DBHDS
Virginia Department of Behavioral Health and Developmental Services

Regional Support Teams

State Fiscal Year 2026, 3rd Quarter

Overview

Five Regional Support Teams (RSTs) were implemented in March 2013 by the Department of Behavioral Health and Development Services (DBHDS). Virginia's focus through RSTs is on supporting individuals with developmental disabilities in the most integrated community setting that is consistent with their informed choice of all available options and opportunities. Each Regional Support Team (RST) consists of professionals well-versed in supporting individuals with developmental disabilities within a community setting. This expertise extends to individuals with exceptional behavioral and medical requirements, highlighting the RST's comprehensive capability in meeting diverse needs.

Purpose

A. To identify and seek to resolve individual, regional, or system barriers that prevent individuals from receiving services in the most integrated setting of their choice.
B. To make recommendations for resolving barriers to receiving services in integrated settings.

RSTs seek to ensure that no individual in the target population moves to a nursing facility or congregate setting with five or more individuals unless the move is consistent with the individual's needs and informed choice. This process involves a comprehensive review conducted by both a DBHDS Community Resource Consultant (CRC) and, when the referral criteria are met, by the Regional Support Team (RST). This dual review ensures that any such transition is well-informed and consistent with the individual's unique circumstances and desires.

Target Population for referrals to RST

A. Individuals with intellectual/developmental disability (I/DD), who:
1. Live in training centers,
2. Meet the ID or DD Waivers waitlist criteria, and
3. Meet the criteria for referral to the RST.

Referral Criteria for RST Review

a.) within five calendar days of an individual being presented with any of the following residential options:
i. an intermediate care facility,
ii. a nursing facility,
iii. a training center, or a
iv. group home with a licensed capacity of five beds or more;

b.) if the CSB is having difficulty finding services within 30 calendar days after the individual's enrollment in the waiver; or

c.) immediately when an individual is displaced from his or her residential placement for a second time.

Criteria for RST Referrals and Consultation

1. Prior to or immediately after a service has not been identified within 3 months of receiving a waiver slot.

2. Within five calendar days of an individual being presented with any of the following residential options: an intermediate care facility, a nursing facility, a training center, or a group home with a licensed capacity of five beds or more.
3. Immediately when family expresses any interest in a setting considered to be less integrated. (timing of referral is key to RST making recommendations for more integrated options)
4. Immediately when an individual is displaced from his or her residential placement for a second time.
5. Immediately if the individual is moving before the next scheduled RST meeting. Please submit and identify the referral as being late for that reason.
6. Immediately once the SC is notified that a person has already moved to a less integrated setting. Please submit and identify the referral as being late due to the lack of notification.

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Data Collection Period

A. This reporting period is the Third Quarter of FY26 (January – March 2026).

RST Source System Transition

To enhance the reliability and accuracy of data, the transition from manual and spreadsheet-based methods to the Waiver Management System (WaMS) took place on January 1, 2023 for both the Regional Support Team referral form and the Virginia Informed Choice form. This shift empowers DBHDS to utilize contemporary software for data management and visualization, significantly reducing the potential for human errors.

Back-end data, which first became available in June 2023, assists in the development of this report, which is based on data gathered through the WaMS platform and visualized using Microsoft PowerBI. The structure and content of this report will undergo further refinement in upcoming quarters. Any modifications to the reporting approach are duly documented within the report itself and stem from any adjustments to the WaMS RST module.

RST Referral Data

There were a total of 98 referrals made with an RST requested date occurring in FY26 third quarter, with the largest number seen in Region 4 (34) and the lowest in Regions 2 and 5 (11). (Fig. 1).

Fig. 1 (note: factoring in 10 missed referrals brings the referral count to 98 with 88 submissions)

Region	2026 Q3	**Total**
DBHDS	10	**10**
Region 1	16	**16**
Region 2	11	**11**
Region 3	16	**16**
Region 4	34	**34**
Region 5	11	**11**
Total	**98**	**98**

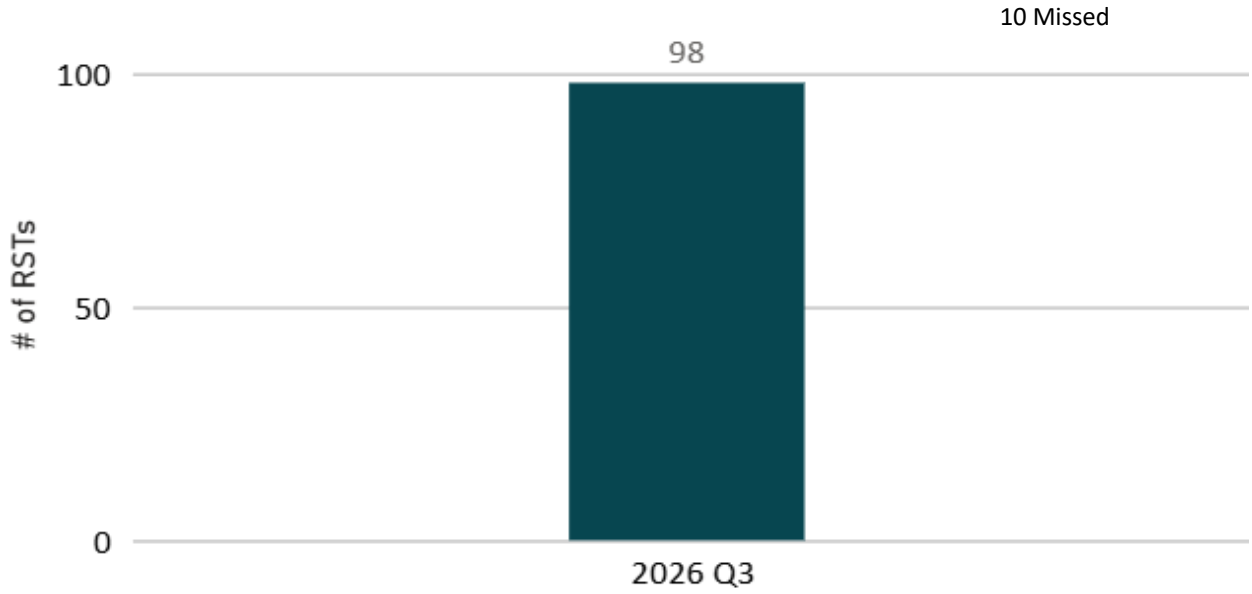


Fig. 1

When considering the number of unique individuals, the 88 referrals are attributed to 87 unique individuals plus the 10 missing referrals (98). One individual had a total of two valid referrals submitted in the third quarter. Of those actively enrolled in a DD Waiver, 75 receive the Community Living waiver, seven have the Family and Individual Supports waiver, and zero have the Building Independence waiver (Fig 2). 17 individuals did not have a DD Waiver or were not on the wait list. There were two people on the DD Waitlist (Fig. 3).

of Individuals Actively Enrolled on a Waiver by Type

	2026 Q3	
Waiver Type	# of individuals*	% of Total
Community Living	75	91.6%
Family and Individual Supports	7	8.4%
Total	**82**	**100.0%**

Fig. 2

of Unique Individuals with an RST in the Quarter by Waiver Status

	2026 Q3	
Waiver Status Collapsed	# of Individuals	% of Individuals
Waiver	78	80.4%
Not on Waiver or Waitlist	17	17.5%
Waitlist Priority 1	1	1.0%
Waitlist Priority 3	1	1.0%
Total	**97**	**100.0%**

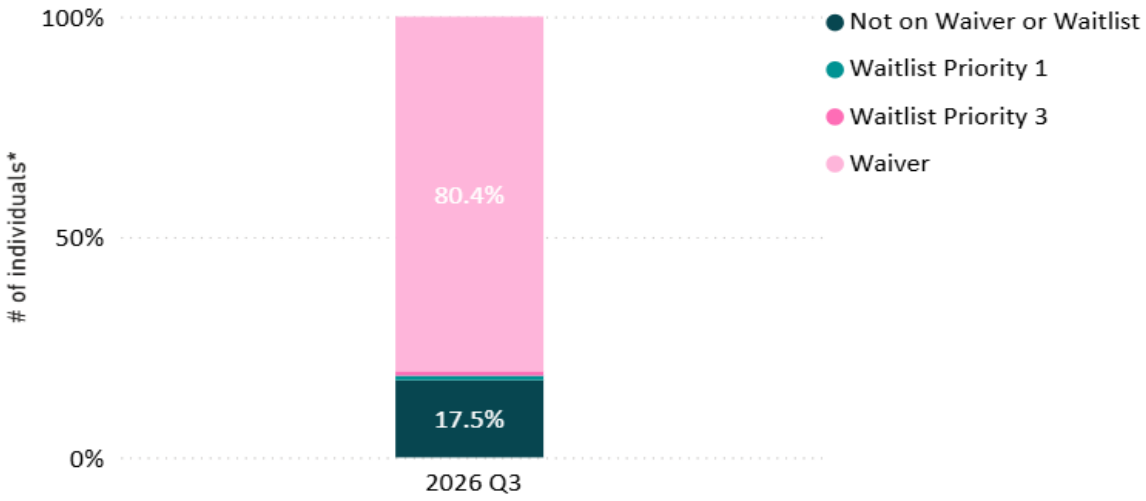


Fig. 3

** unique count of individuals but not RSTs; one person can have more than 1 RST in a quarter.*

A total of 88 referrals were submitted for individuals living in the community, while none were submitted for individuals residing in the training center setting. 10 referrals were missed in reporting (Fig. 4, top row). All 98 referrals received during Q3 are attributed to the community.

# of RST Identified as Community Referrals and Reason

	2026 Q3	
Community Referral	# of RSTs	% of RSTs
Missing referrals	10	10.2%
Yes	88	89.8%
Total	**98**	**100.0%**

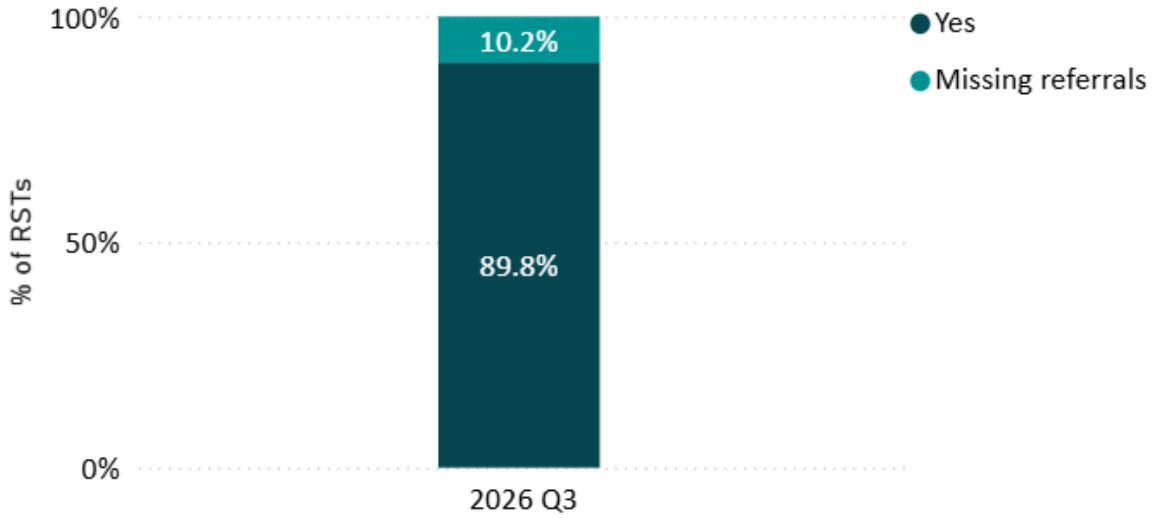


Fig. 4

(Note: all 98 referrals were community referrals as stated above; 10 referrals were missing as reported in row 1)

Community Referral Reason	2026 Q3
Difficulty finding resources in the community within any timeframe	1
Difficulty finding services in the community within 3 months of receiving a slot	4
Moving to a group home of five or more individuals	46
Moving to a nursing home or ICF	32
Pattern of repeatedly being removed from the home	5
Total	**88**

Fig. 5

Of the 98 referrals submitted, 67 (68.4%) were related to a need for residential services. (Fig. 6)

	2026 Q3		Total	
▲	# of RSTs	% of RSTs	# of RSTs	% of RSTs
Missing referrals	10	10.2%	**10**	**10.2%**
No	21	21.4%	**21**	**21.4%**
Yes	67	68.4%	**67**	**68.4%**
Total	**98**	**100.0%**	**98**	**100.0%**

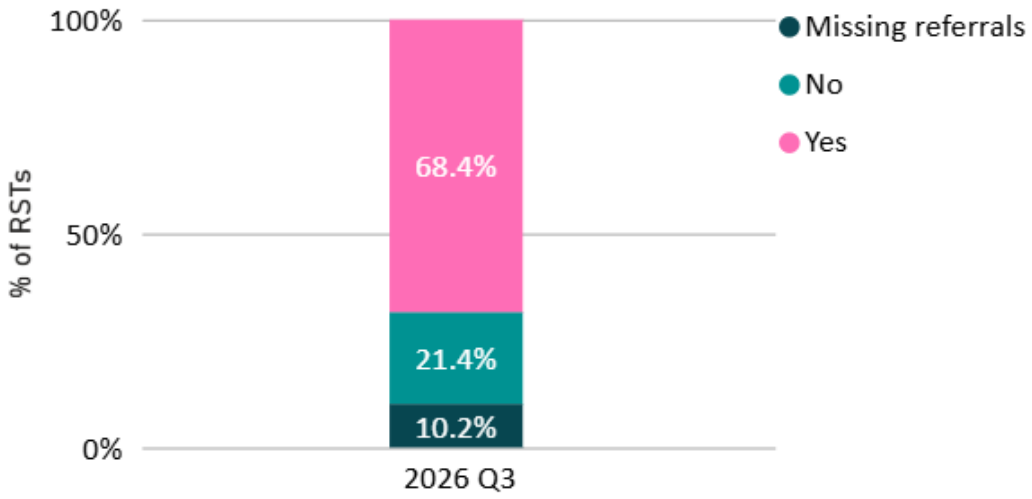


Fig. 6

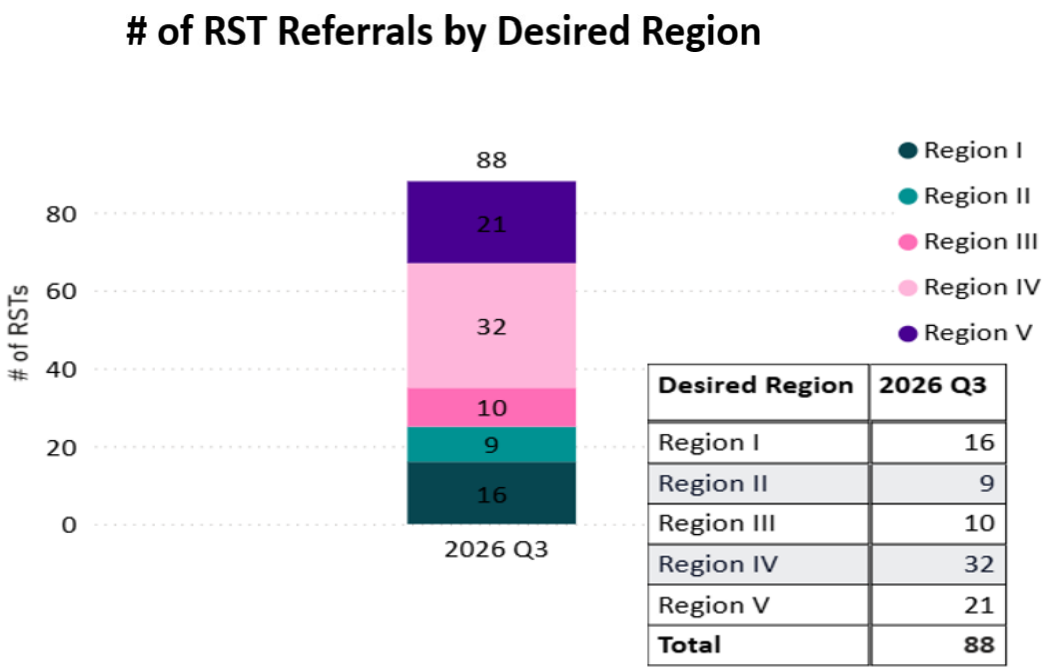
Considering the source of community referrals, the largest number was submitted by Henrico (14). (Fig. 7)

CSB	# of RSTs	% of RSTs
ALEXANDRIA	1	1.02%
ARLINGTON	4	4.08%
BLUE RIDGE	6	6.12%
CHESAPEAKE	2	2.04%
CHESTERFIELD	8	8.16%
CITY OF VA BEACH	2	2.04%
COLONIAL	1	1.02%
CROSSROADS	1	1.02%
CUMBERLAND	3	3.06%
DANVILLE-PITTSYLVANIA	2	2.04%
DBHDS	10	10.20%
DISTRICT 19	4	4.08%
FAIRFAX-FALLS CHURCH	5	5.10%
GOOCHLAND POWHATAN	1	1.02%
HANOVER	2	2.04%
HARRISONBURG-ROCKINGHAM	1	1.02%
HENRICO AREA	14	14.29%
HIGHLANDS	1	1.02%
HORIZON	4	4.08%
LOUDOUN COUNTY	1	1.02%
MOUNT ROGERS	1	1.02%
NEW RIVER VALLEY	1	1.02%
NORFOLK	5	5.10%
NORTHWESTERN	2	2.04%
PIEDMONT	1	1.02%
RAPPAHANNOCK AREA	3	3.06%
RICHMOND	4	4.08%
SOUTHSIDE	1	1.02%
VALLEY	6	6.12%
WESTERN TIDEWATER	1	1.02%
Total	**98**	**100.00%**

*** Ten referrals were submitted by DBHDS.**

Fig. 7

The RST referral collects the desired region where an individual prefers to live and access services. 32 referrals indicated that the person wanted to receive services in Region IV (36.4% of submitted referrals). 23.9% of submitted referrals reflected a desire to receive services in Region V (21). **(Fig 8, note submitted referrals = 88)**



Desired Region	2026 Q3
Region I	16
Region II	9
Region III	10
Region IV	32
Region V	21
Total	**88**

Fig. 8

# of Emergency Referrals by CSB and Reason

One emergency referral was submitted or confirmed by Community Resource Consultants as an emergency in Q3. (Fig. 9)

Does CRC Recommend Emergency Meeting ▲	2026 Q3	Total
No	87	**87**
Yes	1	**1**
Total	**88**	**88**

Fig. 9

Late Referrals

The export of data from the PowerBI dashboard for referral counts by CSB includes the number that did not meet any late criteria, the number that met Reason A (Individual has or will move prior to the RST meeting due to SC not submitting the referral within 5 calendar days of presenting a less integrated setting), Reason B (Individual has or will move without sufficient time to implement RST Recommendation(s), Reason C (Individual moved without CSB notification), and missed referrals. For these counts in Q3, data was pulled from RST confirmations for 88 referrals and 10 missed referrals, totaling 98. (Fig. 10)

Region	1. No late criteria apply	2. Reason A: Individual has or will move prior to the RST meeting due to SC not submitting the referral within 5 calendar days of presenting a less integrated setting	3. Reason B: Individual has or will move without sufficient time to implement RST Recommendation(s)	4. Reason C: Individual moved without CSB notification	5. Missing referrals	Total
	# of RSTs	# of RSTs	# of RSTs	# of RSTs	# of RSTs	# of RSTs
DBHDS	6		4			10
Region 1	13		2	1		16
Region 2	9		2			11
Region 3	5	1	4		6	16
Region 4	23	3	3	1	4	34
Region 5	7		4			11
Total	63	4	19	2	10	98

Fig. 10

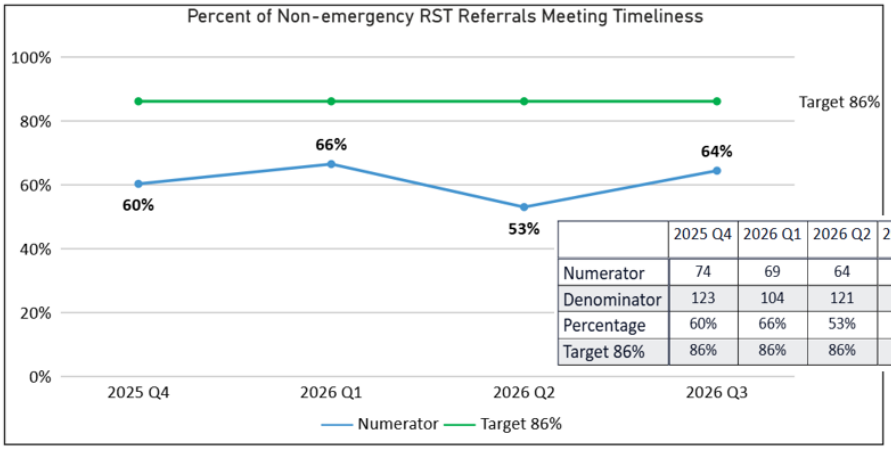
A “Late Referral” is defined as a referral where:

- an Individual has moved to a less integrated setting prior to a scheduled RST Meeting (Reason A);
- an Individual is planning to move to a less integrated setting without sufficient time to implement RST recommendation(s) and consultation with CRC/CIM/RST Coordinator has not occurred (Reason B); or
- an Individual has moved to a less integrated setting without CSB prior notification (Reason C).
- an individual moved to a group home of five or more beds and an RST referral was not provided (missed).

These four reasons provide data related to calculating two measures monitored by the Case Management Steering Committee. The following charts reflect the lateness of RST referrals. By conducting a review of WaMS service authorization data, it was determined that 10 additional referrals were needed but were not submitted. CSBs receive compliance results reflecting actual counts and the names of individuals missed, so that choice can be provided and documented for each person. There are two indicators related to the timeliness of RST referrals.

Results for the 3rd Quarter FY26 are provided below:

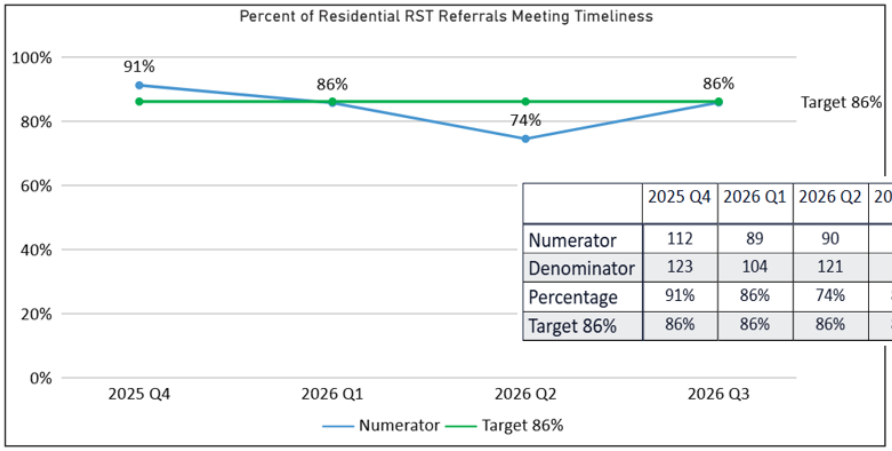
86% of all statewide non-emergency referrals, as such referrals are defined in the DBHDS RST Protocol, meet the timeliness requirements of the DBHDS RST Protocol. There were 0 Training Center referrals, 88 CSB-submitted referrals, 10 DBHDS-submitted community referrals, 0 accepted outside of WaMS, and 10 missed community referrals. A total of 98 referrals were submitted or missed in Q3. For this reporting period, the result is 64% (63/98) timely, which does not meet the target of 86%. (Graph 1)



	2025 Q4	2026 Q1	2026 Q2	2026 Q3
Numerator	74	69	64	63
Denominator	123	104	121	98
Percentage	60%	66%	53%	64%
Target 86%	86%	86%	86%	86%

Graph 1

86% of all statewide situations meeting criteria for referral to the RSTs, with respect to home and community-based residential services, are referred to the RSTs by the case manager as required by the DBHDS RST Protocol. There were 84 CSB-submitted community referrals in WaMS, six DBHDS-submitted community referrals, 0 accepted outside of WaMS, and ten missed CSB community referrals. A total of 98 referrals were submitted or missed in Q3. Ten were not provided, and another four were reported as late for Reason A, for a total of 14 late referrals related to accountability (14.3% late). For this reporting period, the result is 86% (84/98) timely, which does meet the target of 86%.



	2025 Q4	2026 Q1	2026 Q2	2026 Q3
Numerator	112	89	90	84
Denominator	123	104	121	98
Percentage	91%	86%	74%	86%
Target 86%	86%	86%	86%	86%

Graph 2

RST Referral Form Question: Are more integrated residential options (to include Independent Living Services, In-home Support Services, Supported Living, Sponsored Residential) not operating in the desired location, if requested?)

	2026 Q3		Total
Region	No	**Total**	
Region I	16	**16**	**16**
Region II	11	**11**	**11**
Region III	10	**10**	**10**
Region IV	36	**36**	**36**
Region V	15	**15**	**15**
Total	**88**	**88**	**88**

Numerator and Denominator	Count
Numerator = Number of referrals confirmed as resolved within the 9-month timeframe calculated in WaMS	N/A
Denominator = Number of RST referrals where the RST confirmed the barrier stated as "Are more integrated residential options (to include Independent Living Supports, In-home Support Services, Supported Living, Sponsored Residential) not operating in the desired location, if requested?" as yes.	0

Table 1

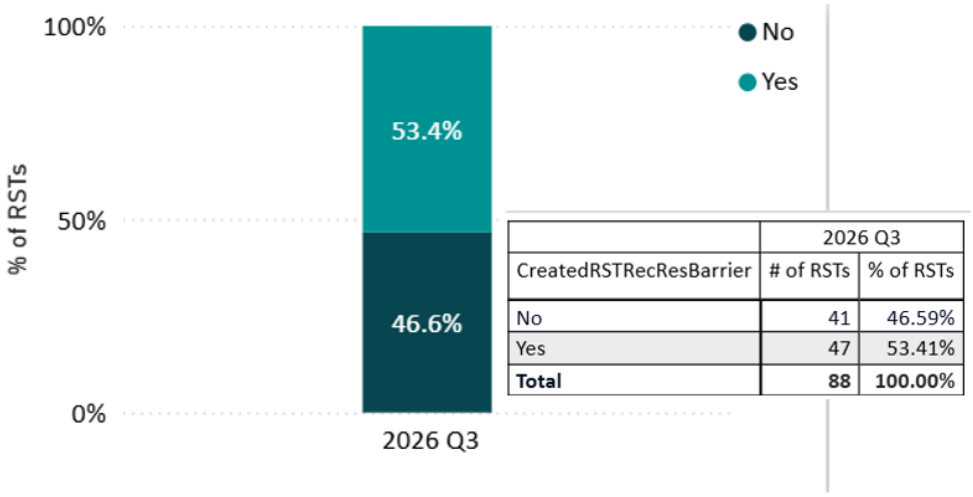
Referral Submissions by Source for Q3 FY26 (Fig.12)

Submitter	1. No late criteria apply	2. Reason A: Individual has or will move prior to the RST meeting due to SC not submitting the referral within 5 calendar days of presenting a less integrated setting	3. Reason B: Individual has or will move without sufficient time to implement RST Recommendation(s)	4. Reason C: Individual moved without CSB notification	5. Missing referrals	Total RSTs
ALEXANDRIA	1	0	0	0	0	1
ARLINGTON	4	0	0	0	0	4
BLUE RIDGE	0	0	0	0	6	6
CHESAPEAKE	0	0	2	0	0	2
CHESTERFIELD	5	0	2	0	1	8
CITY OF VA BEACH	2	0	0	0	0	2
COLONIAL	1	0	0	0	0	1
CROSSROADS	1	0	0	0	0	1
CUMBERLAND	1	0	2	0	0	3
DANVILLE-PITTSYLVANIA	1	0	1	0	0	2
DBHDS	6	0	4	0	0	10
DISTRICT 19	0	1	0	0	3	4
FAIRFAX-FALLS CHURCH	4	0	1	0	0	5
GOOCHLAND POWHATAN	1	0	0	0	0	1
HANOVER	1	0	1	0	0	2
HARRISONBURG-ROCKINGHAM	0	0	1	0	0	1
HENRICO AREA	12	2	0	0	0	14
HIGHLANDS	0	0	1	0	0	1
HORIZON	3	0	0	1	0	4
LOUDOUN COUNTY	0	0	1	0	0	1
MOUNT ROGERS	0	1	0	0	0	1
NEW RIVER VALLEY	1	0	0	0	0	1
NORFOLK	3	0	2	0	0	5
NORTHWESTERN	1	0	1	0	0	2
PIEDMONT	1	0	0	0	0	1
RAPPAHANNOCK AREA	3	0	0	0	0	3
RICHMOND	3	0	0	1	0	4
SOUTHSIDE	1	0	0	0	0	1
VALLEY	6	0	0	0	0	6
WESTERN TIDEWATER	1	0	0	0	0	1
Total	63	4	19	2	10	98

Fig. 12

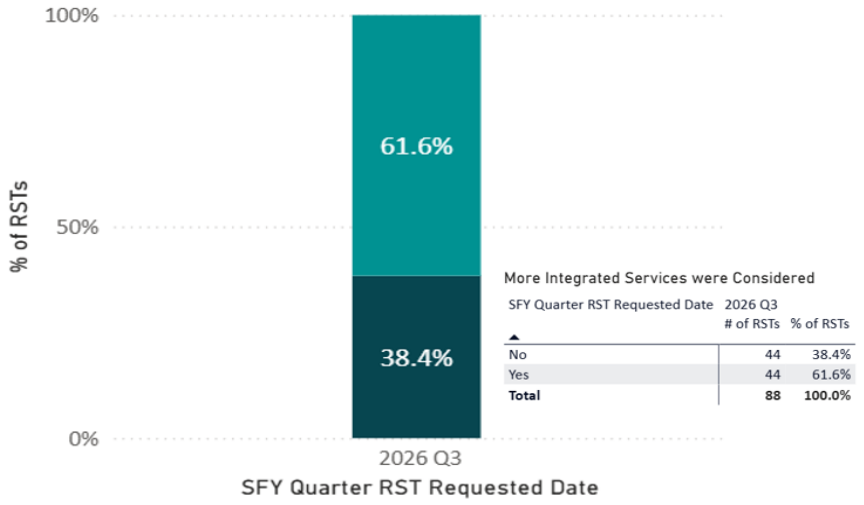
RST Recommendations

Of the 88 referrals submitted through WaMS, 47 (53.4%) of the referrals included recommendations from RSTs (Fig. 14). Further, of the 88 referrals, 44 (38.4%) were not considering more integrated services. (Fig. 15)



	2026 Q3	
CreatedRSTRecResBarrier	# of RSTs	% of RSTs
No	41	46.59%
Yes	47	53.41%
Total	**88**	**100.00%**

Fig. 14



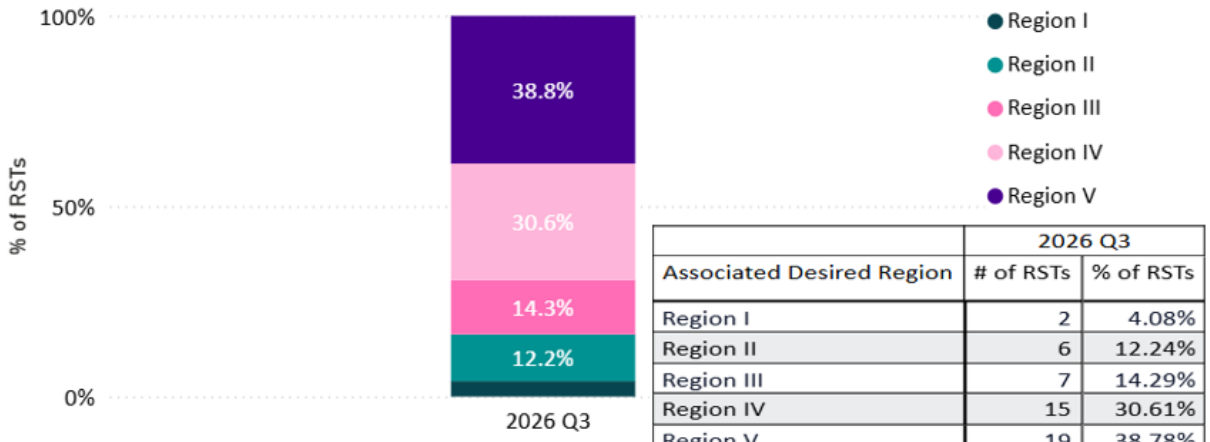
More Integrated Services were Considered

SFY Quarter RST Requested Date	2026 Q3	
	# of RSTs	% of RSTs
No	44	38.4%
Yes	44	61.6%
Total	**88**	**100.0%**

Fig. 15

Referrals by Regional Support Team

There are six regional support teams. Five of these teams support their relative DBHDS regions and one (Team VI) was formed to improve the timeliness of the referrals systemwide. Through a Quality Improvement Initiative (QII), it was determined that Reason B (Individual has or will move without sufficient time to implement RST Recommendation(s) was the most significant factor impacting timeliness. By holding a cross-regional team once per month, referrals that would have been late are processed in time for recommendations to be made and acted on. In the 3rd quarter of FY26, 55.7% (49) of the referrals were processed through Team VI. (Fig.16)

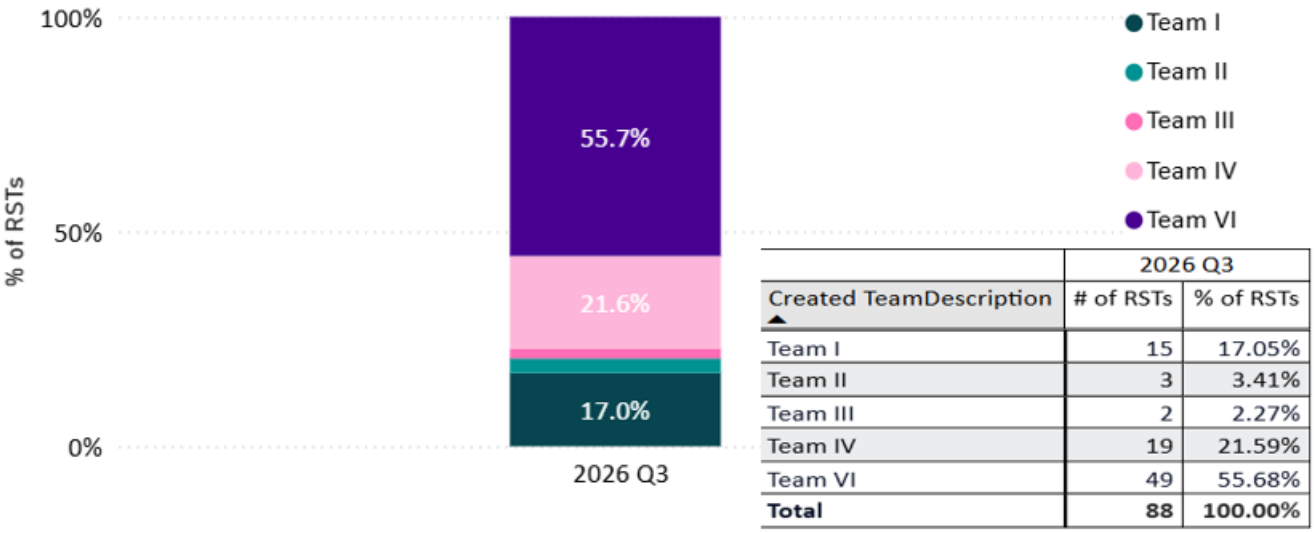


	2026 Q3	
Associated Desired Region	# of RSTs	% of RSTs
Region I	2	4.08%
Region II	6	12.24%
Region III	7	14.29%
Region IV	15	30.61%
Region V	19	38.78%
Total	**49**	**100.00%**

Fig. 16

Distribution of referrals reviewed by Team VI

As seen below, most referrals reviewed in Q3 are attributed to Region IV at 55.7%. (Fig. 17)



Created TeamDescription	2026 Q3 # of RSTs	2026 Q3 % of RSTs
Team I	15	17.05%
Team II	3	3.41%
Team III	2	2.27%
Team IV	19	21.59%
Team VI	49	55.68%
Total	**88**	**100.00%**

Fig. 17

Barriers

Data in the 3rd quarter FY26 reflects all barriers identified across regions and services. Barrier data reflects all barriers identified based on seeking services in the desired region.

Barriers by Region and Service

The largest number of barriers were identified in Region IV.

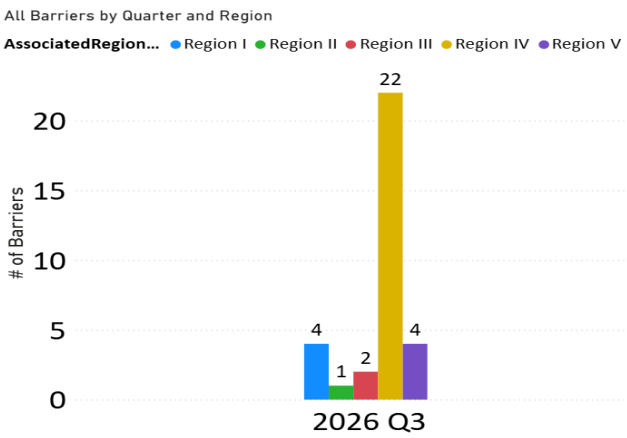


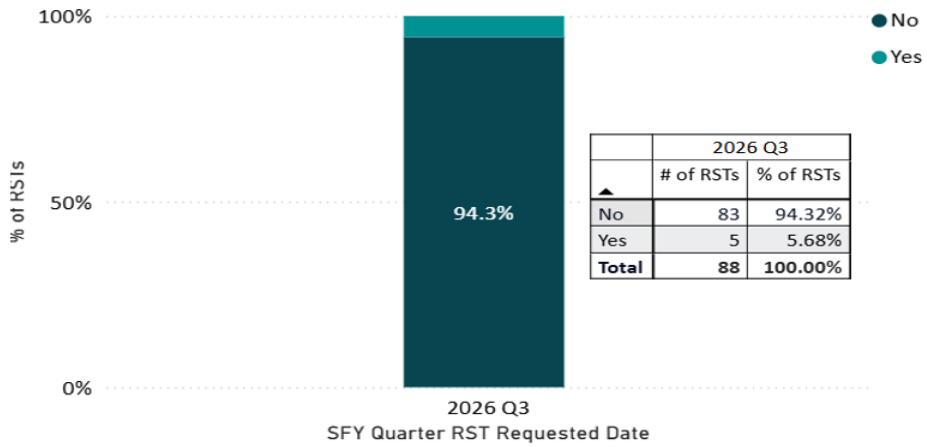
Fig. 18

In the transition to WaMS, barrier labels were streamlined to common themes, and the primary barrier became required for each more integrated service considered. This transition is expected to result in more manageable and meaningful barrier data for analysis and trending over time. Barrier data assists with a statewide gap analysis conducted semi-annually. The largest number of barriers were encountered in Region IV (22), Region I and V (4), which accounted for 26 of the 33 barriers identified. Barriers and the related services and regions are shown below. (Fig. 19).

		Region I	Region II	Region III	Region IV	Region V	Total
Barrier to Service	**Considered Service Option**						
Individual/SDM Choice	**Total**	**1**			**17**	**1**	**19**
Individual/SDM Choice	AD Personal Assistance Services				2		**2**
Individual/SDM Choice	CD Personal Assistance Services				2		**2**
Individual/SDM Choice	Community Engagement				2		**2**
Individual/SDM Choice	Group Home Residential (4 or fewer)				3	1	**4**
Individual/SDM Choice	Individual Supported Employment				2		**2**
Individual/SDM Choice	In-Home Support Services				2		**2**
Individual/SDM Choice	Sponsored Residential	1			2		**3**
Individual/SDM Choice	Workplace Assistance				2		**2**
Lack of behavioral expertise	**Total**	**3**				**2**	**5**
Lack of behavioral expertise	Group Home Residential (4 or fewer)	1				2	**3**
Lack of behavioral expertise	Sponsored Residential	2					**2**
Lack of medical expertise	**Total**			**1**	**3**		**4**
Lack of medical expertise	Group Home Residential (4 or fewer)				3		**3**
Lack of medical expertise	Sponsored Residential			1			**1**
No integrated residential provider operating in desired area	**Total**		**1**				**1**
No integrated residential provider operating in desired area	Group Home Residential (4 or fewer)			1			**1**
Provider available, but access delayed	**Total**				**2**		**2**
Provider available, but access delayed	Group Home Residential (4 or fewer)				1		**1**
Provider available, but access delayed	Individual Supported Employment				1		**1**
Provider/setting match	**Total**			**1**		**1**	**2**
Provider/setting match	Group Home Residential (4 or fewer)				1	1	**2**
Total		**4**	**1**	**2**	**22**	**4**	**33**

Fig. 19

The RST referral form specifically asks all submitters to report transportation concerns. For Q3 FY26, five of 88 referrals reported concerns, which was 5.68% of all referrals. (Fig. 20)



	2026 Q3	
	# of RSTs	% of RSTs
No	83	94.32%
Yes	5	5.68%
Total	**88**	**100.00%**

Fig. 20

RST Workflow Status

The tables below offer a breakdown of RST referrals, distinguishing between those that have already been closed and those that are awaiting closure by the CSB. Monitoring these numbers is essential for evaluating the efficiency of the RST process. CSBs have the capability to filter the outstanding referrals within the WaMS system, which allows for internal reviews and the resolution of pending submissions. As of the current report, there are 45 referrals that have been identified as pending status. These referrals will be reviewed by the DBHDS Case Management Steering Committee to explore ways to ensure they are closed more in a timely manner (Fig. 21). Regional pended numbers by CSB are provided in Fig. 22.

SFY Quarter RST Requested Date	2026 Q3			Total
CreatedReferringAgencyRegionDescription	Closed	Pending Submitter Closure	Total	
Region I	7	9	**16**	**16**
Region II	8	3	**11**	**11**
Region III	8	2	**10**	**10**
Region IV	17	19	**36**	**36**
Region V	3	12	**15**	**15**
Total	**43**	**45**	**88**	**88**

Fig. 21

Location	Submitter	# of RSTs	
Region I	HORIZON BEHAVIORAL HEALTH	2	
Region I	RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	2	
Region I	VALLEY CSB	5	
	Regional Total		**9**
Region II	ALEXANDRIA COMMUNITY SERV BD	1	
Region II	ARLINGTON MENTAL HEALTH	2	
	Regional Total		**3**
Region III	DANVILLE-PITTSYLVANIA COM SERV	1	
Region III	MOUNT ROGERS CSB	1	
	Regional Total		**2**
Region IV	CHESTERFIELD CSB	6	
Region IV	DBHDS	4	
Region IV	DISTRICT 19 MEN HLTH SER	1	
Region IV	HANOVER COUNTY COMMUNITY SERVICES	1	
Region IV	HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	6	
Region IV	RICHMOND BHVRL HLTH AUTHORITY	1	
	Regional Total		**19**
Region V	CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	1	
Region V	CITY OF VA BEACH CSB MHMRSAS	1	
Region V	COLONIAL BEHAVIORAL HEALTH	1	
Region V	DBHDS	3	
Region V	NORFOLK COMMUNITY SERVICES BOARD	5	
Region V	WESTERN TIDEWATER COMMUNITY SERVICES BOA	1	
	Regional Total		**12**
Total		**45**	

Fig. 22

RST Workflow Status Pending Submitter Closure (Fig 23 All Quarters to Date)

Region	Submitter	# of RSTs
Region I	Encompass Community Supports	3
Region I	HORIZON BEHAVIORAL HEALTH	16
Region I	NORTHWESTERN COMMUNITY SVCS	3
Region I	PLANNING DISTRICT ONE CSB	1
Region I	RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	27
Region I	REGION TEN CMMNTY SVCS BRD	3
Region I	ROCKBRIDGE AREA COMMUNITY SVS BOARD	2
Region I	VALLEY CSB	9
Region II	ALEXANDRIA COMMUNITY SERV BD	2
Region II	ARLINGTON MENTAL HEALTH	9
Region II	FAIRFAX-FALLS CHURCH CSB	4
Region II	LOUDOUN COUNTY CSB	11
Region II	PRINCE WILLIAM COUNTY CSB	2
Region III	BLUE RIDGE CSB	13
Region III	CHESTERFIELD CSB	1
Region III	CUMBERLAND MNTL HLTH CTR	13
Region III	DANVILLE-PITTSYLVANIA COM SERV	6
Region III	HIGHLANDS CMNTY SVCS BOARD	1
Region III	MOUNT ROGERS CSB	14
Region III	NEW RIVER VALLEY COMMUNITY SERVICES	3
Region III	PIEDMONT COMMUNITY SERVICES	17
Region III	Piedmont CSB	1
Region III	PLANNING DISTRICT ONE CSB	3
Region III	SOUTHSIDE BEHAVIORAL HEALTH	1
Region IV	CHESTERFIELD CSB	67
Region IV	CROSSROADS CSB	6
Region IV	DBHDS	7
Region IV	DBHDS on behalf of REACH	1
Region IV	DISTRICT 19 MEN HLTH SER	15
Region IV	GOOCHLAND POWHATAN MENTAL HLTH	4
Region IV	HANOVER COUNTY COMMUNITY SERVICES	10
Region IV	HENRICO AREA MENTAL HLTH & DEVLPMNTL SVC	28
Region IV	RAPPAHANNOCK AREA COMMUNITY SERVICES BRD	1
Region IV	RICHMOND BHVRL HLTH AUTHORITY	8
Region V	CHESAPEAKE INTERGRATED BEHAV HEALTHCARE	10
Region V	CITY OF VA BEACH CSB MHMRSAS	14
Region V	COLONIAL BEHAVIORAL HEALTH	2
Region V	DBHDS	33
Region V	Eastern Shore CSB	2
Region V	MIDDLE PENINSULA NORTHERN NECK CSB	3
Region V	NORFOLK COMMUNITY SERVICES BOARD	14
Region V	PORTSMOUTH DEPT OF BEHAVIORAL	5
Region V	WESTERN TIDEWATER COMMUNITY SERVICES BOA	10
Total		**405**

Acronyms and Abbreviations

The Key below contains the acronyms and abbreviations referenced in this report.

Key

N– Number of referrals – used to determine percentages	**CSB(s)** – Community Service Board(s)
Closed – RST made recommendations and final disposition has been made by individual/AR. This includes referrals that were submitted late to the RST.	**Open** - Requested additional information from Community SC/TC. RST has not made recommendations.
DBHDS – Department of Behavioral Health and Developmental Services	**Pending** - Pended - RST made recommendations and awaiting final disposition.
SFY/FY – State Fiscal Year	**Q** – Quarter
WaMS – Waiver Management System	**R** – Region
I/DD – Intellectual/Developmental Disability	**RST(s)** - Regional Support Team(s)
ICF – Intermediate Care Facility	**SA** - Settlement Agreement
LG – Legal Guardian	**TC(s)** – Training Center(s)