



COMMONWEALTH of VIRGINIA

DEPARTMENT OF
MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

JAMES S. REINHARD, M.D.
COMMISSIONER

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December 10, 2008

The Honorable Lacey E. Putney, Chairman
House Appropriations Committee
General Assembly Building, Room 947
P.O. Box 406
Richmond, Virginia 23218

Dear Delegate Putney:

I am pleased to forward to you my report on Item 316.LL in the *2008 Appropriation Act*. Item 316.LL requires me to submit a report to your committee on the implementation of new services funded in this item and a report describing the reporting process used to measure CSB performance on participation in the civil commitment process. The attached report addresses both requirements.

As my report notes, because the information on implementation of the new services has just been received and is being reviewed and analyzed by Department staff, the Department will provide your committee with this information before your first meeting in January. I hope that you and your staff find the information in this report helpful. My staff and I are available at your convenience to answer any questions you may have about this report.

Sincerely,

A handwritten signature in black ink that reads "James Reinhard". The signature is fluid and cursive, with a long, sweeping underline that extends to the left and then curves back up to the right.

James S. Reinhard, M.D.

JSR/prg

pc: The Honorable Phillip A. Hamilton
The Honorable Marilyn B. Tavenner
Robert P. Vaughn
Susan E. Massart

Frank L. Tetrack, III
Ruth Anne Walker
Paul R. Gilding



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December 10, 2008

The Honorable Charles J. Colgan, Chairman
Senate Finance Committee
General Assembly Building, Room 626
P.O. Box 396
Richmond, Virginia 23218

Dear Senator Colgan:

I am pleased to forward to you my report on Item 316.LL in the *2008 Appropriation Act*. Item 316.LL requires me to submit a report to your committee on the implementation of new services funded in this item and a report describing the reporting process used to measure CSB performance on participation in the civil commitment process. The attached report addresses both requirements.

As my report notes, because the information on implementation of the new services has just been received and is being reviewed and analyzed by Department staff, the Department will provide your committee with this information before your first meeting in January. I hope that you and your staff find the information in this report helpful. My staff and I are available at your convenience to answer any questions you may have about this report.

Sincerely,

A handwritten signature in black ink that reads "James Reinhard". The signature is written in a cursive style with a large, sweeping initial "J".

James S. Reinhard, M.D.

JSR/prg

pc: The Honorable R. Edward Houck
The Honorable Marilyn B. Tavenner
Betsey Daley
Joe Flores

Frank L. Tetrick, III
Ruth Anne Walker
Paul R. Gilding

**Report On Item 316.LL
of the 2008 Appropriation Act**



**To The Chairmen of the House Appropriations and
Senate Finance Committees of the General Assembly**

**Presented By
James S. Reinhard, M.D.
Commissioner**

**Virginia Department of Mental Health, Mental
Retardation and Substance Abuse Services**

December 1, 2008

Report On Item 316.LL of the 2008 Appropriation Act

Background

Item 316.LL the *2008 Appropriation Act* requires the Department of Mental Health, Mental Retardation and Substance Abuse Services, in cooperation with the Virginia Association of Community Services Boards (VACSB) and with input from the Senate Finance and House Appropriations Committees, to develop and maintain a reporting process to monitor the implementation of (i) the new services funded in this item and (ii) changes to the civil commitment process included in Senate Bill 246, House Bill 499, House Bill 599 and House Bill 560 from the 2008 session of the General Assembly. Item 316.LL also requires the Department and VACSB to identify specific data elements or performance measures that will be reported through this process. Item 316.LL further requires the Commissioner to report on the implementation of these new services no later than December 1, 2008 and each year thereafter, and to submit a report describing the reporting process to measure CSB performance on participation in the civil commitment process no later than December 1, 2008 and a report on that performance beginning no later than December 1, 2009 and each year thereafter.

Item 316.LL requires the Commissioner of the Department to submit two reports no later than December 1, 2008, one on implementation of the new services funded in item 316, and a second describing the reporting process that will be used to measure CSB performance on participation in the civil commitment process. This report responds to both of these requirements.

Report on the Implementation of New Services Funded in Item 316 in FY 2009

The Commissioner made presentations on the implementation of Mental Health Law Reform services funded by item 316 to the House Appropriations Committee in September and the Senate Finance Committee in October. The presentations described the process the Department used to allocate these funds to community services boards and the behavioral health authority in Richmond, hereinafter referred to as CSBs, and to approve proposals submitted by CSBs. These presentations also discussed the status of funds appropriated for additional mental health services for children and adolescents and for jail diversion services.

The Commissioner's presentations also summarized the proposals for the Mental Health Law Reform funds that had been approved by the Department. This information is presented in the table on the next page. The table displays data about proposed numbers of full-time equivalents (staff hired to provide services), individuals to be served, state funds supporting services, and total costs of services for various activities in emergency, outpatient, and case management services that are related to the civil commitment process. The total amount of state general funds approved for all CSB proposals is \$9,908,286. The remainder of the FY 2009 appropriation of \$10.3 million in item 316.KK for Mental Health Law Reform activities is earmarked for two purposes: (i) \$250,000 for the partial-year implementation of a residential crisis stabilization program in Southside Virginia (the Danville-Pittsylvania, Piedmont, and Southside CSBs), and (ii) \$141,713 for any unanticipated costs related to the Code changes documented during their implementation. The \$2.8 million appropriated for mental health services for children and adolescents has been allocated, \$70,000 for each CSB to increase the availability of specialized services in its service area. The Department is allocating the \$3 million for jail diversion and reentry services through an RFP process and expects to announce six to ten awards next month.

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FY 2009 Mental Health Law Reform Approved CSB Proposals (Item 316.KK) ¹				
Service	FTEs ²	Consumers	State Funds ³	Total Cost ⁴
Emergency Services/Crisis Intervention	42.39	8,640	\$2,555,080	\$3,350,744
Emergency Services/Preadmission Screening	14.50	3,909	\$812,078	\$843,970
Emergency Services/Independent Examination	0.53	192	\$39,691	\$39,691
Emergency Services/Hearing Attendance	24.44	8,066	\$1,604,254	\$1,831,025
Emergency Services/Post Hearing Follow Up	4.75	665	\$259,293	\$259,293
Emergency Services/Mandatory Outpatient Treatment	4.45	820	\$278,622	\$301,614
Total for Emergency Services	91.02	22,292 ⁵	\$5,549,018	\$6,626,337
Outpatient Services	17.78	2,674	\$1,280,278	\$1,343,663
Outpatient Services/Medication Management	8.82	2,135	\$1,074,209	\$2,364,304
Mandatory Outpatient Treatment	5.00	275	\$261,205	\$273,650
Total for Outpatient Services	31.60	5,084 ⁵	\$2,605,692	\$3,981,617
Case Management Services	27.85	2,854	\$1,522,222	\$1,589,272
Case Management Services/Mandatory Outpatient Treatment	3.50	205	\$221,354	\$221,354
Total for Case Management Services	31.35	3,061 ⁵	\$1,743,576	\$1,810,626
Grand Totals for Approved CSB Plans	153.97	30,441 ⁵	\$9,908,286 ⁶	\$12,428,580

¹ Figures reflect proposals of all 40 CSBs, which have been approved by the Department.

² Figures in this column reflect the full-time equivalents (FTEs), the staff that CSBs project hiring in FY 2009 to provide these services.

³ State funds reflect the uses, proposed by CSBs and approved by the Department, of the funds allocated from Item 316.KK of the 2008 Appropriation Act and communicated to CSBs in the Commissioner's June 30, 2008 memorandum.

⁴ The difference between State Funds and Total Cost figures for some of the services reflects additional projected revenues from other sources, such as Medicaid fees.

⁵ This figure does not represent an unduplicated number of individuals projected to be served, since some individuals may receive more than one service within a core services category (Emergency, Outpatient, or Case Management Services) or among those categories.

⁶ The total amount of State Mental Health Law Reform Funds (Item 316.KK) the Department originally allocated to the 40 CSBs was \$9,799,999. Due to the exceptionally large number of individuals living in the Fairfax-Falls Church CSB's service area, the Department allocated an additional \$108,287 to this CSB bringing the total allocated to the 40 CSBs to \$9,908,286. The additional funds allocated to the Fairfax-Falls Church CSB were based on the methodology used in the initial allocations to CSBs.

Report On Item 316.LL of the 2008 Appropriation Act

Once the Department approved the CSB proposals, staff developed a stand-alone reporting mechanism, in collaboration with the VACSB's Data Management Committee, for CSBs to report on their implementation of approved proposals. This report collects the same information shown in the table on the preceding page from each CSB on the implementation of its approved proposal. The first page of the report is an Excel spreadsheet for gathering this data, which the Department then will aggregate into a statewide summary. The second page of the report provides space for each CSB to include some narrative description of its implementation activities for each service in its approved proposal. A copy of the e-mail distributing this reporting mechanism, the report form, and instructions is attached to this report as Appendix A.

As the e-mail in Appendix A notes, the first quarter report on implementing approved Mental Health Law Reform services was due on November 14. Department staff is currently reviewing and validating the data contained in these reports, comparing the reports with approved plans and seeking additional information or further clarification when necessary. The Department will provide a summary of the first quarter implementation information to the House Appropriations and Senate Finance Committees before their meetings in January, 2009.

Reporting Process to Measure CSB Performance on Participation in the Civil Commitment Process

The Department worked collaboratively with the VACSB, through its Data Management Committee and Executive Directors Forum, to identify ways to collect data and measure performance related to the implementation of the changes in the civil commitment process enacted by the 2008 session of the General Assembly. The two principle means of accomplishing this are (i) changes in the Community Consumer Submission (CCS), the automated information system extract software used by CSBs to report consumer and service data to the Department monthly, and (ii) implementation of two stand-alone paper reporting processes. However, the Department and CSBs are committed to integrating the data collected through these separate reporting processes, wherever feasible, into the CCS.

Changes in the Community Consumer Submission (CCS)

The CCS is a software application that extracts individual consumer and service data from local CSB information systems and transmits it each month to the Department. One CCS feature that will provide some data related to the civil commitment process is the consumer designation code. This code is a mechanism in the CCS application that enables CSBs and the Department to link specific consumers to particular initiatives or episodes of care. Modifications to the CCS application for FY 2009 established a new consumer designation code to identify individuals who were subject to mandatory outpatient treatment (MOT) orders, pursuant to § 37.2-817 of the *Code of Virginia*. When an individual is admitted to a CSB for mental health services under an MOT order, a consumer designation code (905) is assigned for the initiative or episode of care to the person in a type of care record in the CCS. This record includes the date on which services under the MOT order were initiated and the date on which those services end. This code enables the CSB and the Department to link demographic, clinical, and service information about the person to the MOT order. Using this feature, the CSB and the Department will be able to identify the types, amounts, duration, and cost of CSB services received under the MOT order.

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The Department is also working with the VACSB Data Management Committee and the Executive Directors Forum to modify the CCS for FY 2010 to include service subtype codes that will enable CSBs and the Department to identify subtypes of emergency services related to the civil commitment process. This modification will produce information in FY 2010 about the number of individuals under emergency custody orders or in the emergency custody of a law enforcement officer or under temporary detention orders who were seen by CSB staff, the number of commitment hearings attended and the CSB staff time involved, and the number of mandatory outpatient treatment order review hearings attended and the CSB staff time involved.

Stand-Alone Paper Reporting Processes

In the meantime, the Department is instituting two stand-alone paper reporting processes to collect data about the participation of CSBs in the civil commitment process. The first report collects information about the performance measures in Exhibit B of the FY 2009 community services performance contract. A copy of the reporting form for Exhibit B is attached to this report as Appendix B.

Performance measure I.B.3 will provide some information about the number of involuntary adult commitment hearings attended by CSBs. This goal for this measure states that:

Pursuant to subsection B of § 37.2-815 of the *Code of Virginia*, a preadmission screening evaluator or, through a mutual arrangement, an evaluator from another Board, shall attend each commitment hearing for adults, original (up to 30 days) or recommitment (up to 180 days), held in the Board's service area or for a Board's consumer outside of its service area in person, or if that is not possible, the preadmission screening evaluator shall participate in the hearing through two-way electronic video and audio or telephonic communication systems, as authorized by subsection B of § 37.2-804.1 of the *Code of Virginia*, for the purposes of presenting preadmission screening reports and recommended treatment plans and facilitating least restrictive dispositions.

CSBs will report the following data for this measure about CSB attendance at commitment hearings for a one month period each quarter.

- Number of commitment hearings for adults attended by the Board's preadmission screening evaluators in its service area for its own consumers or on behalf of other Boards.
- Number of commitment hearings for adults attended by the Board's preadmission screening evaluators outside of its service area for Board consumers.
- Number of commitment hearings for adults attended by the Board's preadmission screening evaluators outside of its service area on behalf of other Boards.

Performance measure I.C.1 also will provide some information related to the civil commitment process. This goal for this measure states that:

Initial telephone responders in emergency services shall triage calls and, for callers with emergency needs, shall be able to link the caller with a preadmission screening evaluator within 15 minutes of their initial calls.

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CSBs will report data from a two week sample of its emergency services each quarter on the total number of callers with emergency needs and the number of callers linked with a preadmission screening evaluator within 15 minutes of their initial calls.

Performance measure I.C.2 also will provide some information related to the civil commitment process. This goal for this measure states that:

When an immediate face-to-face intervention by a certified preadmission screening evaluator is appropriate to determine the need for involuntary hospitalization, the intervention shall be completed by a certified preadmission screening evaluator who shall be available within one hour of initial contact for urban Boards and within two hours of initial contact for rural Boards.

CSBs will report data from a two week sample of its emergency services each quarter on the total number of individuals who saw a certified preadmission screening evaluator for evaluation of possible involuntary hospitalization and the number of those individuals who saw a certified preadmission screening evaluator within one hour of initial contact for urban CSBs or within two hours of initial contact for rural CSBs.

Reports for the first quarter on Exhibit B performance measures were due in the Department on November 15. Department staff is currently reviewing and validating the data contained in these reports and seeking additional information or further clarifications when necessary.

The second report collects information required by item 282.C of the 2008 *Appropriation Act* regarding emergency custody orders, temporary detention orders, commitment hearings, and mandatory outpatient treatment review hearings. This information is discussed in more detail in the Report on Item 282.C of the 2008 *Appropriation Act*, submitted recently by Marilyn B. Tavenner, Secretary of Health and Human Resources. Current plans call for all CSBs to report the following information semi-annually:

1.	Numbers of Emergency Custody Orders (ECOs)
1.a.	Number of Individuals Seen Who Were Under ECOs Issued by Magistrates
1.b.	Number of Individuals Seen Who Were Under Custody of Law Enforcement Officers Without ECOs (Paperless ECOs)
2.	Dispositions of Emergency Custody Orders (ECOs)
2.a.	Number of ECOs Resulting in Temporary Detention Orders (TDOs)
2.b.	Number of ECOs Resulting in Release of Individuals From Custody
2.c.	Number of ECOs With Other Dispositions

Notes

1. All CSBs submit this report twice per year, once by the end of January for the first six months of the fiscal year and once after the end of the fiscal year for the entire fiscal year.
2. Numbers of ECOs in 1.a may not equal the total numbers of ECOs issued by magistrates because some are not executed.

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Additionally, current plans call for a sample of CSBs representing urban and rural small, medium, and large CSBs, to report the following information semi-annually for sample time periods (e.g., one month per quarter):

3.	Location of Emergency Custody Orders (ECOs)¹
3.a.	Number of ECOs Seen in General Hospital Emergency Departments
3.b.	Number of ECOs Seen in General Hospital Psychiatric Units
3.c.	Number of ECOs Seen in Other General Hospital Locations
3.d.	Number of ECOs Seen in Free-Standing Psychiatric Hospitals
3.e.	Number of ECOs Seen in State Psychiatric Hospitals
3.f.	Number of ECOs Seen in Residential Crisis Stabilization Units
3.g.	Number of ECOs Seen in Ambulatory (23 hour) Crisis Stabilization Services
3.h.	Number of ECOs Seen in Jails
3.i.	Number of ECOs Seen in Police Stations
3.j.	Number of ECOs Seen in Homeless Shelters
3.k.	Number of ECOs Seen in Drop-off Centers
3.l.	Number of ECOs Seen in Other Locations
4.	Duration of Temporary Detention Orders (TDOs)²
4.a.	Number of TDOs With a Duration of up Through 24 Hours
4.b.	Number of TDOs With a Duration of More Than 24 up Through 48 Hours
4.c.	Number of TDOs With a Duration of More Than 48 up Through 72 Hours
4.d.	Number of TDOs With a Duration of More Than 72 up Through 96 Hours
4.e.	Number of TDOs With a Duration of More Than 96 Hours
5.	Location of Temporary Detention Orders (TDOs)
5.a.	Number of TDOs Detained in General Hospital Emergency Departments
5.b.	Number of TDOs Detained in General Hospital Psychiatric Units
5.c.	Number of TDOs Detained in Free-Standing Psychiatric Hospitals
5.d.	Number of TDOs Detained in State Psychiatric Hospitals
5.e.	Number of TDOs Detained in Residential Crisis Stabilization Units
5.f.	Number of TDOs Detained in Ambulatory Crisis Stabilization Services
5.g.	Number of TDOs Detained in Jails
5.h.	Number of TDOs Detained in Police Stations
5.i.	Number of TDOs Detained in Other Locations

¹ Number of ECOs Seen means number of individuals seen who were under ECOs issued by magistrates or who were under custody of law enforcement officers without written ECOs.

² Duration means the time between issuance of a TDO and a commitment hearing. The purpose of reporting TDOs by ranges of time is to identify TDOs that are too short (4.a.) or too long (4.e.) to meet the requirements in § 37.2-809 of the *Code of Virginia* and to provide feedback about possible statutory changes in the length of TDOs.

The Emergency Services Council of the VACSB will develop average estimated CSB costs for ECOs, TDOs, Involuntary Commitment Hearings, and MOT Review Hearings. The estimated costs reflect only the costs to CSBs; for example relative to TDOs, this might be the staff costs involved in preparing preadmission screening evaluation reports or the cost of independent examinations if they are provided by CSB staff. Most of the estimated costs would be related to

Report On Item 316.LL of the 2008 Appropriation Act

staff time for evaluations, hearing participation, or travel related to them. There may be several average estimated costs for each process or hearing, perhaps for urban and rural small, medium, and large budget CSBs. This will eliminate the need for all sample CSBs to report their estimated CSB costs.

After some of the CCS changes discussed in the previous section are implemented for FY 2010 and as the Office of the Executive Secretary of the Supreme Court of Virginia begins to collect or provide more information about the civil commitment process, this second stand-alone report could be eliminated.

Report On Item 316.LL of the 2008 Appropriation Act

Appendix A: Process for CSB Reporting on the Use of 316.LL Funds

September 19 E-Mail from Commissioner Reinhard

Item 316.LL of the 2008 Appropriation Act requires CSBs, Behavioral Health Authorities, and Local Government Departments with Policy-Advisory Community Services Boards, hereinafter referred to as CSBs, to provide quarterly reports on their implementation of mental health law reform activities funded through Item 316.KK. The Commissioner's June 30, 2008 memorandum, which communicated the allocations of these funds, included an attached form that CSBs used to submit their proposed uses of these funds for Department review and approval. The memorandum also noted the quarterly reporting requirement, using the format in the proposal form attached to that memorandum. This e-mail communicates the reporting form and information about how to complete and submit Mental Health Law Reform Quarterly Status Report.

Please use the attached Excel spreadsheet to complete the first page of the Mental Health Law Reform Quarterly Status Report. Also attached to this e-mail are instructions for completing both pages of the Quarterly Status Report. The instructions include the second page of the Quarterly Status Report (a Word document), on which CSBs will provide brief updates of their actual year-to-date implementation of the services in their approved proposals, which are listed on the first page of the Report (the Excel spreadsheet).

Each CSB must submit a quarterly status report (both pages) to Joel Rothenberg at joel.rothenberg@co.dmhmrnsas.virginia.gov in the Office of Community Contracting to report on its implementation of its approved proposals. Please save this Excel spreadsheet and the Word document. This is the reporting format that will be used throughout FY 2009.

The status report for the first quarter is due to Joel Rothenberg by November 14, 2008. Due dates for subsequent quarters are: February 16, 2009 for the second quarter, May 15, 2009 for the third quarter, and August 14, 2009 for the fourth quarter. All of the consumer, service, revenue, and cost data included in these status reports also must be included, where applicable, in CCS 3 extracts and CARS reports submitted by CSBs, and the data in the status reports must be consistent with the data in the CCS 3 extracts and CARS reports.

The attached Quarterly Status Report is used to report only the status of the Mental Health Law Reform Funds; it should not be used to report on the Mental Health Child and Adolescent Service Funds or the Mental Health Jail Diversion and Reentry Funds. Reporting mechanisms for those funds may be established and distributed separately. If you have any questions about the preparation of the Mental Health Law Reform Quarterly Status Report, please contact Joel Rothenberg at his e-mail address or at (804) 786-6089.

The Department appreciates your continued cooperation and support as we work together to expand quality community services with these appropriations for individuals with mental illnesses and substance use disorders.

Report On Item 316.LL of the 2008 Appropriation Act

Instructions for Completing the Mental Health Law Reform Quarterly Status Report

During the months of August and September, the Department's Office of Mental Health Services (OMHS) sent a copy of each CSB's proposed uses of its Mental Health Law Reform (MHLR) funds on an Excel spreadsheet to the CSB for its review and approval or change. The Excel spreadsheet should be the basis for the CSB's status reports. If a CSB determines it needs to revise its approved MHLR funds proposal, it should send a request to revise its proposal to Jim Martinez in the OMHS by e-mail at jim.martinez@co.dmhmrzas.virginia.gov for his review and approval. Once the Department has approved the CSB's request, the CSB should reflect the approved changes in its subsequent status reports. The OMHS will communicate approved changes to the Office of Community Contracting.

Page 1 of the Mental Health Law Reform Quarterly Status Report is prepared using the attached Excel spreadsheet. Based on the Commissioner's June 30, 2008 memorandum and the activities and core services submitted by CSBs in their initial Word document proposals, the Department developed the list of core services activities shown in the first numbered column of the status report form. Status reports will be aggregated cumulatively by quarter, year-to-date, so the data included in the second quarter should include second quarter data added to the data from the first quarter.

Instructions for Page 1 of the Mental Health Law Reform Quarterly Status Report: Please check the box () to reflect the quarter for which the CSB is reporting its use of Mental Health Law Reform funds. Enter the name of the CSB, the report date, and the name, e-mail address, and phone number of the contact person so he or she can be contacted with questions about the status report.

After the first numbered column, enter the CSB's **Projected** data for its use of MHLR funds on the first line (e.g., line 1.a for Emergency Services (ES) Crisis Intervention) for a core service activity in its approved proposal and the **Actual YTD** (year-to-date) data on the second line (e.g., line 1.b for Emergency Services (ES) Crisis Intervention) for the same core service activity in each column. Note that each line for **Projected** data is **light blue**, and each line for **Actual YTD** data is **light yellow**.

Column 2: Enter the **Service Capacity**, the number of FTEs or beds for the core service activity, with the **Projected** amount from the CSB's approved proposal on the first line for the core service activity and the **Actual YTD** amount on the second line.

Column 3: The **Capacity Type** is already on the spreadsheet for the core service activity.

Column 4: Enter the **Actual YTD Units of Service** delivered, **but only on the second line** for the core service activity; nothing should be entered in this column on the first line (Projected data).

Column 5: Enter the number of **Consumers Served**, with the **Projected** number from the CSB's approved proposal on the first line for the core service activity and the **Actual YTD** number on the second line.

Column 6: Enter the **State (MHLR) Funds** (the Mental Health Law Reform Funds), with the **Projected** amount from the CSB's approved proposal on the first line for the core service activity and the **Actual YTD** year-to-date amount on the second line.

Column 7: Enter the **Total Funds** (including the MHLR funds and any additional funds, such as Medicaid fees, used by the CSB to support the core service activity), with the **Projected** amount from the CSB's approved proposal on the first line for the core service activity and the **Actual YTD** amount on the second line.

Report On Item 316.LL of the 2008 Appropriation Act

Column 8: Enter the **Total Cost** for providing the core service activity, with the **Projected** amount from the CSB's approved proposal on the first line for the core service activity and the **Actual YTD** amount on the second line.

Notes on Page 1 of the Mental Health Law Reform Quarterly Status Report: Each line for **Actual YTD** data must correspond to the core service activity included on the **Projected** data line just above it. For example, if the CSB projects using MHLR funds for Emergency Services (ES) Crisis Intervention on line 1.a., it must enter the **Projected** data on that line: service capacity, units of service, number of consumers served, state (MHLR) funds, total funds (MHLR funds and any additional funds), and total cost. On line 1.b., the CSB must enter the corresponding **Actual YTD** data. This process is the same for each core service activity in the CSB's approved proposal.

FTEs and beds may be entered with fractions, depending on when staff is projected to be or is actually hired or beds are projected to be or are actually on line.

All funds and cost data must be in whole dollars. The **Projected Total Cost** should not exceed the **Projected Total Funds**, in fact, the Projected Total Cost cell is protected from any entry. The formula included in the spreadsheet automatically copies the **Projected Total Funds** to the **Projected Total Cost**, so that they balance. Unlike the **Projected Total Funds** and **Projected Total Cost**, the cell for the **Actual YTD Total Cost** is not protected. In normal circumstances, the **Actual YTD Total Cost** should not exceed the **Actual YTD Total Funds**. In most cases, the **Actual YTD Total Cost** will be less than the **Actual YTD Total Funds**.

The spreadsheet automatically totals numbers FTEs, hourly units of service, consumers served, state funds, total funds, and total cost on the lines labeled Grand Total **Projected** and **Actual YTD** at the end of the spreadsheet. Numbers of **Projected** and **Actual YTD** beds and bed days are not included on the Grant Total lines in the service capacity and units of service columns because that would require combining FTEs with beds and hours of service with bed days.

Instructions for Page 2 of the Mental Health Law Reform Quarterly Status Report

Page 2 of the Status Report is prepared using the Word document attached to these instructions. The CSB enters a brief update of the actual YTD status report of each of the proposed core service activities listed on page 1 of the Status Report (the Excel spreadsheet). Page 2 of the Status Report will help the Department understand if services are not fully implemented, based on comparing the **Projected** data to the **Actual YTD** data on page 1 of the status report.

Column 2: For each core service activity on page 1 of the status report (the Excel spreadsheet), enter the same core service activity on the same numbered line on page 2 of the Status Report (the Word Document).

Column 3: For each core service activity entered on the numbered line in column 2, enter a brief description of the actions taken in the checked quarter to implement the core service activity, including the month, day, and year (mm/dd/yy e.g., 12/01/08) when the service was implemented and any implementation problems and their solutions for the activity.

Please submit both pages of the status report to Joel Rothenberg in the Office of Community Contracting at joel.rothenberg@co.dmhmr.sas.virginia.gov. Reports are due in the Department within 45 days of the end of the quarter: November 14 for the first quarter, February 16, 2009 for the second quarter; May 15 for the third quarter; and August 14 for the fourth quarter.

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FY 2009 Mental Health Law Reform Quarterly Status Report: Page 1 Quarter <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th								
Name of CSB:						Report Date:		
Contact Person:				E-Mail:		Phone:		
1		2	3	4	5	6	7	8
Core Service Activity		Service Capacity	Capacity Type	Units of Service	Consumers Served	State(MHLR) Funds	Total Funds	Total Costs
1.a. Emergency Services (ES) Crisis Intervention	Projected		FTE					
1.b. Emergency Services (ES) Crisis Intervention	Actual YTD		FTE					
1.c. ES Preadmission Screening Evaluation	Projected		FTE					
1.d. ES Preadmission Screening Evaluation	Actual YTD		FTE					
1.e. ES Independent Examination	Projected		FTE					
1.f. ES Independent Examination	Actual YTD		FTE					
1.g. ES Commitment Hearing Attendance	Projected		FTE					
1.h. ES Commitment Hearing Attendance	Actual YTD		FTE					
1.i. ES Post Hearing Follow-up/Discharge Planning	Projected		FTE					
1.j. ES Post Hearing Follow-up/Discharge Planning	Actual YTD		FTE					
1.k. ES Mandatory Outpatient Treatment	Projected		FTE					
1.l. ES Mandatory Outpatient Treatment	Actual YTD		FTE					
1. 100 Total Emergency Services	Projected		FTE					
1. 100 Total Emergency Services	Actual YTD		FTE					
2. 200 Acute Inpatient Services	Projected		Beds					
2. 200 Acute Inpatient Services	Actual YTD		Beds					
3.a. Outpatient (OP) Services	Projected		FTE					
3.b. Outpatient (OP) Services	Actual YTD		FTE					
3.c. OP Medication Management Services	Projected		FTE					
3.d. OP Medication Management Services	Actual YTD		FTE					
3.e. OP Mandatory Outpatient Treatment	Projected		FTE					
3.f. OP Mandatory Outpatient Treatment	Actual YTD		FTE					
3. 310 Total Outpatient Services	Projected		FTE					
3. 310 Total Outpatient Services	Actual YTD		FTE					

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1		2	3	4	5	6	7	8
Core Service Activity		Service Capacity	Capacity Type	Units of Service	Consumers Served	State(MHLR) Funds	Total Funds	Total Costs
4.a. Case Management (CM) Services	Projected		FTE					
4.b. Case Management (CM) Services	Actual YTD		FTE					
4.c. CM Mandatory Outpatient Treatment	Projected		FTE					
4.d. CM Mandatory Outpatient Treatment	Actual YTD		FTE					
4. 320 Total Case Management Services	Projected		FTE					
4. 320 Total Case Management Services	Actual YTD		FTE					
5.a. Residential Crisis Stabilization (RCS)	Projected		Beds					
5.b. Residential Crisis Stabilization (RCS)	Actual YTD		Beds					
5.c. RCS Mandatory Outpatient Treatment	Projected		Beds					
5.d. RCS Mandatory Outpatient Treatment	Actual YTD		Beds					
5. 510 Total Residential Crisis Stabilization	Projected		Beds					
5. 510 Total Residential Crisis Stabilization	Actual YTD		Beds					
Grand Total	Projected							
Grand Total	Actual YTD							

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Mental Health Law Reform Quarterly Status Report: Page 2		Quarter: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th
Name of CSB:		Report Date:
1.	2.	3.
No.	Core Service Activity	Actual Implementation Activities
1.		
2.		
3.		
4.		
5.		

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Appendix B: Exhibit B Reporting Form

FY 2009 Performance Contract Exhibit B Required Measures Report: Data Reported Quarterly to the Department - Page 1			
Date of Report:		Quarter: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Quarter	
CSB Name:		Contact Name:	
Contact Telephone Number:		E-Mail Address:	
Exh. B	Expectation or Goal Measure	Data	Data Reported
I.A.2	Percentage of consumers hospitalized through the civil involuntary admissions process in a state hospital, private psychiatric hospital, or psychiatric unit in a public or private hospital and discharged to the Board who keep scheduled face-to-face (non-emergency) service visits within seven days of discharge from the hospital or unit. ¹		Number of consumers who kept scheduled face-to-face (non-emergency) service visits within seven days of discharge from the hospital or unit in this quarter.
			Number of consumers who were discharged to the Board from the hospital or unit in this quarter.
		%	Enter 1 st number ÷ by 2 nd number x 100 in data column.
I.B.3	Pursuant to subsection B of § 37.2-815 of the Code of Virginia, a preadmission screening evaluator or, through a mutual arrangement, an evaluator from another Board, shall attend each commitment hearing for adults, original (up to 30 days) or recommitment (up to 180 days), held in the Board's service area or for a Board's consumer outside of its service area in person, or if that is not possible, the preadmission screening evaluator shall participate in the hearing through two-way electronic video and audio or telephonic communication systems, as authorized by subsection B of § 37.2-804.1 of the Code of Virginia, for the purposes of presenting preadmission screening reports and recommended treatment plans and facilitating least restrictive dispositions. ²		Number of commitment hearings for adults attended by the Board's preadmission screening evaluators in its service area for its own consumers or on behalf of other Boards.
			Number of commitment hearings for adults attended by the Board's preadmission screening evaluators outside of its service area for Board consumers.
			Number of commitment hearings for adults attended by the Board's preadmission screening evaluators outside of its service area on behalf of other Boards.

¹ The Board agrees to monitor and report quarterly to the Department on this measure.

² The Board agrees to conduct periodic surveys for one month each quarter to gather information on this measure.

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FY 2009 Performance Contract Exhibit B Required Measures Report: Data Reported Quarterly to the Department - Page 2			
CSB Name:		Report for: Quarter: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth Quarter	
Exh. B	Expectation or Goal Measure	Data	Data Reported
I.C.1 ³	Initial telephone responders in emergency services shall triage calls and, for callers with emergency needs, shall be able to link the caller with a preadmission screening evaluator within 15 minutes of their initial calls. Attach the summary and analysis of the quarter's two-week sample of the CSB's emergency services to this report.		Number of callers with emergency needs linked with a preadmission screening evaluator within 15 minutes of their initial calls during the quarterly two-week sample of emergency services. ³
			Total number of callers with emergency needs during the two-week sample of emergency services each quarter. ³
		%	Enter first number ÷ by second number x 100 in data column.
I.C.2 ⁴	When an immediate face-to-face intervention by a certified preadmission screening evaluator is appropriate to determine the need for involuntary hospitalization, the intervention shall be completed by a certified preadmission screening evaluator who shall be available within one hour of initial contact for urban Boards and within two hours of initial contact for rural Boards. Attach the summary and analysis of the quarter's two-week sample of the CSB's emergency services to this report.		Number of individuals who required a face-to-face evaluation for possible involuntary hospitalization who saw a certified preadmission screening evaluator face-to-face within one (urban) or two (rural) hours of initial contact during the two-week sample of emergency services each quarter. ⁴
			The total number of individuals who saw a certified preadmission screening evaluator for evaluation of possible involuntary hospitalization during quarterly two week sample of emergency services. ⁴
		%	Enter first number ÷ by second number x 100 in data column.
I.E.1.	A preliminary assessment shall be initiated at first contact and completed, preferably within 14 but in no case more than 30 calendar days of referral for an individual who has been discharged from a state hospital, a private psychiatric hospital, or a psychiatric unit in a public or private hospital or released from a commitment hearing and has been referred to the Board and determined by the Board to be appropriate for case management services.		Number of consumers referred to the Board for case management services for whom a preliminary assessment was initiated at first contact and completed, preferably within 14 but in no case more than 30 calendar days of referral to the Board.
			Number of consumers referred to the Board and determined to be appropriate for case management.
		%	Enter first number ÷ by second number x 100 in data column.

³ Goal I.C.1, as described in Exhibit B: The Board agrees to conduct a two week sample of its emergency services each quarter to monitor the availability of emergency services 24 hours per day and seven days per week and the access of consumers with emergency needs to a preadmission screening evaluator within 15 minutes of their initial calls. The sample will consist of calls made to its emergency services at various times of the day and night during the work week and on weekends, distributed so that calls are balanced between regular business hours and after-hours periods.

⁴ Goal I.C.2, as described in Exhibit B: The Board agrees to collect, as part of its two week sample of its emergency services each quarter, the time within which the preadmission screening evaluator is available from the initial contact for consumers identified with emergency needs and to monitor achievement of the goal that the evaluator be available within one hour of initial contact for an urban Board or within two hours for a rural Board. Rural and urban Boards are defined and classified in the Overview of Community Services on the Department's web site.