Transforming Behavioral Health Care for Virginians

Year 2 Report
December 2023 – December 2024

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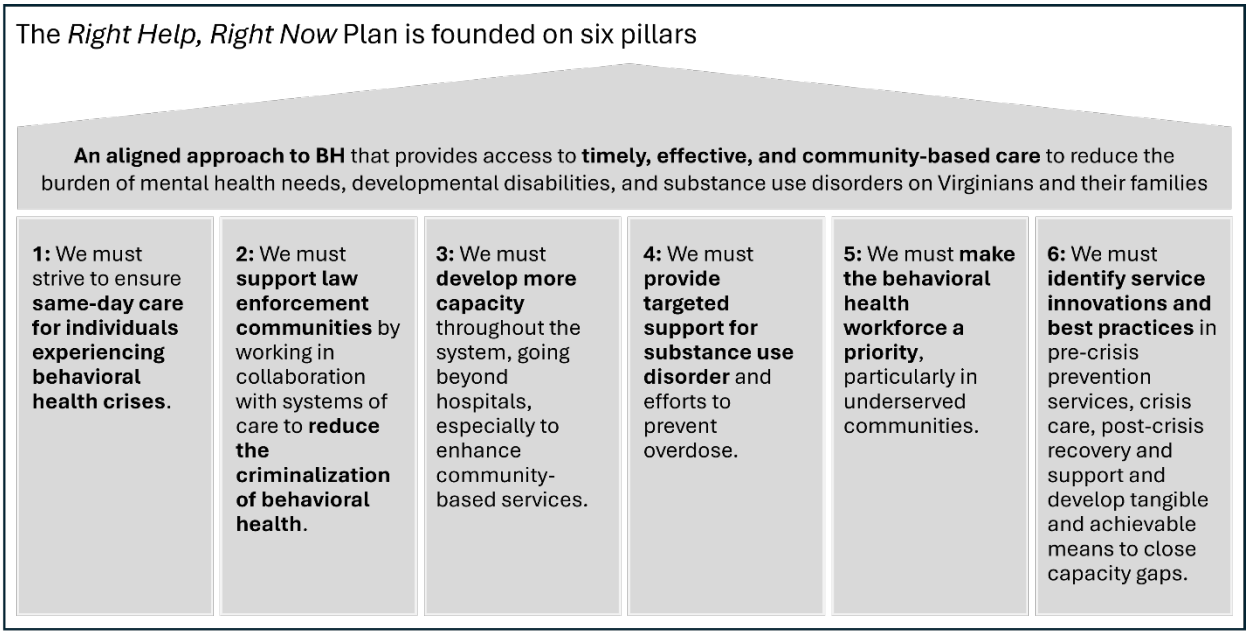
Contents

Executive Summary

The *Right Help, Right Now* Behavioral Health Plan for the Commonwealth is built upon six pillars, forming the foundation for a transformative approach to behavioral health care in Virginia. These pillars improve the continuum of care and provide essential support throughout the system. As shown in Exhibit 1, these pillars not only guide the plan, but also form the foundation for the initiatives that address them. In its inaugural and second year, the plan to redesign how behavioral health care in Virginia is delivered has achieved significant milestones, with key pillars focused on improving crisis care, reducing law enforcement engagement, expanding community-based services, preventing substance use disorders (SUDs), prioritizing the behavioral health workforce, and innovating service delivery.

Exhibit 1: Six pillars of the *Right Help, Right Now* behavioral health transformation plan



Source: VA MMR

Year Two Key Accomplishments

Pillar 1 - Same-Day Care:

- Launched a statewide campaign promoting the 988 Suicide and Crisis Lifeline and expanding outreach with targeted materials for diverse communities.
- Exceeded the year two goal of 70 publicly funded mobile crisis teams; Virginia now has over 100 operating statewide 24/7/365 with an average response time of under 50 minutes.
- Significantly built out crisis services, with 663 units across crisis receiving centers, stabilization units, and therapeutic homes, up from 216 prior to *Right Help, Right Now*.
- Expanded Virginia Crisis Connect (VCC) for efficient data linkage and real-time connections.

Pillar 2 - Law Enforcement Support:

- Implemented law enforcement and behavioral health co-response teams in seven new areas.
- Launched a pilot program in southwest Virginia allowing hospital security staff to be credentialed as Special Conservators of the Peace (SCOPs) to manage custody during involuntary assessments, reducing law enforcement involvement and creating calmer, more supportive environments for patients in crisis.
- Provided training for Community Services Board (CSB) staff on informed consent, violence risk assessment, and advanced directives.
- Launched Facility Referral Module in VCC, greatly reducing administrative burden on CSB and state hospital staff.

Pillar 3 - Capacity Expansion:

- Expanded care integration through the launch of the Adult Psychiatric Access Line (APAL) in October for adults struggling with substance use disorder (SUD), increased youth behavioral health support through expansion of the Virginia Mental Health Access Program (VMAP) across the Commonwealth, and early intervention and maternal health services.
- Provided funding for all 3,440 Priority One Developmental Disability waiver slots, growing provider capacity, and access to quality care support.
- Established 100 beds for adults discharging from state psychiatric hospitals.
- Mailed welcome letters with information about connecting to support and services and a link to the Individual and Family Support Program (IFSP) First Steps Document to individuals new to the waiver.
- Initiated fidelity reviews of Assertive Community Treatment (ACT) programs.
- Developed program manual that will be the basis for Coordinated Specialty Care (CSC) fidelity standards.
- Initiated the first phase of administrative burden reduction by incorporating the Risk Awareness Tool into the Individuals Support Plan to better address risks.
- Continued school-based mental health pilots in 19 school systems.

Pillar 4 - SUD Support:

- Achieved a 23% year over year reduction in the number of fatal overdoses in Virginia, making the Commonwealth the third highest for reductions in the nation.
- Partnered with the Secretary of Public Safety and Homeland Security on Operation FREE, leading to the seizure of over 600 pounds of illicit fentanyl and a total of over 36,000 pounds of narcotics.
- Increased and targeted availability of naloxone and other harm reduction initiatives, training some 441,000 persons in the REVIVE! Opioid Overdose and Naloxone Education Program and distributing over 142,000 naloxone kits in one year and increasing the number of comprehensive harm reduction locations from 8 to 13.
- Established and deployed prevention programs for middle and high school youth with over 600,000 contacts.
- Facilitated availability of medication for opioid use disorder (MOUD) treatment programs, with MOUD available in emergency departments in 11 health systems across the state, multiple prisons and jails, and increasingly in primary care practices.
- Enhanced recovery support through funding of two new recovery high schools, collegiate recovery programs, and recovery housing for those unable to pay. Supported increase in Registered Peer Recovery Specialists by over 150% over 18 months.

Pillar 5 - Workforce Development:

- Created new career pathways: Behavioral Health Technician Assistant, Behavioral Health Technician, and Master's Psychology Practitioner, and simplified the Qualified Mental Health Professional (QMHP) pathway.
- Launched a statewide digital media campaign that will attract and guide the next generation of Virginia's behavioral health workforce: BeTheChange.virginia.gov.
- Launched a 10–12-week Behavioral Health Academy for Virginia's public high schools.
- Expanded crisis intervention training for professions that interact with individuals in crisis.
- Established a Behavioral Health Reserve Corps to provide mental health support during statewide or large-scale emergency declarations.

Pillar 6 - Service Innovations:

- Launched Behavioral Health Medicaid Redesign project to replace legacy rehabilitative services with evidence-based, trauma-informed services.
- Designed and posted to public comment an 1115 Serious Mental Illness (SMI) waiver amendment to allow CRCs and CSUs to better meet the needs of Virginians in crisis.
- Engaged stakeholders through a workgroup format to create a strategy that meets the needs of youth in psychiatric residential treatment facilities in Medicaid through managed care.
- Established the Reclaiming Childhood Task Force via Executive Order 43 to empower parents to increase positive youth mental health outcomes.

Executive Orders

Executive Order 26

On May 9, 2023, Governor Youngkin addressed Virginia's fentanyl crisis with this Order to reduce fentanyl overdoses by enhancing public safety, expanding prevention and treatment efforts, and increasing community education. The Order includes measures such as naloxone distribution, law enforcement interdiction, and support for children affected by overdose-related trauma, to combat the state's fentanyl overdose epidemic.

Executive Order 28

On November 11, 2023, Governor Youngkin issued an executive order requiring guidance for parents to be notified within 24 hours of a school-connected overdose. The guidance requires close collaboration between local school divisions and state law enforcement to prevent student overdose and provides information to families and school divisions about education programs.

Executive Order 33

On July 9, 2024, Governor Youngkin established cell phone-free education in Virginia K-12 public schools to promote the health and safety of students. Through the Order, listening sessions were facilitated, schools will adopt implementation plans, and a detailed definition of "cell phone-free education" and a reporting mechanism to post and collect relevant data have been established.

Executive Order 43

On November 21, 2024, Governor Youngkin addressed the youth mental health crisis linked to unrestricted use of cell phones and addictive social media platforms. This Order empowers and

supports parents to protect their children by establishing the Reclaiming Childhood Taskforce, requiring a letter to clinicians recommending screening for excessive screen use, and developing a social media tool kit.

Additional Actions

Fentanyl Awareness and Prevention

Over the past year, Virginia has significantly escalated efforts to combat the fentanyl crisis through comprehensive statewide awareness campaigns and community engagement. A key achievement was the expansion of First Lady Suzanne S. Youngkin's *It Only Takes One* initiative across the Commonwealth. Initially piloted in the City of Roanoke, the program achieved a 12% increase in fentanyl awareness and made parents 55% more likely to discuss its dangers with their children. Building on this success, the Governor and First Lady introduced the Fentanyl Families Ambassador Program, empowering families directly impacted by the crisis to share their personal stories, raise awareness, and advocate for prevention in communities across Virginia.

Significant progress has also been made in enforcement and overdose prevention. In the Governor's Executive Order 26 that worked to combat the fentanyl epidemic in Virginia, the Secretary of Public Safety and Homeland Security was directed to develop a strategic plan for law enforcement agencies across the Commonwealth to combat illicit trafficking and the sale of fentanyl in Virginia. In response, Operation FREE was launched as a statewide fentanyl operation focusing on increased enforcement, whole of community training, education, and partnerships to reduce supply and demand across the Commonwealth. During this 30-day statewide fentanyl operation coordinated through 114 federal, state, and local partners, Virginia seized over 17,000 pounds of illicit drugs and 18,000 pounds of prescription medications. Building on the success of the June-May operation, a second Operation FREE, was launched in the fall where more than 550 pounds of illicit fentanyl were seized over 45 days.

On May 7, 2024, the Health and Human Resources Secretariat hosted a Fentanyl Awareness Day coaches' event which emphasized community-driven efforts, such as educating student-athletes and training restaurant staff in naloxone administration. Together, these initiatives underscore Virginia's commitment to addressing the fentanyl epidemic on all fronts. These types of collaborations and events have reduced overdoses in Virginia. Fatal fentanyl overdoses dropped by 23% between June 2023 and June 2024, positioning Virginia with third-highest reduction in the nation.

Youth Mental Health Strategy

The Current Landscape

Nationally and in Virginia, the statistics paint a sobering picture of the challenges faced by today's youth. On average, children spend 4.8 hours daily on social media, while spending more than three hours doubles the risk of poor mental health for adolescents. Excessive screen time has coincided with a significant increase in youth mental health challenges. Since 2010, suicide rates rose by 167%

among girls and 91% among boys, while depression rates increased by 145% and 161%, respectively.

In Virginia, 20.22% of youth aged 12–17 experience depression, slightly surpassing the national average of 20.17%. Additionally, 13.37% of Virginia's youth report having serious thoughts of suicide, similarly compared to the national rate of 13.16%. Substance use remains a significant concern, with 7.8% of Virginia's youth using illicit drugs monthly, exceeding the national average of 7.44%.

The national perspective is equally concerning, with suicide ranked as the second leading cause of death for youth aged 10–14 and the third for those aged 15–24 in 2022. In 2023, 40% of high school students reported feeling persistently sad or hopeless, with female students disproportionately affected.

Building on Accomplishments

Virginia has taken significant steps to address the growing youth mental health crisis, fueled by excessive social media and smartphone use. The First Lady and social psychologist and national expert, Dr. Jonathan Haidt led a Commonwealth Conversation, streamed statewide, to discuss the impact of these issues and propose actionable solutions. Dr. Haidt's recommendations, including delaying smartphone use, promoting phone-free schools, and encouraging unstructured play, which align with Governor Youngkin's Executive Orders 33 and 43.

These efforts culminated in the Reclaiming Childhood Youth Mental Health Summit, which convened over 300 youth, parents, clinicians, advocates, educators, faith leaders, and community organizations, where Governor Youngkin announced initiatives such as a Social Media and Mental Health Toolkit, the Reclaiming Childhood Task Force, and the Reclaiming Childhood Pledge to reduce screen time. These programs aim to empower parents, protect children, and foster healthier environments for youth to thrive.

Moving Forward

The Youngkin Administration continues to focus on implementing key initiatives announced at the Reclaiming Childhood Youth Mental Health Summit:

- **Social Media and Mental Health Toolkit:** This resource will provide families, educators, and community leaders with practical tools to address the negative impacts of social media and foster healthier digital habits.
- **Reclaiming Childhood Task Force:** This task force will drive actionable solutions by bringing together policymakers, educators, mental health professionals, and community stakeholders.
- **Reclaiming Childhood Pledge:** A statewide campaign encouraging families to commit to reducing screen time, promoting unstructured play, and fostering healthier environments for children.

As the Commonwealth continues to address the youth mental health crisis, the Administration will prioritize preventive measures, expand access to care, and strengthen community support systems. Efforts will include fostering trusted relationships between youth and adults, a proven factor in

reducing risky behaviors and improving mental health outcomes. Youth with one caring adult are 52% less likely to skip school, 46% less likely to use drugs, and 33% less likely to engage in violence.

By combining innovative policy solutions, expanded resources, and community collaboration, Virginia is committed to creating a brighter and healthier future for its youth.

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

In the second year there has been considerable implementation of the Crisis Now model of community-based crisis care. This includes the growth and maturation of regional call centers, mobile crisis teams, establishment of Crisis Receiving Centers (CRCs), Crisis Stabilization Units (CSUs), and Crisis Therapeutic Homes (CTHs), and expansion of the Virginia Crisis Connect (VCC) web-based infrastructure. Real-time information on mobile crisis teams and crisis site expansion can be found on the Virginia Department of Behavioral Health and Disability Services (DBHDS) Strategic Plan dashboard.

1. **Virginia-specific 988 marketing:** A broad statewide campaign, including 988va.org, was successful in Year 1. The goal of this effort was general saturation to raise awareness of 988 for all Virginians through roadside billboards, and audio and internet ads, and resulted in hundreds of millions of impressions across the internet. More information is available in the *"Right Help, Right Now* Year One Report". During Year 2, targeted marketing strategies and content have been developed for six specific demographic groups: African Americans, people with disabilities, youth, tribal communities, rural communities, Veterans and active-duty military. This campaign is beginning now and will include both traditional media and community outreach and engagement.

2. **Enhanced mobile crisis team capacity:** Publicly funded mobile crisis teams have expanded to more than 100 statewide. Additionally, private provider teams make up hundreds more, primarily in more populated areas of the Commonwealth. There have been more than 22,000 completed mobile crisis dispatches in the first 11 months of 2024, with an average response time of less than one hour.

3. **Enhanced crisis receiving and stabilization capacity:** There has been success in the enhancement and expansion of site-based crisis care across Virginia, with multiple ribbon cutting and grand opening events in 2024, including:

    1. March 3, 2024 – St. Joseph's Villa Youth CRC Ribbon Cutting
    2. May 30, 2024 – Chesapeake CRC Ribbon Cutting
    3. May 31, 2024 – Highlands CRC and CSU Ribbon Cutting
    4. June 6, 2024 – Chantilly CRC Ribbon Cutting
    5. October 1, 2024 – Piedmont CRC Grand Opening

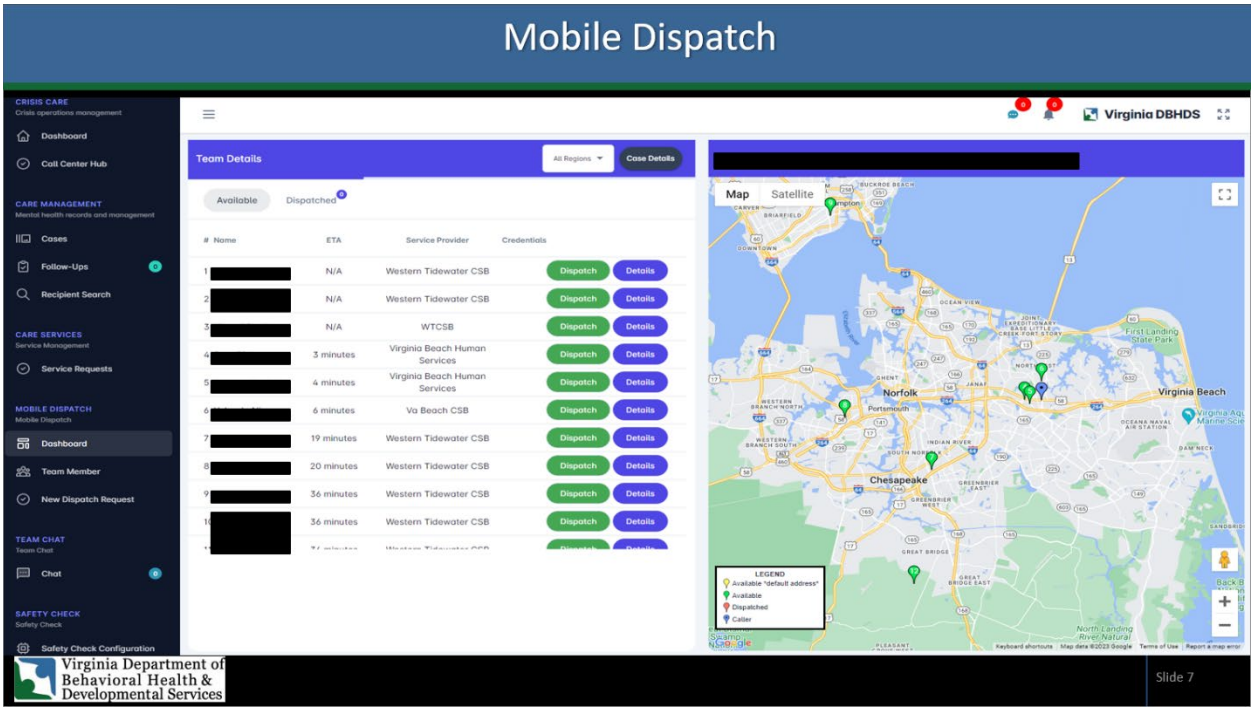
    Before *Right Help, Right Now*, there were 37 CRC chairs, 137 CSU beds, and 42 CTH beds, for a total of 216 slots across Virginia. Today there is a total of 663 slots that are either operational or in-development, tripling the availability of placement options for care. This growth is central to the success of *Right Help, Right Now*. Governor Youngkin made funding announcements on December 8, 2023, March 29, 2024, and October 9, 2024 for twenty enhancement and expansion projects.

4. **Streamlined call center infrastructure to enable mobile dispatch and data linkage across the crisis continuum:** July of 2024 marked the two-year anniversary of 988 for all Americans. Virginia continues to be ahead of other states with a growing and maturing call

center infrastructure. Call volume has steadily increased, with monthly averages almost doubling to more than 14,000 a month. All key *Right Help, Right Now* initiatives in this group have been achieved.

5. **Technology infrastructure to enable crisis systems:** This year, Virginia's 211 resources were integrated into VCC, the web platform used by all call center and mobile crisis staff. This expansion of information helps providers give even better and targeted care and referrals to the individuals they serve. Follow up and care coordination tools have also been launched in VCC, giving providers better tools to ensure ongoing support when it's needed. Finally, VCC has collected vast amounts of data on the developing crisis system, allowing DBHDS to identify baseline data which will allow for ongoing assessment and maintenance. The VCC platform is the most vast and sophisticated web-based crisis system infrastructure in the country.

Exhibit 2: DBHDS Virginia Crisis Connect (VCC) web platform



Looking Forward - Key Year 3 Priorities

- Continued expansion and maturation of the statewide community-based crisis system
    - Continued expansion of CRCs, CSUs, and CTHs, moving in-development projects to fully operational.
    - Development of care navigation through call centers, allowing for more personalized service and connection for individuals requiring support beyond the initial intervention.
    - Implementation of quality assurance programs built on baseline data to drive towards improved outcomes of all crisis services.

Pillar 2: We must support law enforcement communities by working in collaboration with systems of care to reduce the criminalization of behavioral health.

Year 2 saw an expansion of co-response teams, successful new strategies to achieve alternatives to law enforcement in the Emergency Custody Order (ECO) and Temporary Detention Order (TDO) custody process and improved administrative processes for the evaluation and placement process. These efforts are alleviating law enforcement communities, increasing compassionate care, and reducing the criminalization of behavioral health issues.

1. **Co-responder programs:** Co-responder programs partner behavioral health staff and first responders responding together when individuals with either a mental health condition or a developmental disability are experiencing a mental health crisis. In Year 2, seven new co-responder programs were implemented throughout the Commonwealth for a total of 17. Partnerships with public Virginia universities in conjunction with national contacts have begun to evaluate various aspects of the interaction law enforcement has with behavioral health professionals during a behavioral health crisis. The inclusion of this information, modalities, and tools have increased acceptance of co-responder programs. Implementation has also improved with less barriers as a result. Many communities express upcoming plans to implement co-responder programs in Year 3.

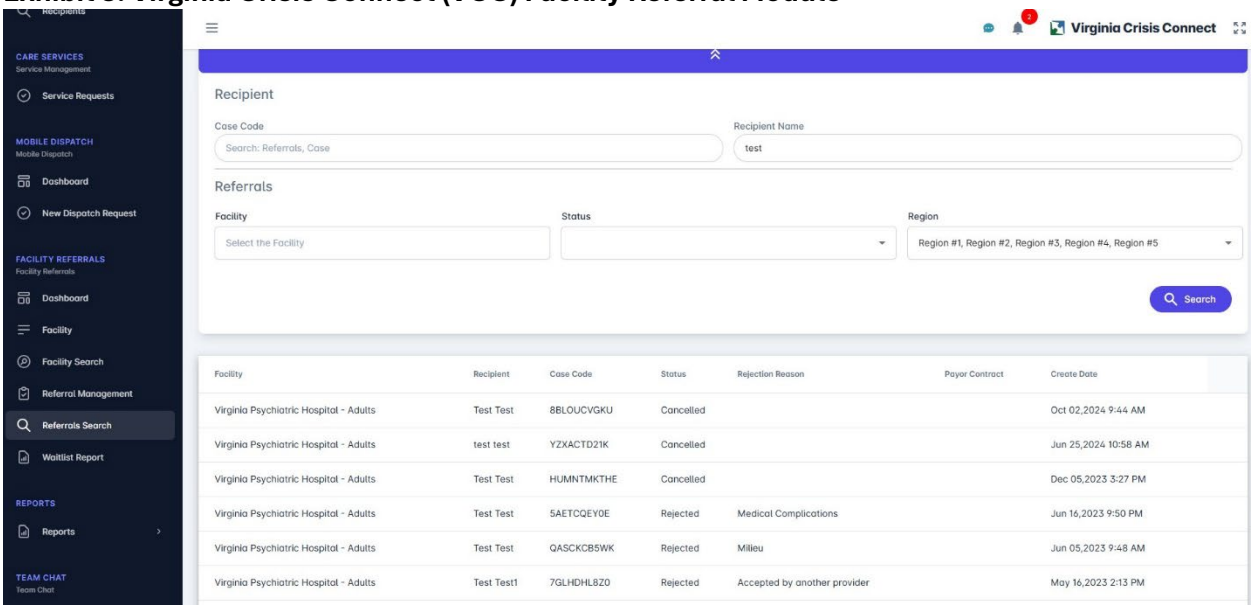
2. **Alternative transportation and custody:** Alternative Transportation is a program wherein civilian contractors transport individuals under TDOs to psychiatric hospitals, relieving law enforcement and working to decriminalize mental illness. DBHDS launched two new programs with two different contractors in 2024; one with Allied Universal in a 5 CSB catchment area and the other with Steadfast Security in a 3 CSB catchment area. Both programs were able to utilize physical restraints when necessary to maintain custody and transport individuals displaying higher acuity of symptoms including physical aggression or self-harming behaviors. While both programs were able to increase utilization over the previous no-restraint model, the Steadfast program added the capacity for staff to maintain custody as soon as the TDO was issued, averaging about 14 hours of custody prior to transport. With the original contract with Allied Universal expiring in December of 2024, DBHDS developed a new scope of work based on the successes of the smaller programs and is currently finalizing negotiations to procure a vendor that is able to maintain custody prior to transport and then transport individuals under a TDO in Region 3.

3. **Special Conservators of the Peace (SCOPs):** DBHDS has begun working with private hospitals to explore new opportunities to reduce the stress of law enforcement maintaining custody for individuals under an ECO. One-time carry forward funds will be used for SCOPs employed by emergency rooms to maintain custody of individuals under an ECO and allow law enforcement to immediately transfer custody to the SCOP. The Governor has included a budget amendment of $35 million to expand and implement the program statewide.

4. **Administrative burden reduction and increased support for CSB emergency services workers**. During Year 2 there was considerable effort to reduce administrative burden for CSB emergency services workers, also known as prescreeners. A significant challenge for

prescreeners and hospitals alike is the cumbersome process of bedsearching. The Facility Referral Module in VCC was developed in the first half of 2024 and piloted by almost a dozen CSBs over the second half of the year. On December 15th, 2024, all CSB prescreeners started utilizing VCC to download the prescreen admission form along with labs and other requested documents to the state hospitals, streamlining the process and improving outcomes. Private hospitals are also working to integrate into the system which has greatly reduced administrative burden for the emergency service programs. Additionally in Year 2, DBHDS and subject matter experts at the Institute for Law, Psychiatry and Public Policy (ILPPP) at the University of Virginia worked to build on successful trainings delivered during Year 1 and developed a second round of in-service trainings for prescreeners in three key areas in the assessment process. There will be a total of 12 trainings delivered over four days in locations across the state early in Year 3. DBHDS, the VACSB Emergency Services Council, and the University of Virginia collaborated to develop a quality assurance process that will launch in 2025. ILPPP will analyze preadmission screening forms and use the findings to help identify barriers to less restrictive alternatives, gather information to understand challenges faced by local emergency services programs, and identify solutions. In addition, the Division of Crisis Services gathered data to understand high drivers of TDO rates in certain areas. Collaborative on site quality assurance reviews will begin in 2025, targeting specific drivers.

Exhibit 3: Virginia Crisis Connect (VCC) Facility Referral Module



Moving Forward - Key Year 3 Priorities

- Statewide expansion of pilot projects for alternative transportation and custody of individuals under TDO ($38.5 million).
- Improved collaboration between DBHDS and CSB prescreeners through trainings, quality assurance evaluations by ILPPP, and on-site reviews by DBHDS subject matter experts.

Exhibit 4: Co-response teams implemented as of July 1, 2024

Community Services Board	**Co-Response Team Composition**
Encompass Community Services	Clinician and Law Enforcement
Prince William Community Services	Clinician and Law Enforcement
Highlands Community Services	Clinician and Law Enforcement
Highlands Community Services	Clinician and Law Enforcement
Richmond Behavioral Health Authority	Clinician and Law Enforcement
Blue Ridge Behavioral Health	Clinician and Law Enforcement
Chesterfield Community Services Board	Clinician and Law Enforcement
Hampton-Newport News Community Services Board	Clinician Only Mobile Response and Fire/EMS/Clinician Co-Response
Horizon Behavioral Health	Clinician Only Mobile Response
Arlington Community Services Board	Clinician Only Mobile Response
Alexandria Community Services Board	Clinician and Law Enforcement
Loudoun Community Services Board	Clinician and Law Enforcement
New River Valley Community Services Board	Clinician, Law Enforcement, and Peer
Henrico Area Mental Health & Developmental Services	Various Teams with Law Enforcement, Fire/EMS, and Clinicians
Western Tidewater Community Services Board	Fire/EMS/Clinician Co-Response

Success Story: *The Highlands CSB implemented a simulated training event in which law enforcement allowed behavioral health professionals the opportunity to learn target practice, gun safety, and first responder safety procedures during an emergency situation. Behavioral health professionals also taught mental health care to law enforcement. The success of this training modality has been extended to CSBs in the region and resulted in hosting a region wide training event.*

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

Pillar 3 progress focused mainly on expanding community-based services and system capacity. DBHDS completed fidelity reviews for four Assertive Community Treatment (ACT) programs and developed a Coordinated Specialty Care (CSC) Program Manual to establish fidelity standards. The Adult Psychiatric Access Line (APAL) launched, supporting providers in managing SUDs. To ease transitions from state hospitals, 100 community-based beds were created, and over $274 million was allocated for developmental disability waivers, rate increases, and telehealth services. Additional efforts included integrating the Risk Awareness Tool into support plans and continuing school-based mental health pilots in 19 systems.

1. **Fidelity reviews of ACT programs initiated:** DBHDS began the fidelity reviews that will set a cadence of reviews occurring on an ongoing basis of reviews every 12-18 months. There are 61 programs that need to be reviewed, and it is estimated that it will take 5 years to complete all program reviews.

2. **Development of program manual that will be the basis for CSC fidelity standards:** DBHDS in collaboration with CSC team leaders developed a program manual around services and supports delivered through the Coordinated Specialty Care Program. This Manual is currently under peer review by David Shern at National Association of State Mental Health Program Directors, Dr. Maria Monroe-Devita at the University of Washington, and Dr. Breitborde at Ohio State University. This manual will be the basis for fidelity standards for the CSC program.

3. **APAL launch:** DBHDS and the Medical Society of Virginia launched a resource aimed to help adults struggling with SUDs. APAL, a program of HealthHaven, is a statewide care navigation and consultation program that provides adults affected by SUDs access to specialized behavioral health services. The initiative equips healthcare providers—specifically primary care and emergency clinicians—with tools and consultation to diagnose, prescribe, and assist patients seeking care.

   APAL features three main components:

   - Provider education on screening, diagnosis, and management of SUDs
   - Access to phone consultations via regional hubs with access to professional support from addiction medicine specialists, psychiatrists, psychologists, and/or social workers
   - Care navigation assistance to identify regional care and services

   Primary care providers (PCPs) calling HealthHaven's APAL program will be directed to a regional hub operator to provide intake information with a Licensed Psychological Practitioner or care navigation team member. Within 30 minutes, an addiction medicine consult team will contact the PCP for support, and if needed, the PCP will then be connected to a care navigation team to work directly with the patient to assess next steps based on the region and services available.

4. **100 new beds created for adults discharging from state psychiatric hospitals:** DBHDS has worked collaboratively with community partners, including Gateway, CRi, and Alpha, to establish 100 new mental health beds in homes with four or fewer beds to support discharges from state psychiatric hospitals and reduce facility placements.

5. **Welcome letter with information about connecting to support and services and a link to the IFSP First Steps Document mailed to individuals new to the waiver:** During the 2024 General Assembly Session, over $274 million in additional resources was signed into law to help those with developmental disabilities. This includes 3,440 additional slots, additional state staff to support the waivers, and waiver rate increases.

Exhibit 5: Signed budget FY25/FY26

		FY 2025	FY2026
Developmental Disability (DD) / Intellectual Disability (ID) Waiver			
Add developmental disability waiver slots and rate increases		$ 65,534,040	$ 181,758,263
Implement telehealth service delivery options for developmental disabilities		Language Only	
Modification of waiver service limits on assistive technology and electronic supports		$ 1,146,978	$ 1,146,978
Add new positions in the developmental disabilities division (8 FTEs)		$ 336,232	$ 336,232
Rental subsidies for individuals with ID/DD (SRAP)		$ 1,000,000	$ 1,000,000
Consumer Directed Facilitation Services Rate Increase		$ 10,957,890	$ 10,957,890
Fully staff DD waiver rate setting work		$ 170,000	$ 170,000
Total DD/ID Waiver		**$ 79,145,140**	**$ 195,369,363**
			Total Chapter 2 Increases

6. **Initiation of administrative burden reduction initial phase, incorporating the Risk Awareness Tool into the Individuals Support Plan to better address redundancy, ensure no risks are missed, and streamline the planning process for providers, families, and individuals receiving waiver services:** Through building the Risk Awareness Tool (RAT) into the Individualized Service Plan (ISP) in Virginia Waiver Management System (WaMS), the requirements to complete the RAT in its paper format ended. The tool is now completed within the ISP which automatically populates the appropriate sections of the ISP and provides a printable summary of potential risks that can be shared with the individual PCPs (primary care physicians) and other qualified medical, health, or behavioral professionals. Support Coordinators (SCs) no longer have to fill out a paper document and then transcribe the information to a summary page and to the ISP itself. Integrating the RAT into the ISP places the risk assessment in the SC workflow and ensures the participation of the

individual, any representative, and the planning team in identifying and addressing risks. Now, the ISP, with RAT built in, increases consistency for identifying an individual's needs and facilitates the development of an annual, comprehensive plan.

7. **19 School Systems continued school based mental health pilots:** In the pilot schools, there have been 40,297 interactions with mental health professionals including Cognitive Behavioral Therapy, Motivational Interviewing, calming spaces, suicide and depression awareness, crisis intervention support groups, and Trauma Focus Cognitive Behavioral Therapy. A total of 1,674 school staff and personnel received trainings such as Cultural Awareness, Bullying, Multi-Tiered System of Supports Leadership, Teen Mental Health First Aid, Youth Mental Health First Aid, and Signs of Suicide. DBHDS conducted a total of four (4) train the trainer sessions over the summer of 2024. In these sessions, 37 school personnel and community partners completed the training.

Looking Forward - Key Year 3 Priorities

- Expansion of access to inpatient and crisis stabilization services through the 1115 SMI Waiver and progress on Behavioral Health Redesign initiatives.
- Implementation of enhanced school-based behavioral health supports, including telehealth and integrated clinic models.
- Development of a coordinated framework for Permanent Supportive Housing and improvements to care transitions for individuals with serious mental illness.

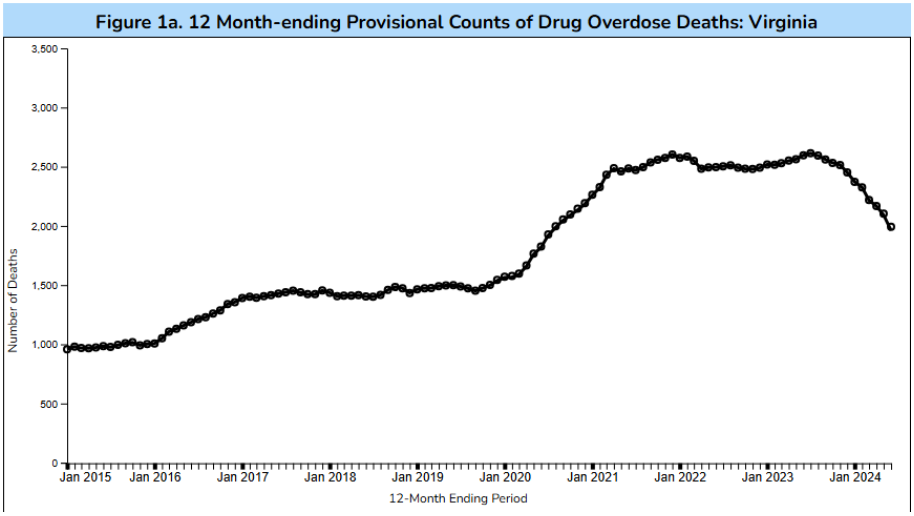
Pillar 4: We must provide targeted support for substance use disorder and efforts to prevent overdose.

Between June 2023 and June 2024, Virginia achieved a 23.3% reduction in the number of fatal overdoses measured over the previous 12 months. According to the CDC's National Vital Statistics System, this reduction ranked third in the nation behind only North Carolina and Ohio, far surpassing the national average reduction of 14.5%. This corresponds to an estimated saving of over 600 lives. This remarkable achievement reflects the herculean efforts across the Commonwealth, both within and beyond government, and highlights the leadership, policies, and programs driven by the Youngkin Administration through *Right Help, Right Now*. Key initiatives included establishing youth-focused prevention programs, increasing access to naloxone and other harm reduction services, expanding treatment availability, enhancing recovery support, and accelerating efforts to interdict the supply of illicit drugs.

1. **Established prevention programs aimed at youth on multiple levels:** The "Dangers of Fentanyl" high school training program was implemented and is currently in use by 235 unique accounts. This program will be expanded to reach middle school students and will feature Spanish-language products. Additionally, the *Deadly Dose* initiative was launched to warn about the dangers of illicit fentanyl, sharing real stories of overdose. Targeted at youth ages 13–21, the initial iteration reached 625,000 contacts, and the second iteration is expected to reach 1,000,000. The First Lady's Office developed the *It Only Takes One* campaign, which communicates the dangers of accidental fentanyl poisoning through the use of inappropriately obtained, fentanyl-tainted imitation prescription medicines. Initially piloted in the City of Roanoke, the program has expanded to other parts of the Commonwealth. In 2024, the *It Only Takes One* Resource Hub was launched to provide vital resources in this space.

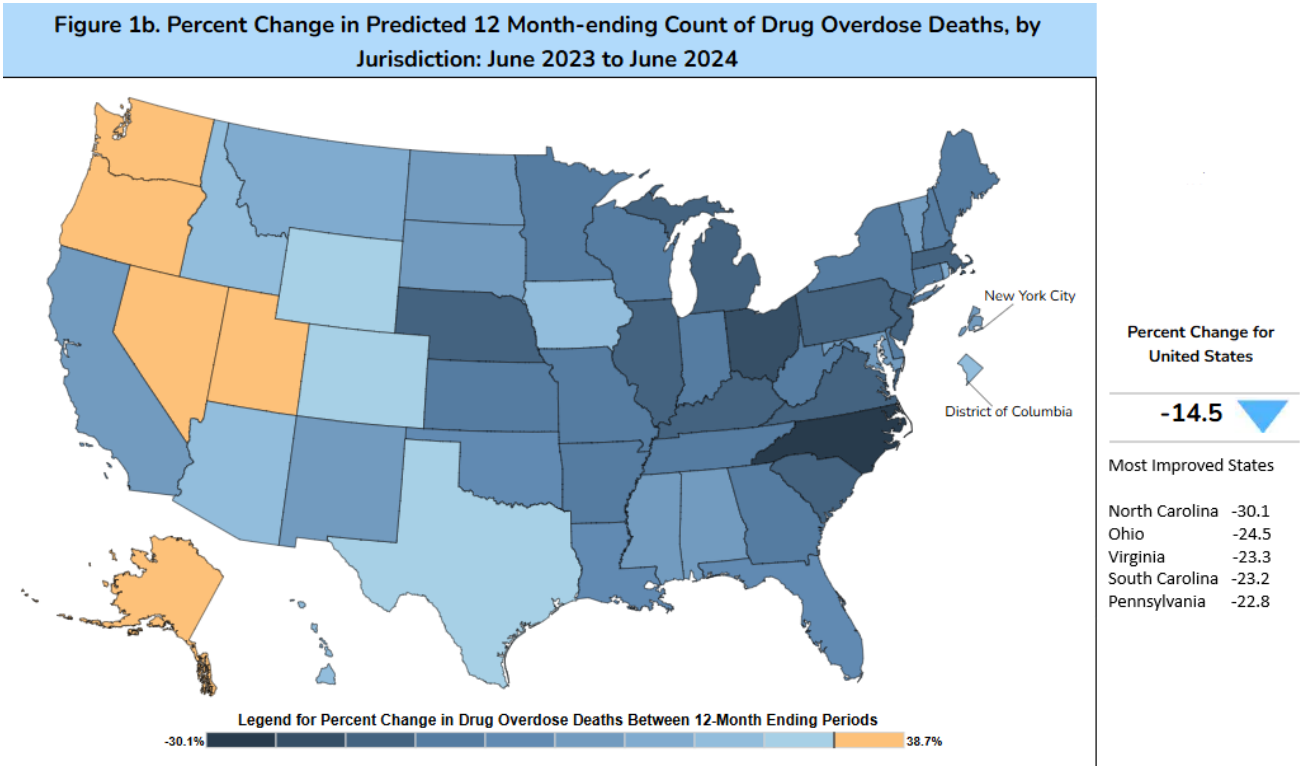
2. **Increased and targeted availability of naloxone and other harm reduction services:** The Commonwealth procured a contract to ensure supply of low-cost naloxone available for distribution across Virginia. A strategic plan and data driven prioritization model were developed to maximize delivery and availability of naloxone to those most in need. The plan includes an on-line dashboard to track effectiveness of distribution. In FY24, the Virginia Department of Health (VDH) trained 96,818 persons in the REVIVE! Opioid Overdose and Naloxone Education Program and distributed over 41,350 naloxone kits. Expanded services at existing Comprehensive Harm Reduction (CHR) locations and increased the number of locations from 8 to 13, with expected expansion to 15 by 2026.

Exhibit 6: Number of fatal Virginia overdoses in 12 months preceding listed dates, from all drugs



Source: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

Exhibit 7: Percent change, by state of estimated 12-month total of fatal overdoses, June 2023–June 2024

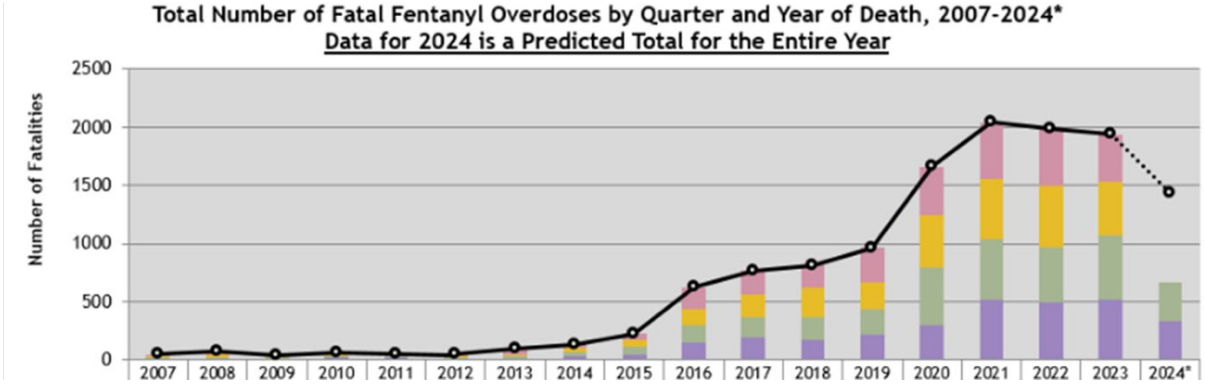


Source: https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm

This remarkable improvement is not limited to total overdose reductions; according to the 2024 estimates of the Office of the Chief Medical Officer, year over year reductions are expected in fatal

overdoses involving fentanyl (26%, see below); heroin (20%); cocaine (23%); methamphetamine (15%); along with several other drug classes.

Exhibit 8: Number of fatal overdoses per year in Virginia attributable to fentanyl; 2024 number is an estimate based on data from the first six months of the year

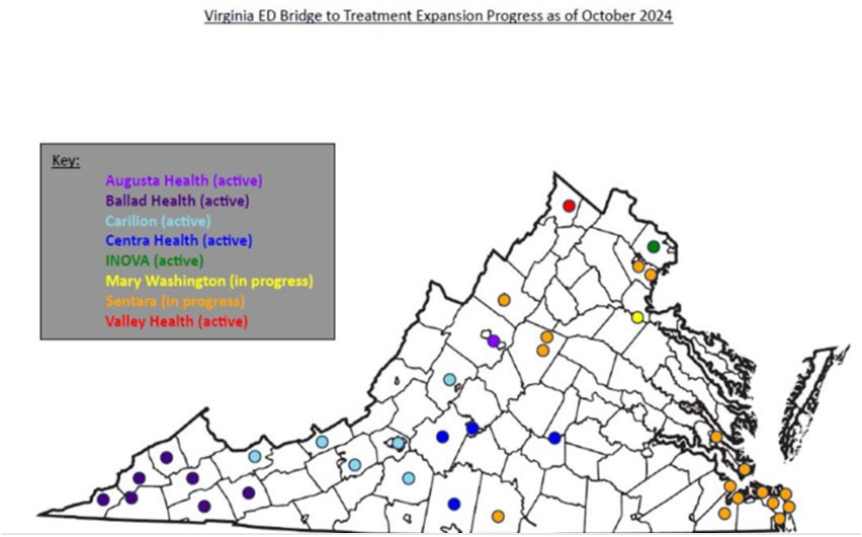


Source: https://www.vdh.virginia.gov/content/uploads/sites/18/2024/10/Quarterly-Drug-Death-Report-FINAL-Q2-2024.pdf

3. **Facilitated availability of treatment:** Expanded Project LINK, which connects pregnant women with SUDs to essential services, from 12 locations to 14. Facilitated availability of SUD treatment and recovery services in Department of Corrections settings to include screening, counseling, residential treatment, medications for opioid use disorders (MOUD), and peer recovery specialists (PRSs). The Re-entry to Recovery Workgroup was established to conduct strategic planning, tracking, and coordination of Opioid Use Disorder (OUD) care among prisons, jails, care providers, and state agencies. The Workgroup, comprised of public and private subject matter experts, serves as a forum for discussion of all issues related to SUD care in carceral settings. The group also coordinates with Recovery Behind the Walls, a tactical-level workgroup with emphasis on OUD care in local and regional jails and communities.

   The ED Bridge Programs allows appropriate OUD patients in the ED to be started on treatment prior to discharge, with a pre-scheduled outpatient follow-up plan (the "bridge") to continue their treatment, and *Right Help, Right Now* supported the development of the Emergency Department (ED) Bridge Program developed at Virginia Tech/Carilion Health System as these programs have been shown to decrease the risk of overdose death and increase retention in OUD treatment. Exhibit 9 shows the distribution of VT/Carilion-connected ED Bridge sites. In addition, programs are also operating at VCU and Bon Secours in Central Virginia and at UVa in Charlottesville. Awareness and participation of PCPs and providers in the provision of OUD care, especially of MOUD, through provider networking and formal collaboration with the Virginia Society of Addiction Medicine and the Virginia Academy of Family Physicians has increased. Further, access to Youth Screening, Brief Intervention, and Referral to Treatment (Y-SBIRT) screening for SUD at healthcare facilities in northern Virginia, where 8,371 screenings were conducted in the 12 months ending October 2024 have increase, and in the coming year, Y-SBIRT will be expanded into the Tidewater area.

Exhibit 9: Virginia ED bridge to treatment expansion progress as of October 2024



4. **Facilitated enhanced recovery support, both for achieving and maintaining recovery:** PRSs are used at almost every level of OUD care and recovery as their lived experience gives them a unique capability to communicate with and motivate persons with OUD to achieve and maintain recovery. We have been able to increase Certified and Registered PRSs by 60% and 152%, respectively, in an 18-month period. Additionally, $3.8M has been dedicated over the next two years to support funding of recovery housing for those unable to pay, as well as additional funds available for collegiate recovery programs. In an effort to increase support in this space, the Virginia Department of Social Services (VDSS) has developed a plan to offer wraparound services to children who lost parents due to OUD and overdose. The plan includes identifying regional gaps in services, informing those in need of available services, and arranging assistance with navigation of services. Successes include expanding kinship care and 2-1-1 access and piloting a Faith Communities as Recovery Allies Program.

5. **Improved access to data and information, and interdicted and controlled the supply of illicit and illicitly obtained drugs:** The Special Advisor on Opioid Interdiction partnered with the Secretary of Public Safety and Homeland Security on Operation FREE, leading to the seizure of over 600 pounds of illicit fentanyl and a total of over 36,000 pounds of narcotics. Additionally, a steering committee worked to procure an effective statewide data-sharing tool, the SUD Abatement Enterprise Data Platform, which will gather information from multiple government and non-government sources to provide analysis for evidence-based and timely actions to combat opioid and other drug trafficking, sale, distribution, use, and harm, and to support prevention, treatment, recovery, and healing.

Looking Forward - Key Year 3 Priorities

- Development and implementation of strategies to enhance SUD education, treatment accessibility, and prevention, including launching new programs like the Parent Mentor Pilot and Peer-Led Wellness Stay Programs.
- Expansion of recovery resources, including additional recovery high schools, statewide naloxone availability, and wastewater surveillance to identify fentanyl hotspots.
- Design and deployment of infrastructure to support data-driven solutions, such as the Virginia Opioid Impact Reduction Registry and the statewide Substance Use Disorder Abatement Enterprise Data Platform.

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

Pillar 5 made significant progress in expanding the behavioral health workforce by reducing regulatory barriers and introducing new credentialing opportunities. These efforts include the introduction of three new behavioral health credentials, including a master's degree in clinical psychology practitioner license—making Virginia the only state on the East Coast to offer this credential. The Commonwealth has also seen steady growth in the number of Licensed Professional Counselors (LPCs), Licensed Clinical Social Workers (LCSWs), and Licensed Clinical Psychologists (LCPs) from 2022 to 2024, underscoring the success of the *Right Help, Right Now* initiative. Efforts to enhance provider capacity are complemented by a focus on rate parity and salary increases to address recruitment and retention challenges. Additionally, Virginia is expanding the scope of non-behavioral health providers through initiatives like Crisis Intervention Training (CIT), now extended to first responders and emergency departments. The creation of new workforce pipelines and collaborations between state agencies further strengthens the state's behavioral health infrastructure. Finally, the creation and launch of a website that guides youth toward careers in behavioral health, ensuring a sustained and diverse workforce for the future.

1. **Increase the number of providers by reducing constraints where appropriate:** The Virginia Department of Health Professions (DHP) continues to reduce and eliminate regulations that present a burden to licensure on an ongoing basis. Three new behavioral health credentials (detailed below in 5) that will increase the healthcare workforce in both the inpatient and outpatient setting. One of the new behavioral health credentials is a master's degree clinical psychology practitioner. Like the advanced practice principles of a nurse practitioner or physician's assistant, Virginia will be the only state on the east coast to provide this license, which has the potential to increase our psychology workforce by an additional 150-200 providers per year.

2. **Growth of Licensed Professional Counselors, Licensed Clinical Social Workers, and Licensed Clinical Psychologists: 2022-2024.**
   - In 2022 before the start of *Right Help, Right Now*, there were 6,965 LCSW which has steadily grown to 7,962 in 2024.
   - In 2022 before the start of *Right Help, Right Now*, there were 6,799 LPC which has steadily grown to 7,957 in 2024.
   - In 2022 before the start of *Right Help, Right Now*, there were 2,920 LPC which has steadily grown to 3,063 in 2024.

3. **Rate and compensation parity:** The Virginia Department of Medical Assistance Services (DMAS) is finalizing rate study to allow for better alignment of reimbursement for services. Salary increases included in the budget last year for support staff at state behavioral health facilities will support hiring and retention of these critical and difficult to staff position.

4. **Expansion of non-behavioral health provider capabilities:** Crisis Intervention Training (CIT) has been a successful statewide program to provide non-behavioral health-licensed personnel with the skills to de-escalate persons experiencing mental health crises and reduce the use of force or restraint. This training is administered through the Virginia CIT Coalition, largely managed by its Board of Directors. CIT is generally provided to the law

enforcement community, but we have expanded this training to first responders and hospital emergency departments. CIT is administered through the Virginia CIT Coalition, managed by its Board of Directors. The Coalition is hiring its first Executive Director and Program Managers to facilitate training expansion into professions that frequently interact with behavioral health clients.

5. **Creation of a behavioral health workforce pipeline:** Two new behavioral health credentials have been established and a third has been restructured, establishing a clearer pathway for entry into the workforce right out of high school. These credentials and their education requirements are:
    - Behavioral Health Technician-Assistant (high school diploma)
    - Behavioral Health Technician (associate's degree)
    - Qualified Mental Health Professional (now requiring a bachelor's degree)

    Additionally, DBHDS in partnership with the VDOE, along with other state agencies and universities, debuted a new hybrid Behavioral Health Academy for Grades 9–12 that is introducing youth to topics and careers in mental health.

6. **Collaboration:** VDH's Medical Reserve Corps and DBHDS' Behavioral Health Response Team collaborated to establish a federally-recognized Behavioral Health Reserve Corps that is capable of responding to statewide and large-scale disasters to provide mental health support for residents within two hours of an alert.

7. **Creation of a public campaign to increase the interest and understanding of behavioral health jobs:** In 2024, more than a dozen state agencies, academic institutions, and professional organizations came together to develop a digital public campaign to recruit teens and young adults into educational programs that lead to behavioral health careers. The website, BeTheChange.virginia.gov, was developed and launched in December 2024 that features parallel career and academic pathways where educational credentials link to behavioral health professions and vice-versa.

Looking Forward - Key Year 3 Priorities

- Expansion of the behavioral health workforce through defined roles for technicians, increased Crisis Intervention Training for first responders and hospital personnel, and Behavioral Health Academies in high schools.
- Improve access to care with enhanced language and cultural services, higher sign language interpreter rates, and expanded clinical training site partnerships.
- Promotion of behavioral health careers through public awareness campaigns, targeted outreach for scholarship and loan repayment programs, and initiatives like Boost 200 for the youth behavioral health workforce.

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

Year 2 achieved major advancements, including the July 2024 launch of a two-year Medicaid Behavioral Health Redesign to replace legacy services with evidence-based, trauma-informed care. Stakeholder engagement included surveys, webinars, and listening sessions. An 1115 waiver amendment was developed to expand Medicaid coverage for inpatient and residential crisis stabilization for adults SMI. Legislative milestones included clarifying mandated insurance coverage for mobile crisis, residential stabilization, and crisis receiving center services as emergency services, protecting individuals from balance billing and prior authorization barriers. DBHDS continues to support implementation through technical assistance and collaboration with health plans to ensure effective delivery of these critical services.

1. **Behavioral health Medicaid redesign:** In July 1, 2024, a project to redesign legacy behavioral health rehabilitative services in Medicaid was launched. This is a two-year project to replace intensive in-home, therapeutic day treatment, mental health skill building, psychosocial rehabilitation, and targeted case management for serious mental illness (SMI) and serious emotional disturbance (SED) with evidence-based, trauma informed services. This is a two-year project that is a partnership between DMAS, DBHDS, DHP, Medicaid Managed Care health plans, and other state agencies and stakeholders. Since project launch, provider and member surveys have been completed, along with three informational webinars, four provider and two advocate listening sessions, and four member listening sessions.

2. **1115 SMI waiver:** 1115 waivers are a federal opportunity for states to test innovative approaches by requesting to waive certain Medicaid federal requirements. During Year 2 of *Right Help, Right Now*, an 1115 waiver amendment was developed in response to a federal opportunity for an SMI waiver of institutes of mental disease (IMD) exclusion. This would expand capacity for inpatient and residential crisis stabilization treatment for adults aged 21–64 in Medicaid. This waiver application was submitted and is awaiting approval.

3. **Coverage for community crisis services:** During the 2023 Session, the General Assembly passed and the Governor signed into law, House Bill 2216 and Senate Bill 1347. These bills were part of *Right Help, Right Now* efforts to improve service innovation. They clarified that health insurance carriers must provide coverage for mobile crisis response services and crisis support and stabilization services provided in a residential crisis stabilization unit to the extent that such services are covered in other settings or modalities, regardless of any difference in billing codes. It also directed the State Corporation Commission to convene a workgroup to examine the current availability of these services and make recommendations regarding standards of care, licensure, and cost-sharing for these crisis services. Pursuant to the recommendations in the report, during the 2024 Session the General Assembly passed and the Governor signed into law House Bill 601 and Senate Bill 543. These bills added crisis receiving center services to the definition of mandated benefits to ensure that this service is covered, in addition to mobile crisis and residential crisis stabilization unit services, for

individuals experiencing a behavioral health crisis. It also added language clarifying that emergency behavioral health services are included within the code definition of "Emergency Service." Ensuring that crisis receiving center, mobile crisis, and residential crisis stabilization unit services are clearly defined as emergency services will ensure that individuals receiving these services are protected from balance billing and individuals are protected from prior authorization requirements increasing the accessibility and viability of these services.

Since the conclusion of the 2023 House Bill 2216 workgroup, DBHDS Division of Crisis Services staff have remained in regular communication with the Virginia Association of Health Plans, and individual health insurance plans and providers. DBHDS continues to help coordinate and provide technical assistance regarding the mandated coverage of mobile crisis services, 23-hour crisis intervention, and crisis stabilization services. Mobile crisis services are validated by plans using registration codes generated after appropriate dispatch by VCC. These codes are supplied by DBHDS to the health plans on a monthly cadence. DBHDS also provided a presentation on the crisis continuum at the Virginia Association of Health Plans 2024 Fall Conference.

Looking Forward - Key Year 3 Priorities

- Development of a comprehensive data strategy to evaluate behavioral health provider coverage, service types, and geographic gaps across the Commonwealth, including an assessment of commercial network gaps.
- Creation of a school-based behavioral health service array in Medicaid, minimizing administrative burdens on schools and aligning regulatory changes to support program requirements and structures.
- Planning and analysis for Medicaid enhancements, including financial sustainability for youth behavioral health services, integration of psychiatric residential treatment into managed care, and performance measures for managed care organizations.

Conclusion

As Virginia enters the final phase of the *Right Help, Right Now* Behavioral Health Plan, the progress achieved in its first two years is clear: the Commonwealth has made significant strides in transforming the delivery of behavioral health care across the state. Built on six key pillars, Virginia is prioritizing crisis care, workforce development, expanded community-based services, and innovative service delivery models. The accomplishments outlined in this report, from the successful expansion of mobile crisis teams and the behavioral health Medicaid redesign to the creation of new career pathways in the behavioral health field, highlight the Governor's commitment to improving access to quality care.

The introduction of initiatives, such as the new behavioral health credentials and the establishment of the Behavioral Health Reserve Corps, underscores the ongoing efforts to build a robust, sustainable, and cohesive workforce capable of meeting the growing demand for mental health services. Additionally, the Commonwealth's proactive measures to combat substance use disorders through increased naloxone distribution and youth prevention initiatives are making a tangible impact, reducing fatal overdoses and offering hope to communities across Virginia.

As we look toward the third year of the plan, the focus will remain on building upon these successes, expanding services, and addressing emerging challenges, particularly in youth mental health. With initiatives like the Social Media and Mental Health Toolkit and the Reclaiming Childhood Task Force, Virginia is taking bold steps to ensure that parents, educators, and mental health professionals are equipped to support youth in navigating the challenges of today's digital age. The Commonwealth's investment in mental health literacy and the creation of sustainable entry-level workforce opportunities are poised to drive lasting change, improving outcomes for future generations.

Virginia's commitment to mental health care, supported by historic and strategic funding, innovative policies, and collaborative partnerships, sets the stage for continued progress in the final year of the *Right Help, Right Now* Behavioral Health Plan. The initiatives already in place have laid a solid foundation, and with a renewed focus on prevention, care expansion, and workforce development, the state is well on its way to achieving a transformative, sustainable behavioral health system that will serve Virginians for years to come.