



Virginia's Crisis System

State Health Commissioner's Advisory Council on Health Disparity and Health Equity

April 9, 2024

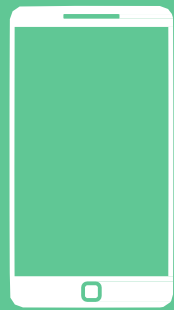
J. Curt Gleeson, LPC

Assistant Commissioner, Crisis Services





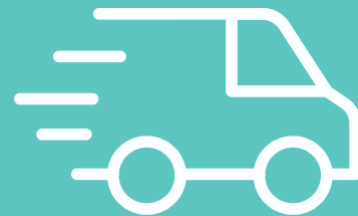
Someone to Call



Crisis Call Centers

When someone calls 988, a trained crisis worker will provide support such as safety planning, referrals, and a listening ear. If needed, crisis workers can connect to the full continuum of services. Through Virginia's co-responder initiative (Marcus Alert) appropriate calls to 911 can be routed to the 988 call centers.

Someone to Respond



Mobile Crisis

Mobile Crisis Response teams are deployed in real-time, 24 hours a day, to the location of the individual experiencing a behavioral health crisis. These rapid responders provide on-scene evaluation, intervention, and connection to follow-up resources.

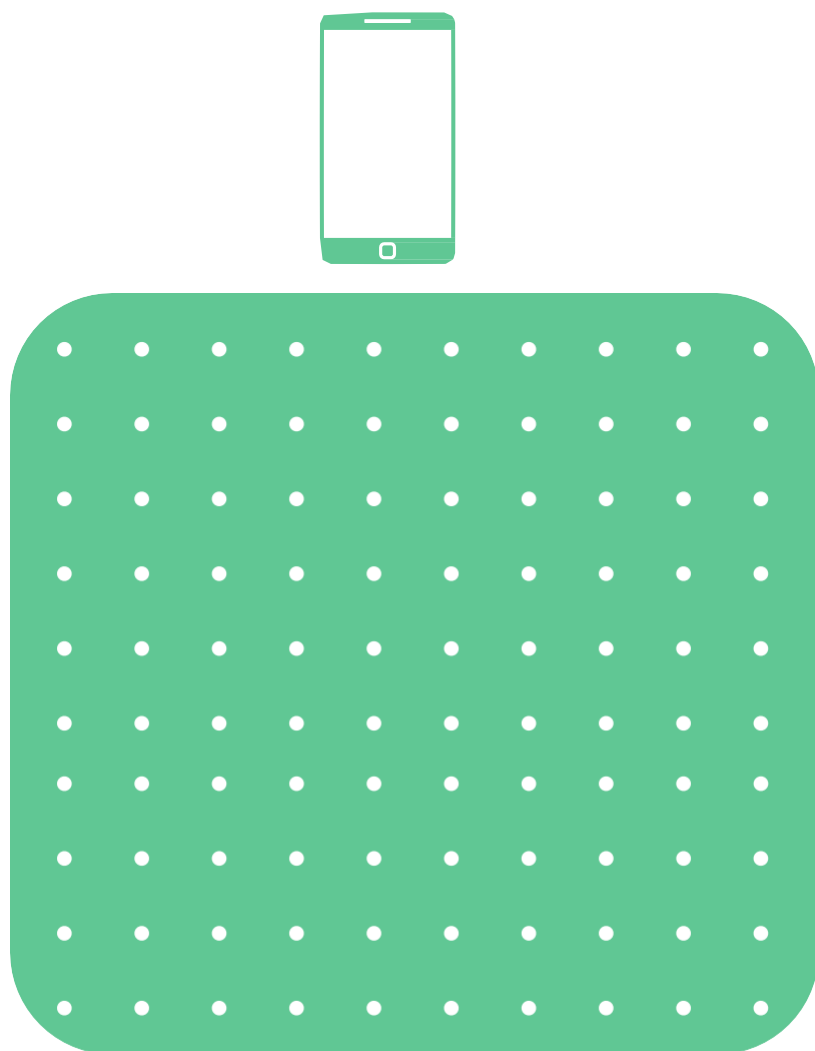
Somewhere to Go



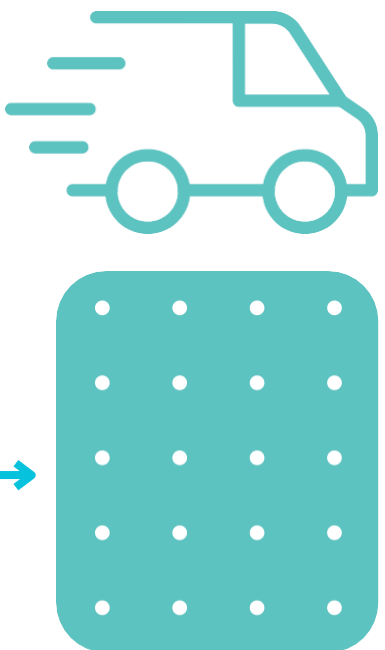
Crisis Stabilization Sites

23-hour Crisis Receiving Centers and short-term residential Crisis Stabilization Units provide a safe, secure community-based environment for assessment, resources, and emergent crisis treatment.





If **100** people call 988, **80** of those calls can be resolved over the phone.



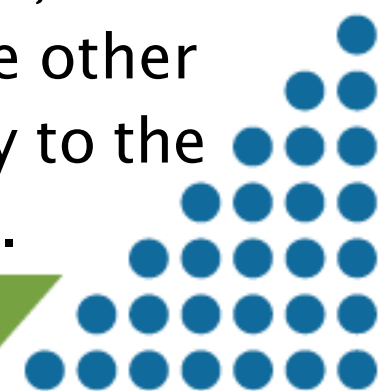
Mobile crisis response can be dispatched for the remaining **20**.

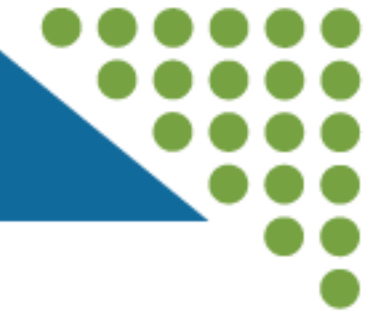


Of those 20, nine may need further treatment at a Crisis Stabilization Site.



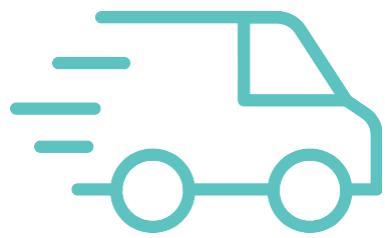
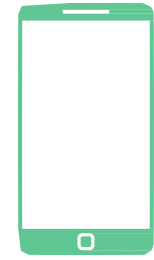
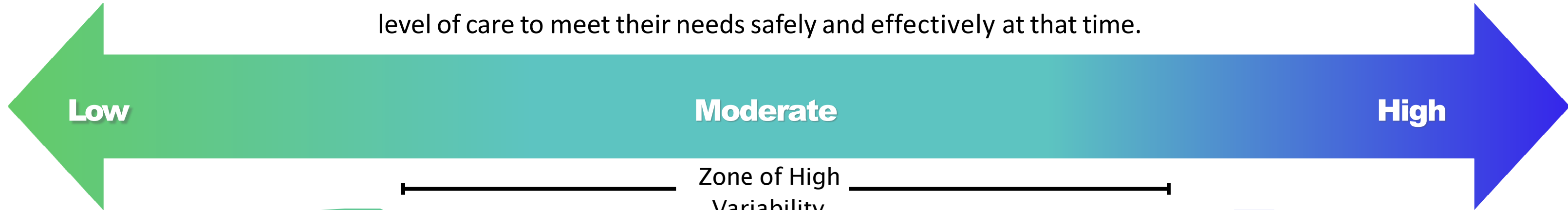
Out of those nine, one may require services at a higher level of care, like a hospital, while the other eight return safely to the community.





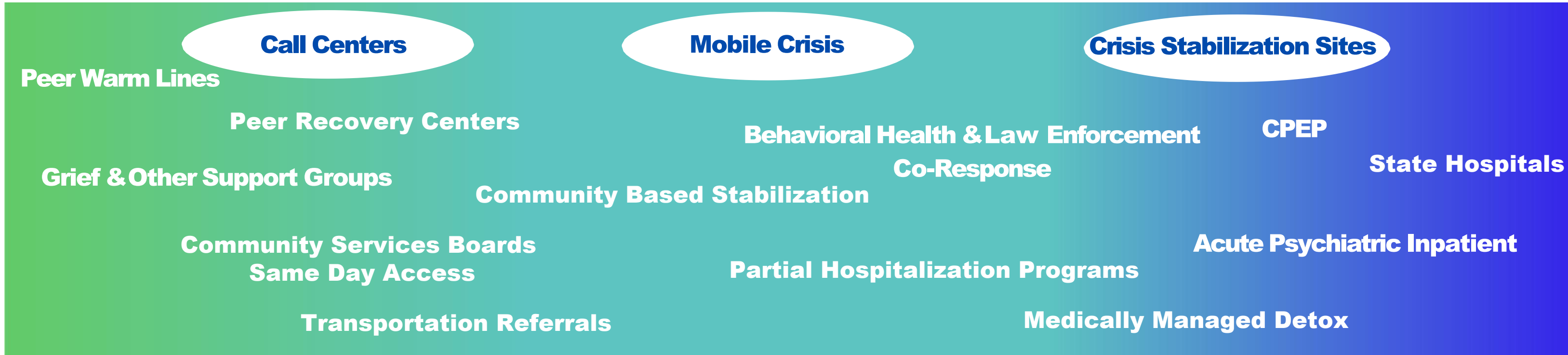
Individuals in crisis should be matched with the appropriate level of care to meet their needs safely and effectively at that time.

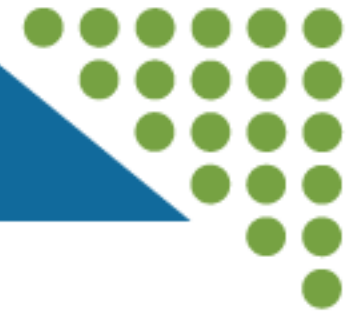
Risk Level



Zone of High Variability

Crisis Intervention Continuum





- Growth of the Division of Crisis Services
 - Establishment of the Office of Crisis Operations and Office of Crisis Services
- Initial statewide marketing of 988, and development of [988va.org](https://www.988va.org)
- [Public Dashboard & Map](#)
- Call Center Performance
- Mobile Crisis Team Growth
- Centralized Mobile Crisis Dispatch
- Legislative Changes
 - HB1336/SB568: Allowing medication dispensing units at CRCs and CSUs
 - SB56: Requiring DBHDS to amend regulations to allow for seclusion & facilitate workgroup.
 - HB601/SB543: Defining behavioral health crisis services as "Emergency Services" akin to emergency medical care; protecting consumers from balanced billing, and requiring state regulated plans to reimburse for CRC, CSU, and Mobile Crisis.
- Crisis Site Build Out



Enhancement

- **Danville-Pittsylvania** Recently began operating CRC. Ongoing funds will support full staffing.
- **Mount Rogers** Relocate & modernize CRC and double capacity of CSU. Ongoing funds will support complete staffing.
- **Planning District One** Recruitment of staff for complete 24/7 CRC operations.
- **Richmond Behavioral Health Authority** Increase CSU living room space & clinical offices, add staff.

Expansion and Completion

- **Chesapeake** Renovations will create an adult CRC. Ongoing funds will support full staffing.
- **Hampton Newport News** Expand existing CSU capacity and add a CRC.
- **Prince William** Ongoing funds will support staffing for children's CRC.
- **Richmond Behavioral Health Authority** Ongoing funds will complete establishment of a new CRC.
- **Western Tidewater** Rebuild Crisis Therapeutic Home adjacent to CSU.

New Builds

- **Rappahannock Area** Will build a CRC adjacent to current CSU.
- **Blue Ridge Behavioral Health** Will establish CRC by renovating space adjacent to existing CSU.
- **Valley** Will build a new CRC and CSU.
- **Colonial Behavioral Health** Develop a CRC and CSU near Eastern State Hospital.
- **Henrico** Developing a new CRC and CSU, also co-located with residential detox.





Questions & Answers

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