



## Virginia Association of Community Services Boards Budget Priorities for the 2025 General Assembly Session

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*The Virginia Association of Community Services Boards (VACSB) will support amendments from its advocacy partners once they are advanced.*

### **DEVELOPMENTAL DISABILITY (DD) WAIVER SERVICES: FUNDING FOR ADDITIONAL SUPPORT COORDINATORS:**

The 2024 General Assembly funded 3,440 new developmental disability Waiver slots to address the “Priority One” waitlist. This is a historic level of funding and is approximately twice the number of Waiver slots funded in a typical biennium. VACSB appreciates the General Assembly’s large investment in DD Waiver services. However, since CSBs are the single point of entry for Waiver services and are the sole providers of Waiver support coordination, it will be critical that the General Assembly provide funds for CSBs to onboard the additional support coordinators needed for the large number of DD Waiver slots forthcoming throughout this biennium. The CSBs cannot bill Medicaid during the onboarding process of a new support coordinator, which takes about six months. Therefore, **VACSB will be requesting \$8.7M to cover CSB expenses incurred between the time a support coordinator is hired and when s/he can carry a full caseload and begin billing Medicaid.**

**EARLY INTERVENTION SERVICES:** VACSB is requesting a **\$5.7M increase in funding for Early Intervention services to account for the 5% increase in children served each year and to account for the deficit that Early Intervention services operate under each year.** Early Intervention services for infants and toddlers with developmental disabilities can have a significant impact on a child’s ability to learn new skills and increase their future success in school and in life. These services are much more effective and less costly when provided during the Early Intervention period, which is from birth to age three.

**SUBSTANCE USE DISORDER (SUD) SERVICES:** VACSB is requesting **\$17.2M to support a 12.5% rate increase for the Substance Use Disorder (SUD) services** that did not receive the permanent 12.5% rate increase other behavioral health services received. Those services are: **Office Based Addiction Treatment (\$6.4M), Opioid Treatment Program (\$4.9M), Partial Hospitalization Program (\$3.2M) and Intensive Outpatient Program (\$2.7M).** The CSBs are experiencing workforce challenges in all areas of service, including SUD services. Increasing rates is one way to increase compensation for CSB workforce.

**PREVENTION SERVICES:** Prevention services are an important part of how CSBs serve the community across a full continuum. During the pandemic, federal funding through the Consolidated Appropriation Act (CAA) and American Rescue Plan Act (ARPA) allowed CSB prevention staff to expand programs for their communities. Schools, police departments and other community partners appreciate how robust and active CSB prevention programs have become. CAA funds ended recently, and ARPA funds will end in September of 2025. To account for this loss, **VACSB is requesting an \$8M increase in general funds dedicated to prevention services.** This will allow the CSB prevention staff to continue a robust array of services in every community of the Commonwealth.

**MARCUS ALERT PROGRAMS:** An anomaly in the state’s budgeting process overlooked planned funding for implementation for 6 Marcus Alert programs. This is a state mandated co-response model that also integrates 911 dispatch with the 988 crisis line. Both of these elements combine to provide opportunities to divert

individuals in crisis from the criminal justice system as well as potentially from inpatient hospitalization. **The 6 sites that were supposed to implement in 2024 had completed their planning but the funding to support implementation was not in the Department of Behavioral Health and Developmental Services' budget.** As such, the VACSB is requesting \$18M to support the 6 sites that have completed their planning as well as an additional 6 sites, which will allow us to keep pace to have all of the programs in place by 2028, which is when the code language dictates every locality in Virginia with a population of fewer than 40K has to have implemented a Marcus Alert program. The funding will also bring all programs, those that have already been implemented and future programs to a funding level that comports with the original cost estimate provided by the Department of Planning and Budget when the mandate passed in 2020.

**RESTORATION OF COMPETENCY TO STAND TRIAL:** The VACSB requests \$1.5M to increase the reimbursement rate for restoration of competency to stand trial services and supports, allow for increased capacity to provide restoration on an outpatient basis and provide training to clinicians. DBHDS exhausted the funding to reimburse CSBs for the evaluations and restoration services in each of the past 6 years, leaving CSBs with an unfunded mandate. At the same time, the state has made providing outpatient restoration services a priority in order to relieve the pressure on state psychiatric facilities which have seen a dramatic increase in forensic admissions, many of which are due to the need for restoration services which may be offered on an outpatient basis if funding were sufficient.