Community Services Boards

Supporting people. Strengthening communities.

Virginia Association Of Community Services Boards, Inc.

Making a Difference Together

Medicaid Matters to Virginia's Public Safety Net

Virginia's CSBs are the 40 public organizations that make up the safety net of services for individuals with behavioral health conditions and developmental disabilities. Each year, CSBs serve more than 185,000 individuals, many of whom are uninsured or covered by Medicaid.

Over the past several years, Virginia has strengthened the public safety net system through three major investments:

- **Medicaid expansion under the Affordable Care Act, which began in 2019**
- **STEP-VA, which was designed to build a more consistent array of community-based behavioral health services and move Virginia closer to the Certified Community Behavioral Health Clinic model**
- **The Right Help, Right Now initiative, launched in 2022 to expand access to behavioral health and crisis services**

Positive Impact

Medicaid expansion allowed more low-income adults to access health coverage, including adults with behavioral health needs who previously could not qualify. In the first year of expansion, more than 46,500 Medicaid members received substance use disorder treatment through Virginia's Addiction and Recovery Treatment Services benefit.

STEP-VA increased CSB capacity and helped build the foundation for a more consistent statewide system of services, including later crisis system investments such as mobile crisis response, 988 integration, and community-based crisis services.

Medicaid is central to this progress. It provides coverage for many of the individuals served by CSBs and is an essential part of the funding mix that supports access to community-based care.

Impact of Federal Medicaid Changes

H.R.1, the federal budget reconciliation law enacted on July 4, 2025, made significant changes to the Medicaid program, including additional eligibility redeterminations, cost-sharing, and work and community engagement requirements for individuals in the expansion population. Implementation will begin in early 2027.

For CSBs, the concern is practical. Changes that make it harder for eligible individuals to enroll in or maintain Medicaid coverage can affect access to mental health care, substance use disorder treatment, developmental disability services, and crisis supports.

If individuals lose coverage or experience gaps in coverage, the impact could include:

- **Delayed care, poorer outcomes, and more costly treatment needs**
- **Greater pressure on emergency departments, hospitals, jails, state psychiatric facilities, and crisis services**
- **Increased reliance on state general fund dollars and local safety net resources**
- **Lost Medicaid reimbursement for CSBs**
- **Additional administrative burden for individuals, families, private providers, CSBs, managed care organizations, and state agencies**

A Virginia-specific analysis estimates that 188,000 Virginians could lose Medicaid coverage by 2034 due to the new work and community engagement requirements, underscoring the importance of clear communication, effective data matching, and careful implementation.

Protecting access to Medicaid helps Virginians remain stable in their communities, supports CSBs' ability to provide essential services, and reduces pressure on more costly systems of care.

Workforce:
The Foundation of Community Care

A strong behavioral health workforce is essential to supporting people and strengthening communities, yet Virginia continues to face serious workforce shortages. The Virginia Health Care Foundation notes that, as of November 2023, all Virginia localities are designated Mental Health Professional Shortage Areas. It also found that the number of professionals becoming licensed each year is not enough to maintain Virginia's already inadequate supply of behavioral health professionals.

For CSBs, workforce shortages affect every part of the public safety net. Vacancies can limit access to outpatient treatment, crisis services, developmental disability supports, case management, and prevention work in schools and communities. In a recent STEP-VA assessment, CSBs identified the need for 764 additional positions to meet community needs.

Investing in the CSB workforce helps ensure Virginians can receive timely, community-based care before needs become crises.

Supporting People. Strengthening Communities.
By the Numbers.

185,027
unduplicated individuals served by CSBs in FY25

Approximately
15,000
individuals employed by CSBs in FY25

1.2 million
people reached through prevention print materials in FY25

54%
reduction in state hospital use for individuals served by CSB Assertive Community Treatment programs, representing **$17.4 million** in bi-yearly cost avoidance

100%
of Virginia localities are Mental Health Professional Shortage Areas

23,429
infants, toddlers, and families served through early intervention in FY25, while more than half of local early intervention systems lacked the provider and/or funding capacity needed to meet federal service requirements

"They didn't just help Rett—they changed all our lives."

—Katelan, Rett's mom (about CSB staff)

Thank you

VACSB appreciates Governor Spanberger's and the General Assembly's continued commitment to strengthening Virginia's public safety net. Investments in CSBs help individuals and families access essential services, remain stable in their communities, and receive support before needs become crises.

- **Developmental Disability waiver rate increases for selected services**
- **Funding to support MARCUS Alert**
- **Ongoing funding for support coordinators and discharge planning assistance**

Directory

Alexandria CSB
City of Alexandria
(703) 746-3400

Alleghany Highlands Community Services
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 and Williamsburg
(757) 220-3200

Crossroads CSB
Amelia, Buckingham, Charlotte, Cumberland, Lunenburg, Nottoway, & Prince Edward Counties
(866) 307-0370

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
(296) 926-1680

Eastern Shore CSB
Accomack & Northampton Counties
(757) 442-3636

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

Fairfax-Falls Church CSB
County of Fairfax; Cities of Fairfax & Falls Church
(703) 383-8500

Goochland-Powhatan Community Services
Counties of Goochland & Powhatan
(804) 556-5400

Greater Reach CSB
Dinwiddie, Greensville, Prince George, Surry & Sussex Counties; Cities of Colonial Heights, Emporia, Hopewell, and Petersburg
(804) 862-8008

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) 727-8515

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

Horizon Behavioral Health
Amherst, Appomattox, Bedford, & Campbell Counties; City of Lynchburg
(434) 477-5000

Loudoun County Department of Mental Health, Substance Abuse & Developmental Services
County of Loudoun
(703) 771-5155

Middle Peninsula-Northern Neck Behavioral Health
Essex, Gloucester, King and 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 Community Services
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) 393-5357

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

Rappahannock Area CSB
Caroline, King George, Spotsylvania and Stafford counties; City of Fredericksburg
(540) 373-3223

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 Community Services
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 Department of Human Services
City of Virginia Beach
(757) 385-0511

Western Tidewater CSB
Isle of Wight & Southampton Counties; Cities of Franklin & Suffolk
(757) 758-5106

CCBHCs: **Strengthening Community Care**

Certified Community Behavioral Health Clinics, or CCBHCs, are a national best practice model for improving access to quality community behavioral health services. The model creates a specialty provider type within Medicaid, with an emphasis on access, accountability, care coordination, and a prospective payment system tied to the actual cost of providing required services.

Virginia has already taken important steps toward this model through System Transformation Excellence and Performance in Virginia, known as STEP-VA. STEP-VA mirrors many of the CCBHC core services, including Same Day Access, crisis services, outpatient mental health and substance use disorder services, peer and family supports, psychiatric rehabilitation, case management, primary care screening, care coordination, and services for veterans and military-connected individuals.

To fully realize the benefits of these services, Virginia needs to implement the CCBHC model with high fidelity to the federal demonstration. That includes state certification, quality measures, and a prospective payment system that supports the full cost of delivering comprehensive community-based care.

States that have implemented the CCBHC model have shown measurable improvements, including 18 to 46 percent reductions in emergency department visits, 20 to 69 percent reductions in subsequent inpatient admissions in some states over a four-year period, and significant increases in access to medication for opioid use disorder, with participating states reporting increases ranging from 122 percent to 700 percent.

The model also supports workforce stability. States that benefit from the use of a Medicaid Prospective Payment System reported a median of 81 new positions per CCBHC clinic, including licensed clinicians, peer support specialists, care coordinators, and nurses.

Virginia's successful implementation of the CCBHC model would strengthen the public behavioral health system and better support the people and communities CSBs serve through:

- **Reduced emergency department and hospital use**
- **Increased access to substance use disorder treatment**
- **Improved care coordination and follow-up**
- **Greater workforce capacity**
- **More timely access to community-based care**

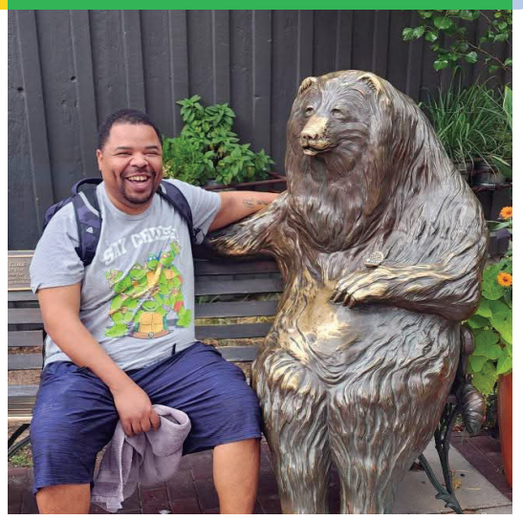
Crisis Services: **Supporting People When It Matters Most**

When someone is experiencing a behavioral health crisis, the right response can make all the difference. CSBs work with law enforcement, 911, 988, fire and EMS, regional crisis hubs, and community partners to strengthen local crisis response and connect people to care in the least restrictive setting possible.

Virginia's crisis system is built around a simple but critical goal: someone to call, someone to respond, and somewhere to go. Marcus Alert is one part of that system, helping coordinate 911, 988, law enforcement, and behavioral health responders so individuals receive the most appropriate response during a crisis.

As of the FY25 Marcus Alert report, 17 Marcus Alert programs have launched across all five DBHDS regions, with 10 new programs beginning implementation in FY27.

Continued investment in community-based crisis infrastructure will help Virginia support people in crisis, strengthen local response systems, and reduce pressure on emergency departments, hospitals, jails, and law enforcement.



VACSB's 2026 – 2028 Budget Priorities Have the Goals of Ensuring:

- Virginia's public safety net providers are made financially whole
- A baseline level of services and supports in every community that promote independence and recovery as well as coordinated behavioral health, developmental disability, and medical needs
- Expanded safety net capacity

Community Services Are:

Effective

CSB outcomes demonstrate proven results for individuals and families.

Recovery-Oriented

CSBs operate with the understanding that every individual can achieve recovery and/or greater independence with the appropriate services and support.

Person-Centered

Individuals participate actively in their plans of care and treatment choices.

Flexible

CSBs offer an array of services and supports that respond to individuals across their lifespans and at all points along the continuum of care.

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