

\$36 Million in Additional Funding for Crisis Centers

The governor’s budget includes an additional \$32.9 million in FY 2025 and \$2.6 million in FY 2026 to support the buildout of additional Crisis Receiving Centers (CRCs) and Crisis Stabilization Units (CSUs).

- This funding will support the goal of *Right Help, Right Now* to establish a statewide crisis system of CSU beds and CRC chairs consistent with the CRISIS NOW model. The total estimated need for crisis beds and chairs across the commonwealth is 900.
- Funding will allow for an integrated crisis continuum based on a locality’s specific needs able to respond to crises when and where they occur while minimizing the need for inpatient hospitalization.
- Proposed increases will allow DBHDS to standardize care across the crisis continuum and integrate these efforts with ongoing Marcus Alert implementation and 988.

Crisis Receiving Centers (CRCs) offer 23-hour crisis stabilization

CRCs offer the ability to accept individuals in the custody of law enforcement for emergency evaluations as well as voluntary acceptance of those in any level of crisis for up to 23 hours, if an individual requires further treatment they can be admitted for a short-term stay at a Crisis Stabilization Unit (CSU). During that time, guests of the CSU will receive a medical assessment, clinical screening, psychiatric evaluation, and access to calming space, all while being accompanied by a peer recovery specialist. Research reveals that access to qualified providers offering active treatment at the CRC over 23 hours significantly reduces the need to send persons in crisis to an inpatient hospital. This placement also often allows guests to remain closer to their community's support and resources.

Crisis Stabilization Units (CSUs) offer short-term residential treatment

When a guest still requires higher levels of care and may otherwise be eligible for an inpatient hospitalization, the CSU provides short-term intensive overnight care in a less restrictive environment than a psychiatric hospital. Research shows that crisis stabilization costs are less than the daily cost of Emergency Department boarding costs and generally lower than the costs of inpatient hospitalization. The lower cost, the recovery-oriented approach, and the community supports offered by Crisis Stabilization Units make them the most appropriate option for persons who are receiving acute crisis care, as well as those who are ready to “step down” from inpatient hospitalization, while still requiring active treatment (capacity up to 16 beds).

Crisis Receiving Centers	Crisis Stabilization Units
<ul style="list-style-type: none"> • Pre-admission screening • Outpatient services • Must be less than 24 hours • Immediate access to peer support specialists and psychiatric providers • RN-level medical evaluations • Clinical Assessment by a licensed or registered license-eligible clinician • Guest comfort items; food, showers, calming spaces, etc. • Services reimbursable at a new Medicaid rate • Reduction of Law Enforcement Involvement 	<ul style="list-style-type: none"> • Provides community-based care for individuals with an acuity level that exceeds CRC services • Stabilize individuals and connect them to community resources through discharge planning • Intensive short-term residential treatment (~5-14 days) in a less restrictive environment than a psychiatric hospital • Allows for the avoidance of involuntary hospitalization and reduces burden on law enforcement • Costs are less than the daily cost of Emergency Department boarding

Status of Newly Provided Chapter 1 Funding

- The Chapter 1 budget passed in September 2023 included \$58 million to expand Virginia’s comprehensive crisis system. DBHDS has solicited proposals from CSBs for potential CSUs and CRCs. The first wave of projects include:
 - **Blue Ridge Behavioral Health:** This proposal will create space for eight to ten Adult Crisis Receiving Center guests through the renovation of space adjacent to the existing Crisis Stabilization Unit.
 - **Chesapeake Integrated Behavioral Health:** Chesapeake Integrated Behavioral Health (IBH), using DBHDS general funds and Project BRAVO funds, is near completion of renovations to an existing property owned by the City of Chesapeake to create Heron’s Cove, a 16-chair Adult Crisis Receiving Center.
 - **Richmond Behavioral Health Authority:** Richmond Behavioral Health Authority (RBHA) will update their Adult Crisis Stabilization Unit facility to modern “no-wrong door” standards. A second project will complete a Crisis Receiving Center in the early stages of development.
 - **Western Tidewater CSB:** Through their proposal, Western Tidewater CSB will build a much-needed purpose-built Adult Crisis Therapeutic Home in Suffolk near the Western Tidewater Crisis Receiving Center.
 - **Valley CSB:** Valley CSB will develop a new crisis receiving center and crisis stabilization unit in a high-need area using surplus land near Western State Hospital.

- **Hampton Newport News CSB:** This proposal will allow for the expansion of an existing Crisis Stabilization Unit along with the addition of a Crisis Receiving Center.
- **Colonial Behavioral Health:** Colonial Behavioral Health will develop a Crisis Receiving Center near Eastern State Hospital in James City County.
- DBHDS is in the process of reviewing additional proposals from CSBs for a second wave of new projects. Projects are prioritized based on project viability, appropriate budget and use of state resources, impact on the statewide system, and balancing funding for ongoing costs of existing sites and projects to create new sites. Due to the timing of the passage of the Chapter 1 budget, the Department’s goal is to finalize contracts totaling \$58 million by the fall of 2024.

Additional Crisis Proposed Changes for FY 2025 – FY 2026 Biennium

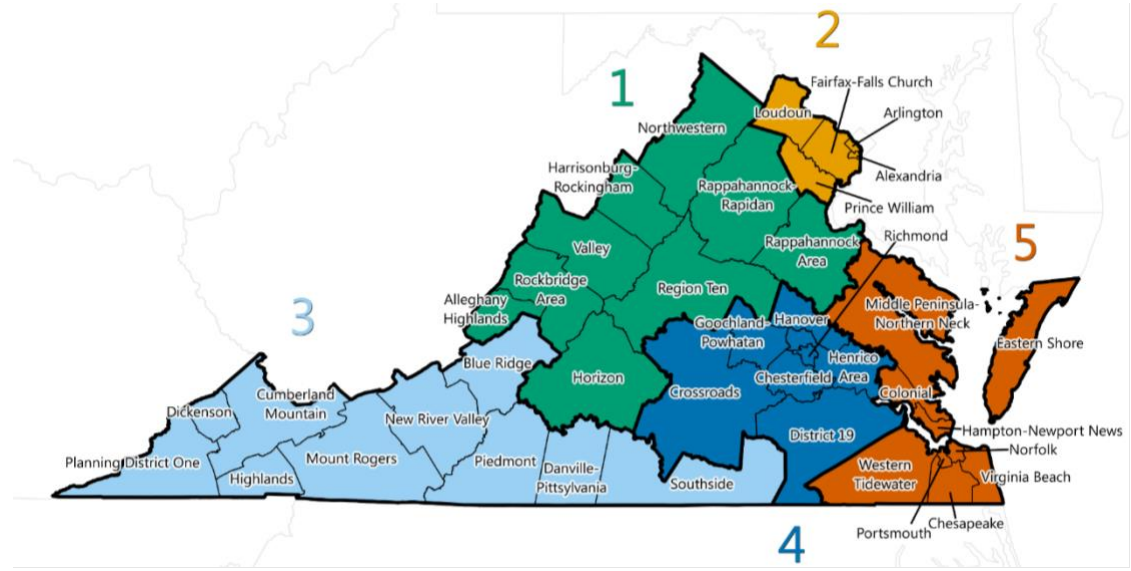
In addition to the expansion of crisis centers, the Governor’s introduced budget includes several items to support the buildout of the comprehensive crisis system.

- **Fund comprehensive psychiatric emergency programs (CPEP)** – Provides \$10 million in one-time funding for CPEPs or similar models of psychiatric care in emergency departments. This is a continuation of the \$10 million provided in the Chapter 1 budget in FY 2024.
- **Fund crisis co-responder programs** – Provides \$3.6 million in FY 2025 and \$4.2 million in FY 2026 funds to support the ongoing costs of seven crisis co-responder programs established using grant funds in the current biennium.
 - Ten CSBs currently have crisis co-responder programs in operations, with seven more in the planning stage that are funded through federal grants. This general fund appropriation will support the ongoing costs of the seven additional programs set to be brought online over the next two fiscal years.
 - Co-response is a critical element of the crisis intervention continuum, which in part operates as a companion to the voluntary mobile crisis response service.
- **Expansion of Mobile Crisis Units** – Provides \$10 million in one-time funds in FY 2025 to establish additional mobile crisis services in underserved areas. This funding will support the continuation of system improvements and recruitment and retention strategies to address staff shortages at the regional hubs to meet the goal of 140 active mobile crisis response teams.
- **Expand alternative transportation to individuals under involuntary commitment orders** – Provides an additional \$4.7 million in ongoing funding for AT and AC. With this addition, the total amount of funding for these services is \$14.5. Funding and language changes will combine the funding for AT and AC, allow DBHDS to provide transport for individuals under an involuntary commitment order, and support the regional expansion of a pilot program to eliminate exclusionary criteria for transport.
 - **Involuntary commitment orders:** Current language only allows DBHDS to offer AT and AC to individuals under a TDO. Wait times for TDO beds may be extended beyond the 72-hour limit, leaving individuals waiting extended periods of time in emergency departments for TDO beds. Individuals are required to have a

hearing within the TDO timeframe, which has resulted in “bedside” hearings prior to transport to a TDO facility. Those who are involuntarily committed by a special justice at this juncture then move through the civil commitment process and are no longer under a TDO. Current language prevents DBHDS from providing AT or AC to these individuals, creating additional burden on law enforcement and hospital emergency departments.

- **Pilot program:** DBHDS has established a pilot program to eliminate exclusionary criteria which currently prevents the transport of individuals with high behavioral acuity. The pilot program will enable safe custody and transport using lightweight, polypropylene restraint devices designed to be less traumatizing for individuals. This ability to restrain will qualify a greater percentage of individuals for AT and further reduce the burden on law enforcement. This pilot requires additional training in the use of the restraint devices, non-escalation techniques and 2:1 staffing for each transport which has significantly increased the cost to deliver the service.
- **Training and quality improvement for preadmission screening clinicians** – Provides \$300,000 in FY 2025 to update training modules for Certified Preadmission Screening Clinicians (CPSCs) to meet requirements of the Americans with Disabilities Act (ADA) as well as provide additional quality management modules.
- **Increase crisis training among first responders and hospital personnel** – Provides \$2.3 million in FY 2025 and FY 2026 to facilitate expansion of de-escalation training and skilled knowledge of behavioral health laws and resources for law enforcement, fire and emergency services departments, and hospital emergency department personnel.

	Crisis Beds/Chairs Open and in Development									
	Adult CSU		Youth CSU		Adult CRC		Youth CRC		Total Region	
	Open	Developing	Open	Developing	Open	Developing	Open	Developing	Open	Developing
Region 1	35	32	0	0	0	32	0	0	35	64
Region 2	16	32	0	16	9	16	1	16	26	80
Region 3	52	12	12	0	44	20	0	0	108	32
Region 4	16	0	8	0	0	8	0	8	24	16
Region 5	10	22	9	0	16	40	0	16	35	78
Total	129	98	29	16	69	116	1	40	228	270



Region	CSB	Site Type	Beds/Chairs	Status
Region 1	Harrisonburg-Rockingham CSB	Adult CSU	7	Open
Region 1	Horizon Behavioral Health CSB	Adult CSU	16	Developing
Region 1	Horizon Behavioral Health CSB	Adult CRC	16	Developing
Region 1	Rappahannock Area CSB	Adult CSU	12	Open
Region 1	Region 10 CSB	Adult CSU	16	Open
Region 1	Valley CSB	Adult CSU	16	Developing
Region 1	Valley CSB	Adult CRC	16	Developing
Region 2	Arlington CSB	Adult CRC	5	Open
Region 2	Arlington CSB	Youth CRC	1	Open
Region 2	Fairfax Falls Church CSB	Adult CSU	16	Developing
Region 2	Fairfax Falls Church CSB	Adult CSU	16	Open
Region 2	Fairfax Falls Church CSB	Adult CRC	4	Open
Region 2	Prince William CSB	Adult CSU	16	Developing
Region 2	Prince William CSB	Youth CSU	16	Developing
Region 2	Prince William CSB	Adult CRC	16	Developing
Region 2	Prince William CSB	Youth CRC	16	Developing
Region 3	Blue Ridge Behavioral Health	Adult CRC	10	Developing
Region 3	Blue Ridge Behavioral Health	Adult CSU	16	Open
Region 3	Cumberland Mountain CSB	Adult CSU	16	Open
Region 3	Danville-Pittsylvania CSB	Adult CRC	5	Developing
Region 3	Highlands CSB	Adult CSU	12	Developing
Region 3	Highlands CSB	Adult CRC	12	Open
Region 3	Mount Rogers CSB	Adult CRC	12	Open
Region 3	Mount Rogers CSB	Adult CSU	8	Open
Region 3	Mount Rogers CSB	Youth CSU	12	Open
Region 3	New River Valley CSB	Adult CSU	12	Open
Region 3	New River Valley CSB	Adult CRC	10	Open
Region 3	Piedmont CSB	Adult CRC	4	Open
Region 3	Planning District 1 CSB	Adult CRC	6	Open
Region 3	Southside CSB	Adult CRC	5	Developing
Region 4	Henrico CSB	Youth CRC	8	Developing
Region 4	Henrico CSB	Youth CSU	8	Open
Region 4	Richmond Behavioral Health Authority	Adult CRC	8	Developing
Region 4	Richmond Behavioral Health Authority	Adult CSU	16	Open
Region 5	Chesapeake CSB	Adult CRC	16	Developing
Region 5	Colonial CSB	Adult CRC	8	Developing
Region 5	Hampton-Newport News CSB	Adult CSU	6	Developing
Region 5	Hampton-Newport News CSB	Adult CRC	16	Developing
Region 5	Hampton-Newport News CSB	Adult CSU	10	Open
Region 5	Western Tidewater CSB	Adult CSU	16	Developing
Region 5	Western Tidewater CSB	Youth CRC	16	Developing
Region 5	Western Tidewater CSB	Youth CSU	9	Open
Region 5	Western Tidewater CSB	Adult CRC	16	Open