crisis	Individuals	568
	Service Units	2,531
REACH Crisis Therapeutic Home	Individuals	43
Tidewater Cove ALF (WT)	Individuals	83
Community Crisis Beds (MPNN)	Individuals	63
Transitional Living (VB)	Individuals	30

Note: The CSUs & Child Mobile Crisis programs may be managed by individual CSBs in the region & other CSBs may occasionally utilize the services if practical due to proximity.

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

# Chesapeake Integrated Behavioral Healthcare

## SERVES

City of Chesapeake

## 2021 Highlights & Innovations

- Chesapeake Integrated Behavioral Healthcare (CIBH) is proud to announce the re-opening of its psychosocial program on September 1st. At the beginning of the COVID-19 pandemic, CIBH provided services virtually. However, while providing virtual services, CIBH was also renovating a new space at 1013 Great Bridge Blvd. The new facility has 11,908 square feet of space, flexible meeting and educational spaces and state of the art electronics and telecommunications equipment. With more than doubling the footprint CIBH will be able to serve up to 100 individuals which almost triples the capacity!
- With the Police and Sheriff's Office, CIBH added two additional Crisis Intervention Team (CIT) training opportunities to our training calendar. In addition to the CIT 40 hour training, CIBH added the CIT Train the Trainer course. Most importantly we are training all new Sheriff's Deputies in CIT during their academy training.
- Added a local Alternative Transportation program complete with unmarked, secured vehicles, staffed by off duty Sheriff's Deputies to provide a different, more person centered, experience for individuals in crisis. Just under 100 Temporary Detention Orders and voluntary inpatient admissions transports were coordinated during FY21.
- During the pandemic, the Infant & Toddler Connection program was able to address the need for intake assessments and developed a meeting area where families could come to the CIBH office and be safely assessed. The program has twelve slots that are almost always scheduled to be completed. Families continuously compliment the program and its flexibility to meet their needs.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	129
REVIVE!	104



## SUCCESS STORY

Early intervention has been one of the best and bravest decisions ever made regarding Samuel's future! Having to accept the reality that he had developmental delays was tough, but the reward for getting him in front of the right people has paid off tremendously.

Samuel has been thriving in many different areas since he began services in April. He is socially more present, making more eye contact, engaging in one-on-one play and he can communicate his needs more clearly. Samuel is speaking a few words and learning sign language. Every week, he looks forward to time with his therapists and he is learning to be more social from seeing them regularly.

The Early Intervention program therapist has made it convenient by coming to the home and into Samuel's natural environment, where he is most comfortable. This program teaches better ways to connect with Samuel and for that I am forever grateful. Having a care coordinator to help navigate through my son's diagnosis, sort through resources and answer questions, has been amazing!

I highly recommend this program; you won't regret it. Seeing your child develop and thrive is absolutely priceless!



## 2021 Highlights & Innovations



### CELEBRATING 50 YEARS : 1971 — 2021

On January 5, 2021, Colonial Behavioral Health (CBH) celebrated 50 years of wellness, support and recovery services. Go to <https://www.colonialbh.org/about-us/our-history.aspx> to see how CBH has evolved over the years to meet the needs of our community.

**Cerner Millennium** On May 3, CBH's electronic health record (EHR) system transitioned from Cerner Anasazi to Cerner Millennium allowing for integrated primary care and behavioral health services. CBH was instrumental in working with Cerner to implement and fine tune the Cerner Integrated Behavioral Health offering, a solution that supports care across the continuum including acute, primary care, behavioral health, long-term care, home health and rehabilitation settings. This implementation puts CBH in a strong position to leverage the technology of a major industry leader. The technology is designed to help improve continuity of care for the individual with a focus on interoperability and exchange of health data. CBH improvement strategies include integration with LabCorp, Dragon Medical One voice to text entry, electronic prescription of controlled substances using Imprivata digital identity management, use of the national CommonWell Health Alliance information exchange and automated appointment reminders to individuals served. CBH plans to implement the HealtheLife portal which gives providers a way to provide telehealth services through the EHR and provides individuals a way to join telehealth visits through an application on their smartphone, tablet, or computer. The HealtheLife portal provides an individual served with quick access to their health information for clinic visits. CBH teamed with Blue Ridge Behavioral Healthcare and Cumberland Mountain Community Services Board to develop state reporting, additional provider roles, Virginia-specific assessment and entry forms, the Virginia Preadmission Screening workflow for emergency services and an eSignature solution for the Windows 10 operating system. The group painstakingly tested and improved the flow of service information from the clinical PowerChart application to the billing application. CBH administrative departments and clinical programs worked collaboratively to achieve the successful launch of the new EHR. Information Services managed the project, organized numerous training sessions, produced 59 tutorial videos and 16 digital guides. Quality Management and Compliance ensured that quality care measures and regulatory requirements were met. Fiscal Services ensured checks and balances were in place to support reimbursement for services. Support Services and Central Access learned the Revenue Cycle application for efficient registration and scheduling of individuals served and iPads were deployed to clerical stations for improved eSignature capture of consents and agreements. Development and communications kept staff abreast of upcoming milestone

## SERVES

Counties of James City and York;  
Cities of Poquoson and Williamsburg

events through intranet banners detailing coordination of this complex project. The Leadership team supported the change, and clinical workgroup leads took on roles of EHR super users guiding their teams through improved workflow efficiency.

**Technology Infrastructure Enhancement** Information Services enhanced the technology and infrastructure plan to support the next generation of service delivery. This included transitioning to cloud-based Microsoft 365 applications and services, upgrading to Windows 10, deploying 175+ Dell 2-in-1 laptop/tablets, upgrading 110+ iPhones, deploying iPads to all clerical stations and developing training guides to ensure staff and clinicians were able to successfully transition to the new platforms.

**Community Success** The Greater Williamsburg Trauma-Informed Community Network (GW-TICN) was founded by Colonial Behavioral Health, James City County Department of Social Services, and the 9th District Court Services Unit, whose vision is supporting a trauma-aware, resilient and compassionate community. The GW-TICN is comprised of 93 members representing 33 local private and public agencies to include behavioral health and recovery providers, law enforcement and first responders, health care providers, departments of social services, school districts, faith-based organizations and regional community agencies. Working collaboratively, the GW-TICN hopes to build supportive systems to counteract impacts of trauma – on the individual & systemic level.

### Tapping into the knowledge and expertise of its members, FY21 events included:

•**Lunch Box Series Newsletter** (Sept.-Nov. 2020): Created in partnership with the Greater Williamsburg Child Assessment Center (GWCAC) in response to the ongoing COVID-19 pandemic, highlighting tips and activities for parents to assist them in navigating work, family life, and virtual schooling. Topics addressed were mindfulness, diet/exercise, socialization, effective communication, resiliency, stress/anxiety, and local mental health resources.

•**Lunch & Learn Series for Professionals** (October 2020): Presentations focusing on Creating a Healthy Work/Life Balance; Boundaries, Breaks and Balance, Trauma and the Brain; Window of Tolerance and Saving Heroes and Heroines.

•**Second Annual Resilience Week VA** (May 2021): Focusing on the Mind, Body and Spirit for community members and professionals, including 11 presentations and 18 community events highlighting healthy means of self-care.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	57
REVIVE!	0*

\*Trainings may have been conducted virtually at other CSBs.

Region 1

Region 2

Region 3

Region 4

Region 5

People &

PACT, Funding  
& Other Data

Budget  
Priorities

# Eastern Shore Community Services Board

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

## 2021 Highlights & Innovations



prevention. The prevention staff at ESCSB worked with a local printer to develop the boxes and then began discussion with local pizza restaurants, eventually distributing the boxes in bundles of 50 to pizza restaurants from Cape Charles to Chincoteague Island. The owners and staff at the restaurants were very supportive of the campaign. They all care about their customers and a Suicide Prevention Campaign was near and dear to many restaurant owners and workers. Photos of the boxes showed up on customers' and restaurants' Facebook and Instagram feeds. The Facebook posts from the Ocean Deli in Wallops Island caught the attention of WBOC reporter, Conall Smith. He interviewed Kelly Bulin, Monique Smith and Phyllis Quivers from ESCSB's Prevention Office, and Derick Hale of Ocean Deli, and put together a piece on the pizza box campaign. It aired on WBOC-TV and was quickly picked up by other CBS affiliates and media outlets all over the United States. It was even featured as a news item in the United Kingdom. The ESCSB Prevention Office has received inquiries about the suicide prevention campaign from other CSBs in Virginia and the National Alliance for Mental Illness (NAMI). The campaign was highlighted in the Virginia segment of the "What's Happening in the USA" feature in the Spring 2021 issue of The National Psychologist Magazine. "Eastern Shore Community Services Board is working with pizza parlors on the shore to start using pizza boxes with messages about mental health and suicide prevention, with hopes to work with other types of restaurants to do the same with takeout boxes."

The ESCSB pizza box suicide prevention campaign continues to provide the boxes to Eastern Shore restaurants free of charge. The ESCSB also provides drink coasters with suicide prevention information that they distribute to local restaurants and bars. Keep an eye out for these boxes the next time you order pizza from a restaurant on the Eastern Shore. Learn to recognize common warning signs so that you can reach out and help family, friends and neighbors. For more information about the suicide-prevention campaign, or to obtain pizza boxes and coasters, please contact the ESCSB Prevention-Services Office at 1-757-442-5388.

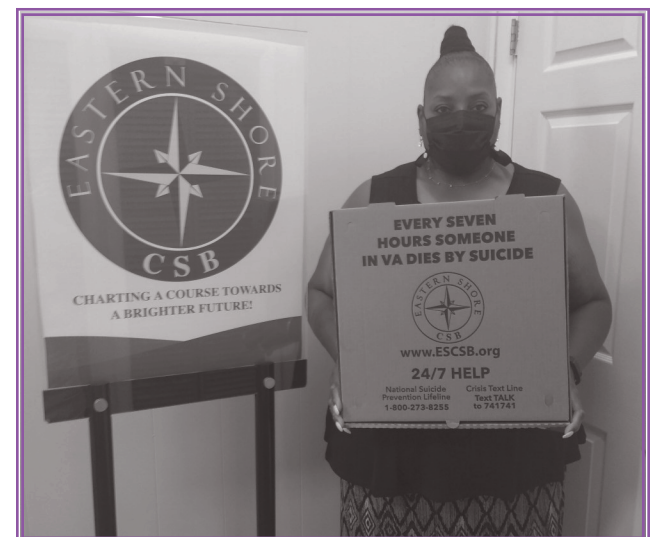
TRAININGS	NUMBER TRAINED
Mental Health First Aid	91
REVIVE!	90

## SERVES

Counties of Accomack & Northampton

## Eastern Shore Community Services Board (ESCSB) Pizza Box Suicide Prevention Campaign Gets National Attention

When the staff at the ESCSB came up with the idea of putting suicide prevention information and tips on large pizza boxes, they did not realize that they were going to get national attention. The idea was developed and driven by the isolation of the COVID-19 pandemic and a need to continue to engage the community in the conversation about mental well-being and suicide





## 2021 Highlights & Innovations



**H-NNCSB Celebrates 50 Years of Service and Excellence!** The Hampton-Newport News Community Services Board (H-NNCSB) has been serving the citizens of Hampton and Newport News, Virginia for over 50 years! Since July of 1971, H-NNCSB has been a premier provider of quality behavioral health services, and has delivered a comprehensive array of community-based, rapid, flexible and accessible services to the individuals and families it serves across the Peninsula. For 50 years and counting, H-NNCSB has consistently demonstrated its commitment to excellence by establishing a dynamic, innovative, and visionary service delivery system, in partnership with the community it serves, and creating model programs which have gained both statewide and national recognition.



### HAMPTON-NEWPORT NEWS COMMUNITY SERVICES BOARD

H-NNCSB celebrates its 50<sup>th</sup> Anniversary this year, and are ever mindful and appreciative of the dedicated employees delivering life-saving services, the passionate citizens who have voluntarily served on the H-NNCSB Board of Directors, the leaders of the two cities that H-NNCSB serves, and the countless number of federal, state, local and community partners who have supported H-NNCSB's mission since the doors opened 50 years ago.

**Community Assistance Response (CARE) Program** After significant preparation in FY21, the CARE program officially launched on July 19<sup>th</sup>. CARE is a collaborative initiative between Hampton-Newport News CSB (H-NNCSB) and the City of Newport News Fire and Police Departments, which provides an alternative response to crisis calls related to behavioral health or substance use disorders. The program, funded by the City of Newport News, pairs a medic and a H-NNCSB clinician for response to these calls to address immediate crises and provide referral and linkage to other supports services. Currently there are two teams providing coverage from 10 am-8 pm, seven days a week. Nationally, very few crisis intervention teams employ paramedics as part of their service model, and Newport News is the only Hampton Roads locality that operates the team in this manner.

**Behavioral Health Dockets** Both Hampton and Newport News Behavioral Health Dockets are fully operational with the Newport News Docket approved for FY22 expansion of up to 30 individuals with serious mental illness, and the city funding an additional clinician.

## SERVES

Cities of Hampton and Newport News

## SUCCESS STORIES

**Lloyd** - The H-NNCSB Creative Options Day Support Program has partnered with Meals on Wheels for twenty plus years to deliver meals to citizens in the community.

Several individuals that attend Creative Options deliver meals and have developed meaningful relationships. As a result of COVID-19, Meals on Wheels is a critical service. Lloyd's story exemplifies the true meaning of how volunteer work has evolved into friendship, for individuals with developmental disabilities. Lloyd returned to the Creative Options in May 2021. He was excited to see staff and other participants after a year and half of not seeing his friends. Lloyd greeted everyone with his friendly smile and stated "I love people a lot. Jesus loves everyone. I missed everybody and never want to leave again." Lloyd has delivered meals for several years, but this day he chose a particular house to deliver to because of a large cross in front of the house. The man who answered the door identified himself as a pastor. Lloyd gave the meal to the pastor, blessed the food, and talked to the pastor about Jesus. Lloyd asked the preacher to pray for him. Since that day, Lloyd looks forward to delivering food to the pastor and enjoys the conversation's shared about the weather and Jesus. Lloyd often states "I like the pastor's voice and he speaks well and talks to me when I give him his food". Lloyd summed up his friendship and volunteerism with a beautiful statement "this is a wonderful life."



**Aaron** - During these unprecedented times, it is reassuring to parents of a disabled adult that programs, such as the Creative Options Adult Services Day Program at H-NNCSB exist. H-NNCSB strives to serve clients in a manner consistent with the mission of caring for the success and

needs of H-NNCSB clients. The day-to-day focus of the program continually elicits a sense of accomplishment and well-being. The team of dedicated professionals are always leaning forward in innovative ways to make the clients productive members of the community. The program continues to set the bar high and merits recognition and emulation throughout Virginia. We are fortunate and grateful for H-NNCSB's engagement in Aaron's life.

**Colonel Barry P. Creed**  
U.S. Army (retired)

TRAININGS	NUMBER TRAINED
Mental Health First Aid	30
REVIVE!	237

Region 1

Region 2

Region 3

Region 4

Region 5

People &  
Services

PACT, Funding  
& Other Data

Budget  
Priorities



# Middle Peninsula - Northern Neck Community Services Board

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities



## SUCCESS STORIES

"Yeah, I have a team of good people supporting me with the hard struggles of everyday life; I get help with food, meds, and counseling. It's a really good PACT team!"

*Quote from an Individual Receiving Services*

**Xavier** had been hospitalized with Eastern State Hospital and after two years of evaluation and inpatient treatment he was found NGRI (Not Guilty by Reason of Insanity) and was released from the hospital on a Conditional Release Plan. Upon his discharge, Xavier started receiving services through Assertive Community Treatment (ACT) and moved into the Middle Peninsula-Northern Neck CSB (MPNNCSB) transitional group home called Discovery. Once he transitioned from Discovery, he moved into ACT housing, the Belroi House, where several individuals from the ACT team reside. Xavier stated, "I was in and out of jail for assault and came out of Eastern State Hospital. I went to Discovery and that was a good place where I was able to be on my own, doing chores and learning to cook. I then went to Belroi where I was more on my own, and I thought I'm finally doing what I'm supposed to be doing. Now I live in Gloucester and I buy my own food, clothes and other stuff. I've been going to Charterhouse, the clubhouse program and kicking it with people there...it's cool. I've been going to AA meetings and learning peoples' stories." Without the support of the MPNNCSB Program of Assertive Community Treatment (PACT) Team, "I wouldn't be here and would still be in and out of jail."



Seventeen months ago, **Michael Hall** was given a second chance. A substance abuser since age 15, he was homeless and living in a car in the woods. At 34, he was arrested for drug distribution. He and a small group of substance abusers were eligible for the Northern Neck & Essex Adult Drug Treatment Court. The program includes three, 3-hour treatment sessions a week, along with drug tests and group counseling. "COVID restrictions made it difficult," Hall noted. "I did my best and I did stay sober." Hall's efforts earned him a dismissal of his felony.

## SERVES

Counties of Essex, Gloucester, King & Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond and Westmoreland

## 2021 Highlights & Innovations

In the last year and a half, **Charterhouse Clubhouse**, a program of the MPNNCSB, has shown resiliency in the face of tragedy to include a devastating fire, tornado and closures due to COVID-19. Members and staff worked side by side to assure that the program continued and that in the face of adversity, it grew.

Charterhouse now has its forever home where individuals/members can focus on employment, education, housing, wellness and social connection. In an attempt to create a true Recovery Community, there has also been a focus on integrating services to where the Clubhouse can meet both group and individual needs of its members. The goal is to be a "one stop shop" in a rural area where accessing mental health services and supports can be difficult. The Clubhouse has adopted a saying that says, "Yes to Opportunity, Unity and Resiliency".



**Warsaw Recovery Center has found a home!** MPNNCSB Recovery Services provides Recovery Support Centers that serve as the Recovery Capital to the ten-county communities that the agency serves. The center embodies the growth of the peer recovery movement by providing a safe place for people in the community as well as those receiving services from the agency. Daily activities include recovery classes such as Pathways, Personal Medicine, Whole Health Action Management (WHAM), yoga, cooking, gardening, walking trail, mindful meditations, book club, job readiness support classes, Peer Specialist Support and employment opportunities. The Recovery Center also hosts special social events held throughout the year. Support groups include: Narcotics Anonymous (NA), Alcoholics Anonymous (AA) and Y12SR 12 Step Yoga. Refuge Recovery is a support group that has a Buddhist approach and National Alliance for Mental Illness (NAMI) Connections.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	30
REVIVE!	206

## 2021 Highlights & Innovations

The Norfolk CSB (NCSB) thrived in creativity and compassion to service consumers through a year of COVID-19. NCSB provided outreach to consumers losing contact and invested in services needed to fill the gap. NCSB took significant precautions to provide safe services and had no staff to staff or staff to/from consumer COVID-19 transmission.

**Adult Behavioral Health Intake – Same Day Access** NCSB enrolled 428 individuals into services and connected hundreds to necessary services and resources in the community. NCSB has been able to do this amidst challenging times by continuing to strengthen relationships with colleagues and community partners. To continue to do so helps to support our own resiliency, problem solve, create opportunity and manage resources.

**Adult Outpatient Psychiatric Clinic, I-Care** personnel provided telemedicine and other mental health services to 1,133 consumers while meeting or exceeding several performance targets. Integrated Care Clinic nursing staff provided COVID-19 outreach to the winter shelter through on-site COVID-19 rapid testing to over 50 individuals during the fall and winter months.

**Adult Mental Health/Substance Abuse Outpatient Services (MH/SA)** served 317 persons through the SA continuum of services. Clinicians provided individual therapy, and/or group therapy, virtually and/or in-person. All current members of the MH/SA outpatient team are Certified Trauma Professionals and continue to offer quality trauma informed care, in conjunction with any identified co-occurring condition.

**Medication Assisted Treatment Program** continued to dispense medication and provide clinical services, including individual and/or group therapy, being offered virtually and/or in-person. Due to the opioid epidemic and high rates of overdose, the program is providing a Naloxone kit to individuals enrolled in the SA services and diagnosed with an Opiate Use Disorder. Consumers will be educated on administering Naloxone and receive refills as needed.

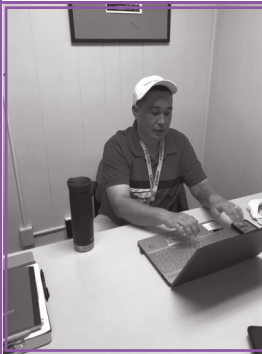
**Peer Recovery Support (PRS) Services** ensured that persons reaching out for help had access to support. PRS continued to reach out to those less likely to seek services. PRS maintained a presence in the two main service buildings, maintained the warmline, basic needs assistance, and outreach. PRS imbedded themselves in the Healthy Hotel Program and "The Center," a day and overnight homeless shelter opened in May 2021 for the most vulnerable homeless adults. The following are the number of interactions for each site: Warmline Interactions: 3,069, Group Interactions: 2,335, The Center Interactions: 2,780 (June only numbers), The Center Job Connections: 14, The Center Return Home: Greyhound bus tickets provided to return home 3, the interactions throughout all sites were 33,523.

**Intellectual Disabilities and Developmental Disabilities** supported nearly 600 individuals with case management services.

**The Infant & Toddler Connection and the Child & Adolescent Services** officially moved into the Child and Youth Services Center at the new Robin Hood Road location.

## SERVES

### City of Norfolk



## SUCCESS STORY

Terry (not her real name) struggled with addiction for most of her life. Coming from her background it just seemed natural to turn to drugs to deal with the pain. Through drug addiction

and bad choices, she ended up homeless, in prison, and with no hope.

After trying many different methods to find recovery in 2009, someone told Terry about the NCSB Opioid Treatment Program (OTP). When entering the program, there was little hope of truly finding recovery. It was the staff at NCSB that kept pushing and believing in Terry, even when she didn't believe in herself. Through years of counseling, group participation, and following the program, she was able to turn a corner. In doing so her attitude and behaviors changed and so did her desire to make this work.

After a few years, Terry decided to go to college, and was able to graduate Tidewater Community College with an associates degree. Terry then heard about peer support and felt that was her true calling. She took the peer recovery class and upon graduating was offered a job at the very place that saved her life, the NCSB. Terry has been working at NCSB for almost two years and is so grateful for the opportunity to give back.

Terry will forever be grateful to the NCSB staff for giving her the opportunity to reclaim her life.

**REVIVE!** was provided by directing folks to online REVIVE! sessions and working with the community, and high-risk citizens, and providers in obtaining Naloxone. In June 2021, NCSB was able to resume REVIVE! in-person sessions and provided 4 sessions with 32 attendees.

**Child and Adolescent Services** hired Child Psychiatrist, Dr. Huma Hyder. Dr. Hyder has been a great addition and afforded NCSB the ability to increase the medication management services.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	0*
REVIVE!	32

*\*Trainings may have been conducted virtually at other CSBs.*

Region 1

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Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities



Region 1

Region 2

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People & Services

PACT, Funding & Other Data

Budget Priorities

## 2021 Highlights & Innovations



### Portsmouth Department of Behavioral Healthcare Services (PDBHS) Peer Services collaborate with Emergency Medical Services (EMS)

PDBHS Peer Services and EMS workers partner to perform ride along / follow up well checks on individuals in the community that have overdosed. Each week, EMS sends PDBHS peers and the peer supervisor a list of individuals within the community that overdosed and require a ride along / follow up well check. The following week, the peers and EMS perform well checks and provide the individuals with information about NARCAN, information about PDBHS peer support services, as well as other services offered at PDBHS.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	88
REVIVE!	51

## SERVES

City of Portsmouth



In collaboration with Emergency Medical Services staff, PDBHS peers held a community event on August 31, 2021, in honor of National Overdose Awareness Day. Multiple vendors participated from the community such as Safer Harbor, Peer Services from Virginia Beach, and the Drug Abuse Resistance Education (D.A.R.E) program. Providers shared information about substance use resources and services. PDBHS peers were onsite to provide Rapid REVIVE! training and to pass out NARCAN. 171 items of NARCAN were given out to individuals at this event.



In May 2021, PDBHS held a drive-thru mental health awareness event to help raise awareness about mental health. Thirteen vendors from the Hamptons Roads area shared their resources and services. During the event, PDBHS provided lunch, snacks, drinks and event bags that provided information on PDBHS services and items that could be used as coping mechanisms. The Virginia Health Department was also on site providing COVID-19 vaccinations. PDBHS served 141 individuals from the community during this event.



## 2021 Highlights & Innovations

### Virginia Beach Unveils Two New Programs for Individuals Experiencing Opioid Use Disorder

On May 1, 2021 the Virginia Beach Human Services (VBHS), in partnership with the Virginia Beach Police Department, the Virginia Beach Commonwealth's Attorney's Office, and the Virginia Beach Psychiatric Center, launched the innovative First Step Program. This program allows individuals who are experiencing an opioid abuse disorder to walk into any Virginia Beach Police precinct for assistance in obtaining treatment, rather than incurring a criminal charge or suffering an overdose. Upon arrival, individuals are screened by the Department of Human Services Pathways Center to determine the appropriate level of support or care. Individuals are linked with detoxification and treatment services based on their level of need which may include admission.

In November 2020, the Behavioral Health Adult Outpatient Team opened an Office-Based Opioid Treatment (OBOT) program known as **Restore**. This program provides medication assisted treatment options for adults with substance use disorders. **Restore** provides individuals with a combination of medication to stabilize brain chemistry and block the euphoric effects of opioids along with counseling and behavioral therapies to address the psycho-social factors driving the substance use. This evidenced-based and trauma informed approach is designed to treat the whole-person. With a team that includes a nurse practitioner, nurses, care coordinators, and counselors, this team has been able to assist more than 40 individuals to address their addiction, regain their health, and begin to achieve the goals they have established for themselves.

### Developmental Services Nursing Takes on COVID-19 Testing

Over the last 18 months, "innovation" has become an integral measure in the daily delivery of health care services in Developmental Services Residential programming. The COVID-19 pandemic presented the health care team with a unique set of challenges that required the development of new policies, new procedures and new partnerships to ensure the health and safety of the individuals supported. The nursing team embraced the challenges presented by the current pandemic by adding an additional branch to the existing relationship with the Virginia Beach Department of Public Health. Through this joint endeavor, VBHS was able to successfully train nursing staff to conduct onsite COVID-19 antigen testing, report results to the state database and collect polymerase chain reaction (PCR) specimens for processing. This effort reduced delay in testing for staff and residents who exhibited COVID-19 related symptoms or had an exposure to the virus. Having internal nurses test residents and staff onsite became an important measure in ongoing surveillance to prevent widespread outbreaks in the Intermediate Care Facilities and Group Home settings. Individuals residing in the group homes and Intermediate Care Facilities, in addition to staff who serve them, were offered the opportunity to receive the COVID-19 vaccine early in the vaccination process. Partnering with CVS pharmacy, VBHS held three vaccination clinics between January and March. Throughout the three clinics, 100 people were fully vaccinated.

## SERVES

City of Virginia Beach



### Ivan is now a varsity athlete on honor roll!

However, he was quickly returned to a community setting and wrapped with Intensive Care Coordination services and "virtual residential," including intensive in-home and mentoring services within the home. He also received case management services, outpatient, and medication management. Ivan's history was a significant factor in his case - he is adopted and experienced trauma prior to his adoption. With time and care, Ivan was able to gradually decrease the components of virtual residential services until being discharged from all in-home services. He was able to begin making and keeping friends within the community and also greatly improved his relationship with his family.

Ivan's mother wrote, "Thanks to the support we received from Child and Youth Behavioral Services, my son has gone from multiple hospitalizations and daily expressions of self-hate and hopelessness to being a varsity athlete on the honor roll. This service not only saves families and prevents tragedies, it gives the community the gift of self-supporting, successful citizens. We are so grateful."

TRAININGS	NUMBER TRAINED
Mental Health First Aid	0*
REVIVE!	61

\*Trainings may have been conducted virtually at other CSBs.

## SUCCESS STORY

Ivan and his family came to VBHS seeking help due to behaviors including aggression and ideations that were occurring within their home against his mother. Ivan was later admitted for acute hospitalization due to an increase in those behaviors. The hospital recommended residential treatment, and he was admitted to a local facility for about two months.

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

## 2021 Highlights & Innovations

### SERVES

Counties of Isle of Wight & Southampton;  
Cities of Franklin and Suffolk



### Direct Support Professionals

### the Heartbeat of Western Tidewater Community Services Board

While Western Tidewater Community Services Board's (WTCSB's) year-end highlights included the development of several new and exciting crisis service programs and program adaptations regarding the pandemic, this year WTCSB has chosen to place a spotlight on the foundation of the core service staff, Direct Support Professionals.

WTCSB has the privilege to provide 24 - hour care to individuals in twelve residences and day support service in rural Isle of Wight and Southampton counties and the cities of Suffolk and Franklin; employing over 100 Direct Support Professionals.

Throughout the pandemic, the Direct Support Professionals have given of themselves selflessly to continue to provide quality direct care services to the most vulnerable service population. Direct Support Professionals have reported to work juggling COVID-19 precautions, PPE, COVID-19 in-person exposures, personal illness and family obligations while maintaining normal job duties and a safe work environment.

TRAININGS	NUMBER TRAINED
Mental Health First Aid	1
REVIVE!	0*

*\*Trainings may have been conducted virtually at other CSBs.*

Please join WTCSB in celebrating the dedicated Direct Support Professionals; the heartbeat of WTCSB.

## People & Services

**216,271 individuals (unduplicated count) were served by  
40 Community Services Boards in FY21**

Emergency and Ancillary Services				
Total Emergency Services	51,752	Consumer-Run Programs and Part C programs do not report data in Community Consumer Submission 3 (CCS3); the data reported below are not included elsewhere in this table.		
Motivational Treatment Services	2,408	Part C Infant and Toddlers	20,170	
Consumer Monitoring Services	17,339	Consumer-Run Programs	5,811 (Individuals served in Consumer-Run Programs)	
Early Intervention Services	1,188			
Assessment and Evaluation Services	83,122			
Total Ancillary Services¹	94,898			
Services Available in Program Areas¹	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total²
CSB MH or SUD Inpatient Services	1,109		60	1,166
SUD Inpatient Medical Detox			273	273
Total Inpatient Services ¹	1,109		324	1,430
Outpatient Services	54,750	117	19,633	71,303
Medical Services	78,703	136	2,379	80,621
Intensive Outpatient			2,906	2,906
Medication-Assisted Treatment			4,245	4,245
Assertive/Intensive Community Treatment	2,748			2,748
Total Outpatient Services ¹	106,223	252	23,609	120,957
Total Case Management Services	61,837	21,571	8,590	89,867
Day Treatment/Partial Hospitalization	1,147		518	1,665
Ambulatory Crisis Stabilization Services	2,800	1,265	54	3,537
Rehabilitation or Habilitation Services	2,905	1,982		4,881
Total Day Support Services ¹	6,705	3,227	572	9,891
Sheltered Employment	8	321		329
Individual Supported Employment	1,121	1,004	50	2,174
Group Supported Employment	5	303		308
Total Employment Services¹	1,134	1,551	50	2,732
Highly Intensive Residential Services	75	259	1,010	1,344
Residential Crisis Stabilization Services	2,719	322	53	3,082
Intensive Residential Services	258	592	1,113	1,962
Supervised Residential Services	1,072	512	406	1,981
Supportive Residential Services	3,166	708	42	3,901
Total Residential Services¹	6,963	2,318	2,161	11,209

1. Numbers in **Total Services** rows are unduplicated for the preceding services in each column.

2. Figures in this column are unduplicated numbers of individuals across program areas.

Region 1

Region 2

Region 3

Region 4

Region 5

People & Services

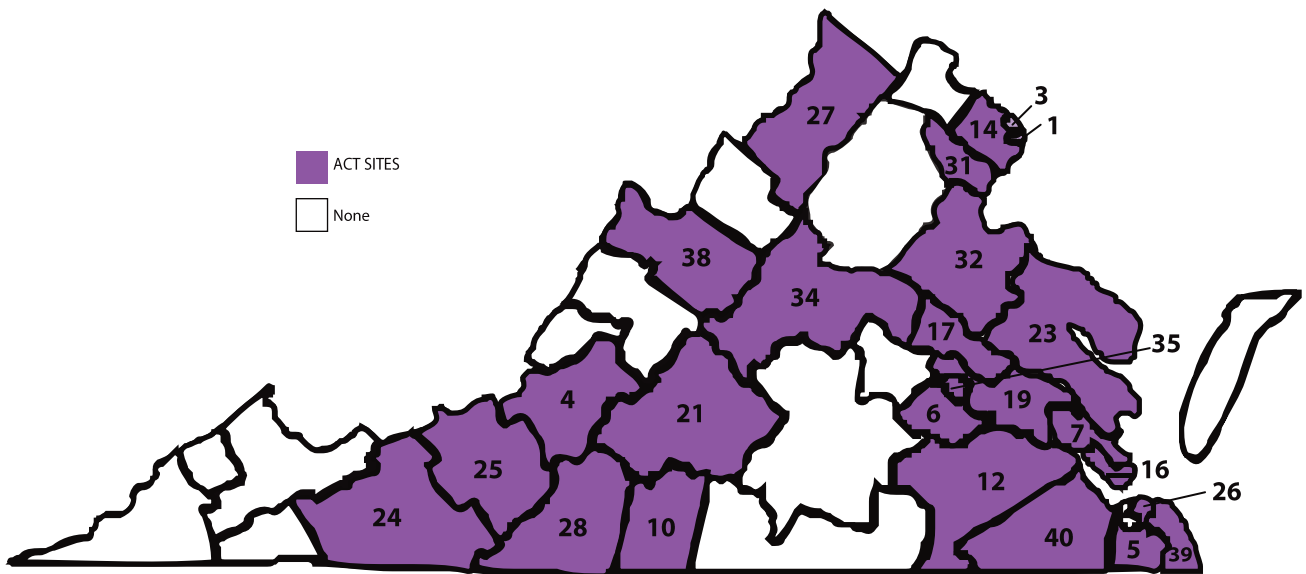
PACT, Funding & Other Data

Budget Priorities



# Assertive Community Treatment (ACT)

## Virginia's Community Services Boards ACT Sites



Map #	CSB/BHA Name	Size & # ACT Sites	Map #	CSB/BHA Name	Size & # ACT Sites
1	Alexandria CSB	1 Medium	23	Middle Peninsula-Northern Neck CSB	1 Medium
3	Arlington County CSB	1 Large	24	Mount Rogers CS	2 Medium
4	Blue Ridge Behavioral Healthcare	1 Large	25	New River Valley CS	3 Medium & 1 Large
5	Chesapeake Integrated Behavioral Healthcare	1 Large	26	Norfolk CSB	1 Large
6	Chesterfield CSB	1 Small	27	Northwestern CSB	1 Large
7	Colonial Behavioral Health	1 Medium	28	Piedmont CSB	1 Small & 1 Large
10	Danville-Pittsylvania CS	1 Large	31	Prince William County CSB	1 Large
12	District 19 CSB	1 Medium	32	Rappahannock Area CSB	2 Small
14	Fairfax-Falls Church CSB	1 Large	34	Region Ten CSB	1 Medium & 1 Large
16	Hampton-Newport News CSB	1 Large	35	Richmond Behavioral Health Authority	1 Large
17	Hanover County CSB	1 Small	38	Valley CSB	1 Small
19	Henrico Area Mental Health & Developmental Services	1 Small & 1 Large	39	Virginia Beach Human Services	1 Large
21	Horizon Behavioral Health	1 Small & 1 Medium	40	Western Tidewater CSB	1 Large

Small ACT teams shall maintain a caseload of no more than 50 individuals  
 Medium ACT teams shall maintain a caseload of no more than 74 individuals  
 Large ACT teams shall maintain a caseload of no more than 120 individuals

**Twenty-Six CSBs are licensed and providing ACT as of July 2021**

# Assertive Community Treatment (ACT)

Assertive Community Treatment (ACT) was selected as one of six priority services for Project Behavioral Health Redesign for Access, Value and Outcomes (BRAVO), a joint initiative between Department of Medical Assistance Services (DMAS) and Department of Behavioral Health and Development Services (DBHDS) to ensure that Medicaid behavioral health services are high quality, trauma informed, evidence based, and cost effective. Virginia has done away with the "PACT" and "ICT" nomenclature, as regulatory changes to allow small, medium, and large teams to develop (to ensure that Assertive Community Treatment can be available across geographically diverse areas) were approved. This allows both smaller CSBs and private providers to continue or stand-up new programs more closely aligned with ACT fidelity.

ACT is an evidence-based practice (EBP) proven to improve outcomes for people with severe mental illness. One of the oldest and most widely researched EBP's in behavioral healthcare for people with severe mental illness, research shows that ACT reduces hospitalizations and incarceration, increases housing stability, and improves quality of life for people with the most severe symptoms of mental illness. To do so, ACT utilizes a multidisciplinary, community-based team of medical, behavioral health, and rehabilitation professionals who work together to meet the needs of the individuals that they serve.

In response to the General Assembly's request to provide recent data on ACT, DBHDS assessed general financial figures such as costs per team and costs per individual served, the program's impact on state and local hospitalization and incarceration, and the associated cost implications from diverting ACT clients from these more expensive services. The assessment of data indicated ACT services resulted in lower hospitalization and incarceration rates for individuals being served, and substantial associated cost reductions.

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

- **The average cost per individual served by ACT teams across the Commonwealth in FY20 was \$14,336, representing a reduction from last fiscal year.**
- **State hospitalization usage for all ACT served individuals admitted in FY18 was reduced by 43%, representing a cost avoidance of \$9,162,378 related to this population.**
- **All new FY18 ACT served individuals accounted for 23,206 state hospital bed days in the two years prior to their ACT admission, and just 13,224 in the two years post their ACT admission.**
- **Across the FY16, FY17, and FY18 cohorts, the ACT program contributed to an overall cost avoidance of \$29,286,086 in state hospital costs in the two years following initiation of ACT services.**
- **Local psychiatric hospitalization use for all ACT served individuals admitted in FY18 had a 47% reduction, which represents a cost avoidance of \$4,033,564 related to this population.**
- **All new FY18 ACT served individuals accounted for 10,968 local hospital psychiatric bed days in the two years prior to ACT admission, and just 5,778 in the two years post ACT admission.**
- **Incarceration of all ACT served individuals admitted in FY18 was reduced by 64% and represents a cost avoidance of \$938,278 related to this population.**
- **In the two years prior to admission to ACT, all new FY18 individuals served 15,847 days in confinement compared to only 5,645 days in the two years post entering ACT services.**
- **Across the FY16, FY17, and FY18 cohorts, the ACT program contributed to an overall cost avoidance of \$2,518,151 in jail costs in the two years post initiation of ACT services.**

**ACT FY21** *Data Source, Department of Behavioral Health and Developmental Services (DBHDS), Office of Adult Community Behavioral Health Services.*

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Region 5

People & Services

PACT, Funding & Other Data

Budget Priorities

## Data Tables

Region 1

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People &  
Services

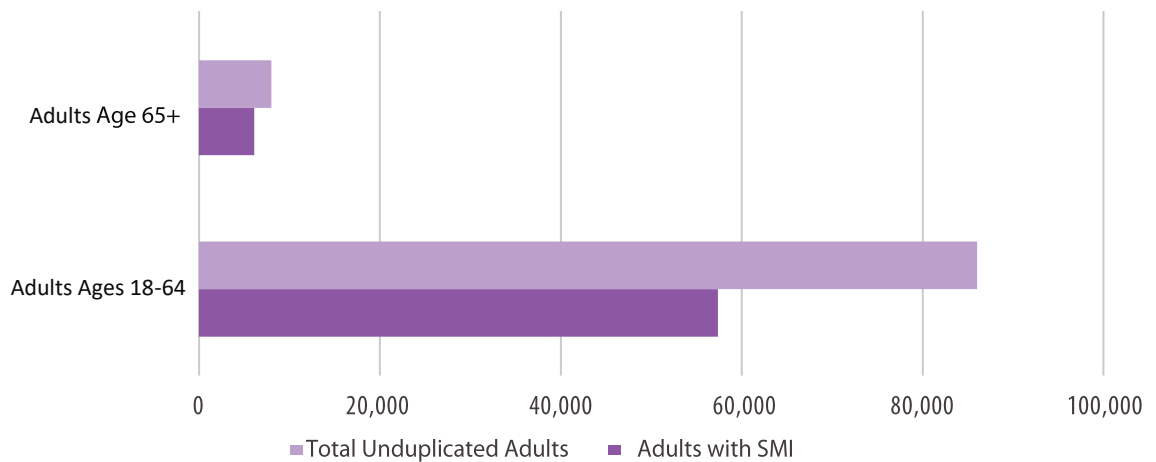
PACT, Funding  
& Other Data

Budget  
Priorities

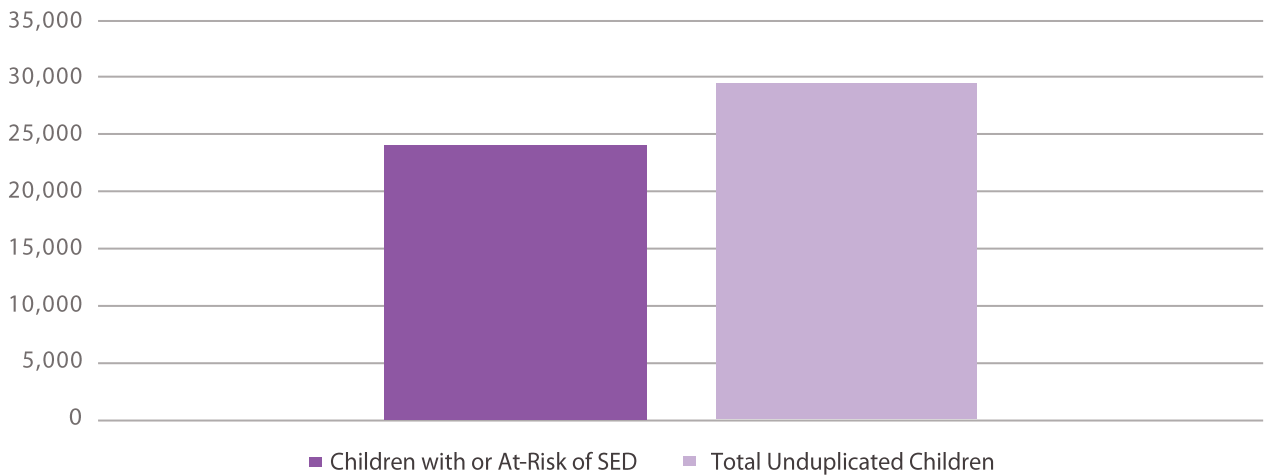
### Individuals with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED) who received CSB MH Services in FY21

Adults 18-64 with SMI	58,026	Total Unduplicated Adults 18-64	86,218
Adults 65+ with SMI	6,448	Total Unduplicated Adults 65+	8,458
Children with or At-Risk of SED	24,711	Total Unduplicated Children	29,531

#### Adults with SMI



#### Children with or At-Risk of SED



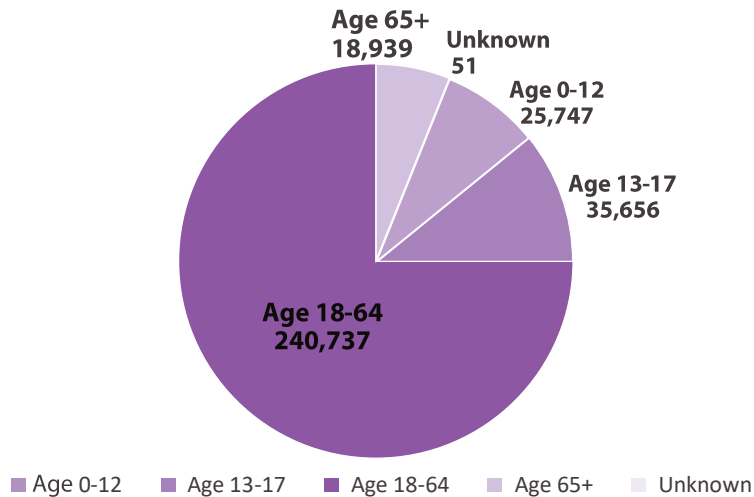


## Data Tables

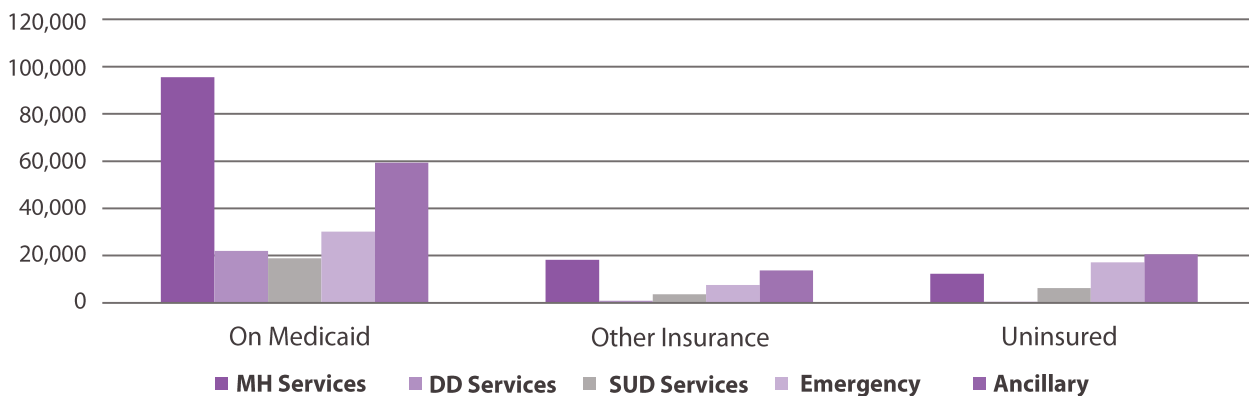
**Ages of Individuals Who Received Services From CSBs in FY21**

Ages	MH Services	DD Services	SUD Services	Emergency	Ancillary
0 – 12	13,100	2,008	9	1,680	8,950
13 – 17	16,431	1,634	248	5,538	11,805
18 – 64	86,218	18,496	25,493	40,279	70,251
65+	8,458	1,686	690	4,223	3,882
Unknown	2	0	7	32	10
Total	124,209	23,824	26,447	51,752	94,898

**Ages of Individuals Who Received CSB Services in FY21**



**Individuals Enrolled in Medicaid, Uninsured or Other Insurance Who Received Services in FY21**



	MH Services	DD Services	SUD Services	Emergency	Ancillary
On Medicaid	94,956	22,447	18,290	28,958	61,311
Other Insurance	17,828	809	3,030	6,738	14,039
Uninsured	11,345	564	5,112	16,009	19,437
Total individuals	124,209	23,824	26,447	51,752	94,898

Insurance Status for a small number of the total individuals was unknown.

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## Data Tables

Region 1

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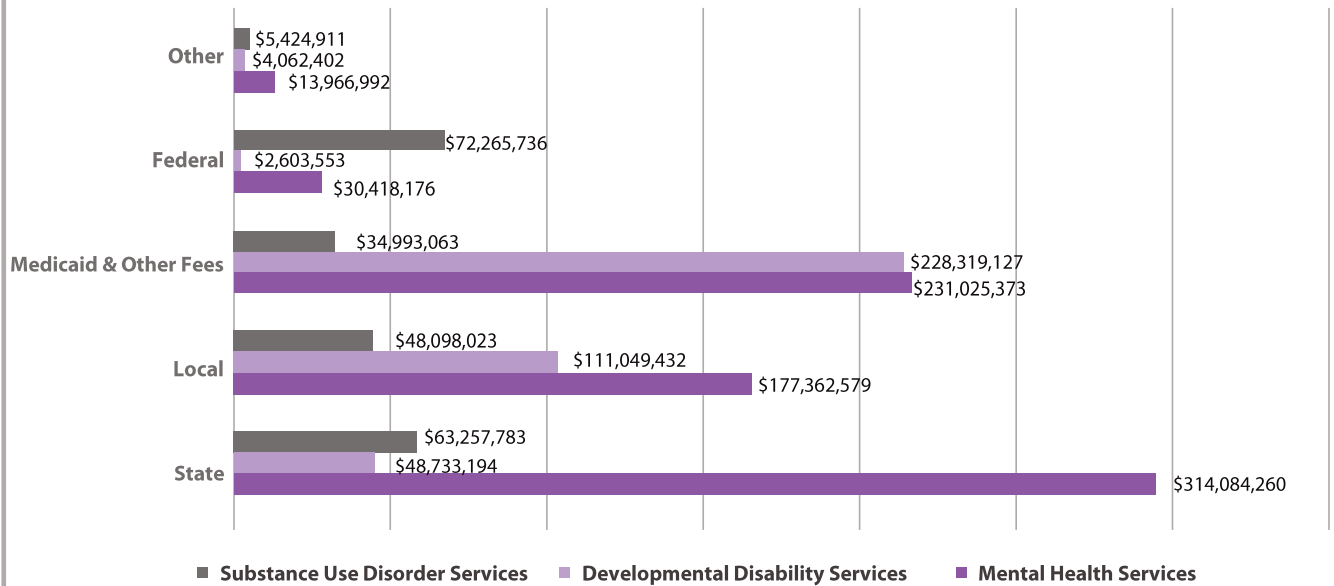
Region 5

People & Services

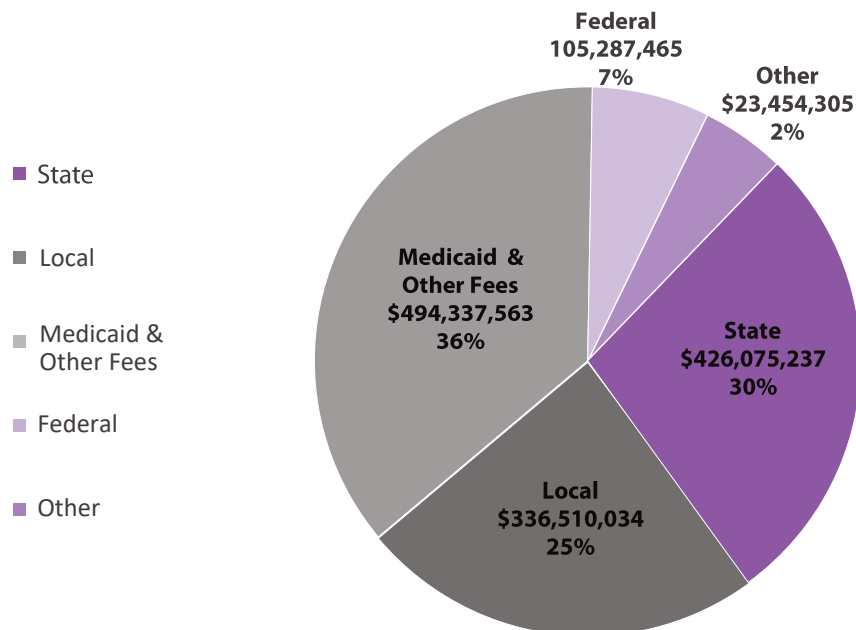
PACT, Funding & Other Data

Budget Priorities

### Funding by Program FY21



### CSB/BHA Funding Sources FY21



Date Source: DBHDS End of Year Revenue/Expenses

# VACSB Budget Priorities for 2022-2024 Biennium

**Addressing the CSB Workforce Crisis** – In order to continue and enhance community-based care, CSBs must have funding to provide recruitment and retention incentives for their staff. **VACSB's top priority is a \$167.5M investment in recruitment and retention initiatives for CSBs including quarterly recruitment and retention bonuses, funds to create a path to licensure by paying for clinical supervision hours and funding for loan repayments and scholarships.**

**Continued System Transformation, Excellence Performance in Virginia (STEP-VA) Funding** – STEP-VA is a long-term approach to creating a baseline level of supports and services in every CSB catchment area. There is a need for funding to enhance services that are in the late phases of implementation as well as funding to support the implementation of services slated for implementation according to the mandate in the Code of Virginia.

- As such, VACSB is advocating for **\$9M** in ongoing general funds to fully fund the outpatient step of STEP-VA, the funding for which was reduced by that amount due to false assumptions that CSBs would be made whole through billing for this service with Medicaid expansion. VACSB believes additional funding is needed in this step to enhance CSBs' ability to meet their Same Day Access (SDA) metrics regarding first offered appointment and to account for the increase in assessments through SDA that have resulted in a greater demand for this service.
- VACSB is also advocating for **\$25M** in ongoing general funds to fully fund the case management and care coordination steps of STEP-VA.

**Developmental Disability (DD) Waiver Provider Rebase for Reimbursement Rates** – The Waiver rate rebase is intended to account for costs that have increased since 2014 and added costs for the Department of Justice (DOJ) quality assurance requirements. As well, the planned minimum wage increases in the next five years should also be accounted for and worked into the rebase rates. Without this rebase, CSBs and other providers will face additional workforce shortages which may put these services at risk. **The VACSB requests funding equal to the increases proposed in the Burns and Associates rate study.**

**Priority One Wait List for DD Waiver Services** – VACSB requests **\$12M** (GF only) to decrease the priority one wait list by approximately 1,350 individuals. Roughly 13,800 people with DD are on the Waiver wait list for community-based services. Receiving a Waiver slot enables an individual who needs DD services and supports to live a life that is fully integrated in the community.

**Permanent Supportive Housing** – VACSB is requesting an additional **\$20M** to support Permanent Supportive Housing (PSH) in the 4 Department of Behavioral Health and Developmental Services (DBHDS) regions not funded in the special session budget.

Adequate housing and a range of community behavioral health and developmental disability service options are vital to keeping individuals stable in the community, rather than cycling back into the hospital system. Appropriate housing is a significant barrier to discharge from state psychiatric hospitals. Increased funding for PSH will reduce the hospital census pressures by having the ability to discharge individuals from the hospital as soon as they are clinically ready. 87% of individuals served in PSH remained stably housed for at least one year, according to DBHDS data, which saved \$12.2M in state psychiatric bed day costs.

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People & Services

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Budget Priorities



# VIRGINIA ASSOCIATION of COMMUNITY SERVICES BOARDS

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**ALEXANDRIA CSB**

City of Alexandria  
(703) 746-3400

**ALLEGHANY HIGHLANDS CSB**

Alleghany County; City of Covington;  
Towns of Clifton Forge and Iron Gate  
(540) 965-2135

**ARLINGTON COUNTY CSB**

Arlington County  
(703) 228-5150

**BLUE RIDGE BEHAVIORAL HEALTHCARE**

Botetourt, Craig & Roanoke Counties; Cities  
of Roanoke & Salem  
(540) 345-9841

**CHESAPEAKE INTEGRATED  
BEHAVIORAL HEALTHCARE**

City of Chesapeake  
(757) 547-9334

**CHESTERFIELD CSB**

County of Chesterfield  
(804) 748-1227

**COLONIAL BEHAVIORAL HEALTH**

James City & York Counties;  
Cities of Poquoson & Williamsburg  
(757) 220-3200

**CROSSROADS CSB**

Amelia, Buckingham, Charlotte,  
Cumberland, Lunenburg, Nottoway & Prince  
Edward Counties  
(434) 392-7049

**CUMBERLAND MOUNTAIN CSB**

Buchanan, Russell, & Tazewell Counties  
(276) 964-6702

**DANVILLE-PITTSYLVANIA  
COMMUNITY SERVICES**

Pittsylvania County; City of Danville  
(434) 799-0456

**DICKENSON COUNTY  
BEHAVIORAL HEALTH SERVICES**

Dickenson County  
(276) 926-1680

**DISTRICT 19 CSB**

Dinwiddie, Greensville, Prince George,  
Surry & Sussex Counties; Cities of Colonial  
Heights, Emporia,  
Hopewell & Petersburg  
(804) 862-8002

**EASTERN SHORE CSB**

Accomack & Northampton Counties  
(757) 442-3636

**FAIRFAX-FALLS CHURCH CSB**

County of Fairfax; Cities of Fairfax &  
Falls Church  
(703) 324-7000

**GOOCHLAND-POWHATAN  
COMMUNITY SERVICES**

Counties of Goochland & Powhatan  
(804) 556-5400

**HAMPTON-NEWPORT NEWS CSB**

Cities of Hampton & Newport News  
(757) 788-0300

**HANOVER CSB**

County of Hanover  
(804) 365-4222

**HARRISONBURG-ROCKINGHAM CSB**

City of Harrisonburg;  
County of Rockingham  
(540) 434-1941

**HENRICO AREA MENTAL HEALTH AND  
DEVELOPMENTAL SERVICES**

Charles City, Henrico & New Kent Counties  
(804) 727-8500

**HIGHLANDS CSB**

Washington County & City of Bristol  
(276) 525-1550

**HORIZON BEHAVIORAL HEALTH**

Amherst, Appomattox, Bedford, &  
Campbell Counties; City of Lynchburg  
(434) 847-8050

**LOUDOUN COUNTY DEPARTMENT  
OF MENTAL HEALTH, SUBSTANCE  
ABUSE & DEVELOPMENTAL SERVICES**

County of Loudoun  
(703) 777-0378

**MIDDLE PENINSULA-NORTHERN  
NECK CSB**

Essex, Gloucester, King & Queen,  
King William, Lancaster, Mathews,  
Middlesex, Northumberland, Richmond  
& Westmoreland Counties  
(804) 758-5314

**MOUNT ROGERS COMMUNITY SERVICES**

Bland, Carroll, Grayson, Smyth, &  
Wythe Counties; City of Galax  
(276) 223-3200

**NEW RIVER VALLEY  
COMMUNITY SERVICES**

Floyd, Giles, Montgomery &  
Pulaski Counties; City of Radford  
(540) 961-8300

**NORFOLK CSB**

City of Norfolk  
(757) 756-5600

**NORTHWESTERN CSB**

Clarke, Frederick, Page,  
Shenandoah, & Warren Counties;  
City of Winchester  
(540) 636-4250

**PIEDMONT CSB**

Franklin, Henry & Patrick Counties;  
City of Martinsville  
(276) 632-7128

**PLANNING DISTRICT ONE  
BEHAVIORAL HEALTH SERVICES**

Lee, Scott, & Wise Counties; City of Norton  
(276) 679-5751

**PORTSMOUTH DEPARTMENT OF  
BEHAVIORAL HEALTHCARE SERVICES**

City of Portsmouth  
(757) 393-8618

**PRINCE WILLIAM COUNTY CSB**

County of Prince William; Cities of  
Manassas & Manassas Park  
(703) 792-7800

**RAPPAHANNOCK AREA CSB**

Caroline, King George, Spotsylvania &  
Stafford Counties; City of Fredericksburg  
(540) 373-3223

**RAPPAHANNOCK-RAPIDAN CSB**

Culpeper, Fauquier, Madison,  
Orange & Rappahannock Counties  
(540) 825-3100

**REGION TEN CSB**

Albemarle, Fluvanna, Greene,  
Louisa, & Nelson Counties;  
City of Charlottesville  
(434) 972-1800

**RICHMOND BEHAVIORAL HEALTH  
AUTHORITY**

City of Richmond  
(804) 819-4000

**ROCKBRIDGE AREA CSB**

Bath & Rockbridge Counties;  
Cities of Buena Vista & Lexington  
(540) 463-3141

**SOUTHSIDE BEHAVIORAL HEALTH**

Brunswick, Halifax & Mecklenburg Counties  
(434) 572-6916

**VALLEY CSB**

Augusta & Highland Counties;  
Cities of Staunton & Waynesboro  
(540) 887-3200

**VIRGINIA BEACH HUMAN SERVICES**

City of Virginia Beach  
(757) 385-0602

**WESTERN TIDEWATER CSB**

Isle of Wight & Southampton Counties; Cities  
of Franklin & Suffolk  
(757) 966-2805