COMMONWEALTH of VIRGINIA

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
Post Office Box 1797
Richmond, Virginia 23218-1797

JAMES W. STEWART, III
COMMISSIONER

Telephone (804) 786-3921
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www.dbhds.virginia.gov

May 25, 2010

The Honorable Robert F. McDonnell
Governor's Office
Third Floor, Patrick Henry Building
P.O. Box 1475
Richmond, VA 23218

Dear Governor McDonnell:

Pursuant to Item 316 CC of the 2009 *Appropriation Act,* DBHDS submits to you the enclosed report on the System Transformation Initiative. On a quarterly basis, the department is required to report on expanded community-based services, including the types and settings of services provided, the number of individuals served, the number of individuals placed in the community through the Mental Retardation Home and Community-Based Waiver Program, reduction in census at state facilities related to proposed facility replacements, changes in staffing at facilities that are proposed for replacement, and progress made in the construction of replacement facilities.

The programs started or expanded through this funding represent a meaningful step toward transforming the Commonwealth's system of services. The funds allocated by the General Assembly have yielded positive and promising results.

Attached, please find this report for January 1 - March 31, 2010. If you have any questions, please feel free to contact me.

Sincerely,

James W. Stewart, III

Enc.
Cc: Hon. William A. Hazel Jr., MD
Mr. Frank Tetrick

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May 25, 2010

The Honorable William A. Hazel Jr., MD
Secretary, Health and Human Resources
Patrick Henry Building, 4th Floor
1111 East Broad Street
Richmond, Virginia 23219

Dear Secretary Hazel:

Pursuant to Item 316 CC of the 2009 *Appropriation Act*, DBHDS submits to you the enclosed report on the System Transformation Initiative. On a quarterly basis, the department is required to report on expanded community-based services, including the types and settings of services provided, the number of individuals served, the number of individuals placed in the community through the Mental Retardation Home and Community-Based Waiver Program, reduction in census at state facilities related to proposed facility replacements, changes in staffing at facilities that are proposed for replacement, and progress made in the construction of replacement facilities.

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Sincerely,

James W. Stewart, III

Enc.
Cc: Mr. Keith Hare
Mr. Frank Tetrick

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May 25, 2010

The Honorable Charles J. Colgan, Chair
Senate Finance Committee
10th Floor, General Assembly Building
910 Capitol Street
Richmond, VA 23219

Dear Senator Colgan:

Pursuant to Item 316 CC of the 2009 *Appropriation Act*, DBHDS submits to you the enclosed report on the System Transformation Initiative. On a quarterly basis, the department is required to report on expanded community-based services, including the types and settings of services provided, the number of individuals served, the number of individuals placed in the community through the Mental Retardation Home and Community-Based Waiver Program, reduction in census at state facilities related to proposed facility replacements, changes in staffing at facilities that are proposed for replacement, and progress made in the construction of replacement facilities.

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Sincerely,

James W. Stewart, III

Enc.
Cc: Hon. William A. Hazel Jr., MD
Hon. R. Edward Houck
Mr. Joe Flores
Mr. Frank Tetrick
Ms. Ruth Anne Walker

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May 25, 2010

The Honorable Lacey E. Putney, Chair
House Appropriations Committee
General Assembly Building
P.O. Box 406
Richmond, VA 23218

Dear Delegate Putney:

Pursuant to Item 316 CC of the 2009 *Appropriation Act*, DBHDS submits to you the enclosed report on the System Transformation Initiative. On a quarterly basis, the department is required to report on expanded community-based services, including the types and settings of services provided, the number of individuals served, the number of individuals placed in the community through the Mental Retardation Home and Community-Based Waiver Program, reduction in census at state facilities related to proposed facility replacements, changes in staffing at facilities that are proposed for replacement, and progress made in the construction of replacement facilities.

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Sincerely,

James W. Stewart, III

Enc.
Cc: Hon. William A. Hazel Jr., MD
Hon. Harvey B. Morgan
Ms. Susan E. Massart
Mr. Frank Tetrick
Ms. Ruth Anne Walker

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May 25, 2010

Mr. Daniel Timberlake
Virginia Department of Planning and Budget
1111 East Broad Street, Room 5040
Richmond, VA 23219-3418

Dear Mr. Timberlake:

Pursuant to Item 316 CC of the 2009 *Appropriation Act*, DBHDS submits to you the enclosed report on the System Transformation Initiative. On a quarterly basis, the department is required to report on expanded community-based services, including the types and settings of services provided, the number of individuals served, the number of individuals placed in the community through the Mental Retardation Home and Community-Based Waiver Program, reduction in census at state facilities related to proposed facility replacements, changes in staffing at facilities that are proposed for replacement, and progress made in the construction of replacement facilities.

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Sincerely,

James W. Stewart, III

Enc.
Cc: Hon. William A. Hazel Jr., MD
Ms. Emily Ehrlichmann
Ms. Joy Yeh
Mr. Frank Tetrick

DBHDS

Virginia Department of
Behavioral Health and
Developmental Services

Report on the System Transformation Initiative

July 1 – December 31, 2009

Item 316 CC

(Item 312 D.D. (Special Session I, 2006))

to the Governor and General Assembly

May 25, 2010

1220 Bank Street • P.O. Box 1797 • Richmond, Virginia 23218-1797
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Table of Contents

Report on System Transformation Initiative (STI)
Department Behavioral Health and Developmental Services (DBHDS)
March 11, 2010

I INTRODUCTION

This document is a summary of the first and second quarter services linked to the System Transformation Initiative (STI), covering the period of July 1, 2009 through December 31, 2009. The report includes a comparison of the projected level of services to the year-end figures for the fiscal year. While the specific requirements of the STI report provide details on a defined level of services, they do not fully represent the range of initiatives supported by DBHDS. As such, this report includes an addendum that provides a broader summary of DBHDS system transformation initiatives related to behavioral health and developmental services.

Item 316 CC (Item 312 D.D. (Special Session I, 2006)) of the *Appropriation Act* includes the following language in reference to the package of appropriations hereinafter identified as the System Transformation Initiative:

> *The Department of Mental Health, Mental Retardation and Substance Abuse Services (now the Department of Behavioral Health and Developmental Services) shall report on a quarterly basis to the Office of the Governor, the Office of the Secretary of Health and Human Resources, the Chairmen of the House Appropriations and Senate Finance Committees, and the Department of Planning and Budget on expanded community-based services made available in paragraphs R through CC of this item* [the System Transformation Initiative]. *The report shall include the types and settings of services provided, the number of individuals served, the number of individuals placed in the community through the Mental Retardation Home and Community-Based Waiver Program, reduction in census at state facilities related to proposed facility replacements, changes in staffing at facilities that are proposed for replacement, and progress made in the construction of replacement facilities.*

II TRANSFORMATION: FUNDING, VISION & LEADERSHIP

The System Transformation Initiative is an investment of $118M of State General Funds, initially appropriated for the FY 06-07 biennium with the goal of expanding the capacity of Community Services Boards (CSBs) and Behavioral Health Authorities (BHAs) to provide accessible community-based mental health and substance abuse behavioral healthcare services. These funds represent a portion of the overall investment in transforming the mental health, mental retardation and substance abuse system of services and supports.

An overall transformation effort requires a coordinated planning strategy involving multiple public and private providers, a common vision, and strategic investing of an array of funding resources, including state, federal, local and revenue from fees. The Integrated Strategic Plan, developed by the Department of Behavioral Health and Developmental Services (DBHDS) and an array of stakeholders in 2006 continues to be foundation of planning efforts and a common vision helps to define the pathway for transformation:

Our vision is of a "consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of consumer participation in all aspects of community life including work, school, family and other meaningful relationships" (State Board Policy 1036 (SYS) 05-3).

DBHDS promotes a shared commitment to transformation at all leadership levels within the continuum of the system of services and supports and seeks opportunities to expand this commitment whenever possible.

III BEHAVIORAL HEALTH SERVICES – CHANGING THE ENVIRONMENT

DBHDS emphasizes the importance of targeting funds to services that address gaps in the crisis continuum, improve community integration options for individuals in institutional settings, create opportunities for consumers to be providers of services and expands the array of services for children and adolescents.

STI - Types and Settings of Services Provided – Mental Health and MH/Substance Abuse

Due the extensive variation in the range of community-based services for adult mental health and the mental health/substance abuse co-occurring consumer populations, information is reported within core-service areas. The following numbers reflect only the services supported with STI funds:

Services Area	Annual Number of Individuals Projected to be Served FY 2010	Actual Number of Individuals Served Year-to-Date 2nd t Quarter	Year-to-Date Percent of Individuals Served
Emergency Services	3,124	1,988	63.64 %
Acute Psychiatric Inpatient Services	98	47	47.96 %
Outpatient Services	7,428	4,759	64.07 %
Peer-Provided Outpatient Services	240	213	88.75 %
Case Management Services	3,696	2,381	64.72 %
Peer-Provided Case Management Services	180	89	49.44 %
Day Treatment/Partial Hospitalization	32	11	34.38 %
Ambulatory Crisis Stabilization Services	496	449	90.52 %
Rehabilitation	319	232	72.73 %
Peer-Provided Rehabilitation	211	198	93.84 %
Individual Supported Employment	40	19	47.50 %
Highly Intensive Residential Services	80	226	282.50 %
Residential Crisis Stabilization Services	2,220	1,140	51.35 %
Peer Provided Intensive Residential Services	12	0	0.00 %
Supervised Residential Services	76	59	77.63 %
Supportive Residential	700	403	57.57 %

Services			
Peer-Provided Supportive Residential Services	139	127	91.37 %
Consumer Monitoring	810	310	38.27 %
Discharge Assistance Projects (DAP)	61	42	68.85 %
Consumer-Run Services	2,837	1,812	63.87 %
Totals	**22,799**	**14,505**	**44.14 %**

Expanding Residential Crisis Stabilization: Subsequent to STI appropriations, DBHDS has continued to support an expansion of the crisis continuum, in order to minimize the use of more restrictive, intensive and costly inpatient services in both private and public facilities. Fourteen (14) residential crisis stabilization units (CSUs) are now operating in the following localities. These programs provide a diversion option for emergency staff conducting emergency custody order evaluations, a step-down alternative for individuals leaving private acute care hospitals or state hospitals, and a step-up option for consumers to use within their recovery management plans.

Locality	Beds7/1/09	Beds Current	Annual Beds
Arlington	4	4	1,460
Blue Ridge	10	10	3,650
Central Virginia	10	10	3,650
Cumberland Mt.	6	8	2,920
Fairfax-Falls Church	16	16	5,840
HNN CSB	8	11	4,015
Mt. Rogers CSB	6	6	2,190
New River Valley	6	6	2,190
Norfolk CSB	9	11	4,015
Prince William	6	6	2,190
Rappahannock Area	6	12	4,380
Region Ten	9	9	3,285
RBHA	18	22	8,030
Virginia Beach	11	13	4,745
Totals	**125**	**144**	**52,560**

Improve Community Integration Options: The STI included dedicated funds to support discharge assistance plans for civil and forensic individuals in state mental health hospitals. Funding that initially supported 114 individual discharge plans is managed at the regional level and any reduction in plan costs are used to support additional discharges.

Expanding Jail Based Services: Year three of the jail diversion initiative funded by Item 315U has continued to produce positive outcomes for jail inmates with serious mental illness. DBHDS has emphasized the importance of developing effective post-booking diversion services and the benefits to these new services are evidenced in the year-end data:

Services	Measure
Mental Health Treatment Services	145 jail inmates served
Community Diversion – Prior to trial	122 community diversions
Early Release – linked to MH treatment	19 early release inmates
Intensive Case Management – Jail and Community	5,060 hours of service
Reduction in State Psychiatric Hospital Use	10,710 bed days *

* Considering the 122 inmates diverted prior to trial, and that the average hospital stay for restoration to competency (a typical reason for state hospital admission of defendants with mental illness) is 90 days, it seems reasonable that the program reduced the use of 10,980 state hospital bed days, making those facilities available to other patients who truly needed hospitalization.

IV SERVICES FOR CHILDREN AND ADOLESCENT

Expanded Services for Children and Adolescents: System of Care Projects – DBHDS sponsors four systems of care grant projects with STI funds that emphasize a collaborative cross-agency approach to serving children and adolescents with challenging emotional issues in two urban and two rural CSBs. The target populations for these demonstration projects are children with serious emotional disturbance who may be involved with the juvenile justice system, who will be returned from residential care with appropriate community services and who may also have co-occurring mental health and substance abuse problems. The data below is the most recent information DBHDS has for these programs. The process for collecting data is now included in the Community Consumer Submission system (CCS3), along with other community services, but data integrity concerns have not been resolved. DBHDS anticipates resolving these concerns before submitting the year-end report.

Number of Children Served Using the Selected Evidence-Based Practice 1st and 2nd Quarter 2010

CSB	Referrals	Enrolled	Completing*
Planning District 1	**43**	**15**	**9**
Richmond Behavioral Health Authority	**29**	**21**	**8**
Alexandria		**15**	**13**

***** A child that is designated as "completing" a program will have maximized the goals identified within the Individualized Family Service Plan (IFSP) and are receiving follow-up services. Goals will be in areas related to reduction behavioral problems, increased school attendance, improved family relationships, and decreased involvement with the juvenile justice system.

Additional Non-Evidenced Based Practice (EBP) Data (Cumberland Mountain CSB)

Program	# Served
Therapeutic Day Treatment	31
Alternative Day Support Services	36
Case Management	210
Intensive In-home Services	40
TOTAL	**317**

Additional Non-EBP Data (Alexandria CSB)

Program	# Served
Therapeutic Day Treatment	15
Foster Care Prevention	13
Case Management/Wraparound	29
Intensive In-home Services	9
TOTAL	**66**

Additional Non-EBP Data (Planning District 1)

Program	# Served
Crisis	54
Psychiatry	230
Family Partner	0
TOTAL	**284**

Additional Non-EBP Data (RBHA)

Program	# Served
Crisis	4
Psychiatry	49
Family Partner	31
TOTAL	**84**

Juvenile Detention Center Services: Programs are operating in all of the Commonwealth's 23 juvenile detention centers. The last round of budget reductions did result in reduced capacity in several programs, but CSBs made an overall commitment to sustaining these programs. In each program, CSBs have placed clinical and case management staff on-site in the juvenile detention center. Services provided include screening and assessment, short-term treatment, case management and referral to community-based services. The chart below provides data on the programs, including specific services provided.

1st and 2nd Quarter 2010 Summary Data for Detention Center Projects

Admitted to the detention center during the reporting period	5,625
Received mental health screening and assessment at detention intake	4,857

Average length of stay in detention center	23 days
Number served by the CSB	2,563
Number receiving case management	1.129
Number released to the community with an aftercare plan	301
Number admitted to inpatient treatment	1
Number admitted to a residential facility	3

Part C Services: DBHDS has allocated all appropriated funds to local early intervention systems (local lead agencies) for Virginia's Part C Early Intervention System for infants and toddlers with disabilities.

Number of new children served in EI	2,595
Total number of children served in EI	13,670

V INTELLECTUAL DISABILITIES/MENTAL RETARDATION SERVICES

The initiative is a comprehensive effort to shift Virginia's behavioral health care system and the transformation efforts include investment strategies that are impacting services for individuals with intellectual disabilities. The transformation process has led to new language in the Commonwealth, reflecting a fresh sensitivity the how words can influence the way we see each individual.

The consensus and support for shifting the language of our system from "mental retardation" to "intellectual disabilities" is a key indicator of how transformation is indeed changing our system of services and supports.

DBHDS continued this year to work independently and in collaboration with the Department of Medical Assistance Services (DMAS) to develop grants and initiatives that focus on expanding the range of services and supports, and that advance the principle of person-centered planning and community integration.

Key Intellectual Disability/Mental Retardation Transformation Activities:

1. **Training Center Waiver Slots** – All 49 Waiver Training Center slots allocated to Southeastern Virginia Training Center (SEVTC) and Central Virginia Training Center (CVTC) are assigned and individuals are living in the community.

2. **Community Waiver Slots** – Community Waiver slots are assigned within weeks of availability. Anyone no longer in need of a slot would have led to a reallocation.

3. **Waiver Slots for Children:** Dedicated Waiver slots for children helped families of 110 children under the age of six that were on the Urgent Wait list to gain access to essential services and supports. No change to this.

4. **Guardianship Services** – Guardianship services funds have been fully allocated with priority to individuals residing in Training Centers.

VI REDUCTION IN CENSUS AT STATE FACILITIES APPROVED FOR REPLACEMENT

The STI focus on developing new or enhanced community-based services had a direct impact on the four facilities linked to the initiative. .

Training Center Census

Southeastern Virginia Training Center

Date	Total Census
July 1, 2006	193
June 30, 2007	183
June 30, 2008	175
June 30, 2009	155
December 31, 2009	146
Change in census	47

Central Virginia Training Center

Date	Total Census
July 1, 2006	524
June 30, 2007	489
June 30, 2008	460
June 30, 2009	432
December 31, 2009	427
Change in census	97

Factors influencing reductions: DBHDS continues to support maximum community integration for all individuals and recent appropriations for capital investments in community housing, linked with downsizing of these two facilities, are allowing families to see that alternative settings are an option.

Mental Health Hospital Census

Eastern State Hospital

Date	Total Census
July 1, 2006	429
June 30, 2007	422
June 30, 2008	389
June 30, 2009	346
December 31, 2009	314
Change in census	115

Western State Hospital

Date	Total Census
July 1, 2006	243
June 30, 2007	240
June 30, 2008	238
June 30, 2009	229
December 31, 2009	206
Change in census	37

Factors influencing reductions: The Eastern State Hospital replacement project prioritizes census reductions at that facility and regional CSB efforts are focused on reducing utilization via crisis stabilization programs and expanded use of community restoration efforts for individuals normally admitted for forensic evaluation and treatment. Additionally, the HPR V and HPR II regions have focused on expanded community based services older adults, reducing admissions and length of stay for the geriatric unit. The overall census at both facilities continues to be impacted by increased use of beds for forensic admissions.

VII CHANGES IN STAFFING AT FACILITIES PROPOSED FOR REPLACEMENT

Facility	Filled Positions	Filled Positions
Eastern State Hospital	**7/1/2006**	**1/1/2010**
Direct Service Associates	341	383
Practical Nurses	74	97
Registered Nurses	100	128
Physicians	20	18
Clinical Staff	78	62
Administrative/All Other Roles	328	270
Total	**941**	**958**
Western State Hospital	**7/1/2006**	**1/1/2010**
Direct Service Associates	227	211
Practical Nurses	48	40
Registered Nurses	99	100
Physicians	19	20
Clinical Staff	65	62
Administrative/All Other Roles	251	234
Total	**709**	**667**
Southeastern VA Training Center	**7/1/2006**	**1/1/2010**
Direct Service Associates	233	237
Practical Nurses	6	4
Registered Nurses	19	16
Physicians	2	2
Clinical Staff	33	30
Administrative/All Other Roles	135	124
Total	**428**	**413**
Central VA Training Center	**7/1/2006**	**1/1/2010**
Direct Service Associates	811	735
Practical Nurses	32	38
Registered Nurses	72	69
Physicians	10	7
Clinical Staff	78	77
Administrative/All Other Roles	450	330
Total	**1,453**	**1256**

VIII PROGRESS MADE IN THE CONSTRUCTION OF REPLACEMENT FACILITIES

SEVTC

Construction of the new 75-bed SEVTC is slated to begin in July 2010. Construction of the 18 community homes will begin in August 2010. Up to 90 individuals who currently live in SEVTC will be transitioned to community ICFs or waiver homes that are owned and operated by CSBs. Construction for the new facility and the homes is to be completed by September 2011.

CVTC

CVTC is currently working toward a downsizing goal of 300 individuals. $10M in VBPA funds has been appropriated to construct homes in the community for current residents of CVTC. This $10M will fund housing for approximately 100 individuals. On campus life and safety renovations have begun in buildings 8 &12 on campus and additional renovations will be made in the next biennium.

ESH

Eastern State Hospital new adult mental health treatment center will open in August 2010. This state of the art facility will house 150 adults requiring mental health treatment. This will complete Phase II of construction at ESH. The first phase built the 150-bed Hancock Geriatric Center. Phase III will build support buildings for the entire campus using a modern energy-efficient design. Funding for Phase III has yet to be appropriated.

WSH

A new Western State Hospital will be constructed on land adjacent to the current hospital. Construction is slate to begin in 2010; all design work has been completed. The new facility will have 246 beds and provide treatment to adults.

SUMMARY

The System Transformation Initiative was intended to influence the environment and culture of the Commonwealth's behavioral health and developmental services system. When the State General Funds were appropriated it sent a clear message that the transformation process initiated by DBHDS in 2002 had the support of the General Assembly. With that support, the transformation process, built upon partnerships with service providers, service recipients, and advocates, gained momentum and this report documents the outcome of these efforts. The commitment to transformation is evidenced by the fact that this success took place while the system dealt with two budget reductions. While challenges remain, those challenges are being faced with a shared vision and a shared commitment to meaningful system transformation.

Addendum: Other Activities

The following information includes updates on DBHDS efforts to advance the broader goal of system transformation - beyond the accomplishments achieved with funds linked to Item 316 CC (Item 312 D.D. (Special Session I, 2006)) of the *Appropriation Act*. The items noted do not reflect the totality of DBHDS efforts in these areas, but the selections reflect areas of key importance to the goal of system transformation. Additionally, it is critical to note that capacity to advance these initiatives has diminished as a result of two 15% budget reductions for Central Office.

BEHAVIORAL HEALTH TRANSFORMATION

1. Oversight and Monitoring

- DBHDS developed and implemented stand-alone reporting mechanisms to collect and report data on the local inpatient purchase of services initiative, the system transformation initiative, and Item 282, all required by the *Appropriation Act*, and on Exhibit B performance measures contained in the Performance Contract.

- CSB accountability was increased by developing, in collaboration with other offices in the Division of Services and Supports and the Performance Contract Committee, Exhibits B and C of the Performance Contract, which establish a range of CSB outcome and performance expectations and measures, primarily about emergency and case management services as they relate to changes in the involuntary commitment law.

- DBHDS developed a web-based Reporting System for CSBs and state facilities that offers individuals, families or citizens at large access to information regarding performance measures.

2. Mental Health Law Reform

- DBHDS Office of Mental Health led "MH Law Reform" initiative which focused on (1) reducing the need for involuntary commitment by improving access to behavioral health services; (2) reducing criminalization of people with mental health disorders; (3) making the process of involuntary commitment fairer and more effective; (4) enabling individuals receiving behavioral health services to have more choice over the services they receive; and (5) helping youth with mental health problems and their families before these problems spiral out of control. MH Reform accomplishments include:

    - Commission on MH Law Reform: Effectively represented DBHDS interests and advised the Supreme Court of Virginia's Commission on Mental Health Law Reform and its various Task Forces, including the Future Commitment Reforms Task Force & Transportation Subcommittee, the Training and Implementation Task Force & Legislative Task Force, the Access Task Force and other CMHLR groups and stakeholders.

- Legislation: Supported and enabled successful passage of the Administration's "Virginia Tech" legislative package in the 2008 General Assembly, and working effectively to address related legislation numbering over 150 bills in 2008 and 2009.

- Training: Provision of training in partnership with Office of the Attorney General, including:
  - Statewide (2008) and regional (2009) training events on mental health law changes (involuntary commitment, mandatory outpatient treatment,
  - Statewide training on 2009 Health Care Decisions Act amendments (Oct 2009) and use of HCDA for psychiatric advance directives (Nov 2009).

- Certification of Examiners: Implementation of comprehensive certification requirements for CSB preadmission screening evaluators and "independent examiners" as prescribed by law, including credentials, on-line learning modules (see "On-line Certification" below) and other requirements.

- New Forms: Development of new forms pursuant to 2008 and 2009 changes.

- Access Standards for CSBs: Implementation of uniform CSB performance expectations for access to CSB emergency evaluators

- Review of New Services: Review and approval of CSB proposals for new FY 2009 behavioral health services related to MH Law Reform funding.

- MH Reform Wed-Page: Development and maintenance of "MH Reform" web-page (a resource for stakeholders that has training materials, guidance documents, FAQ's and other resources).

- Improved Collaboration Among Providers and Stakeholders: DBHDS OMH convened the "IE and ER Roundtable" and "Medical Screening Workgroup" to solve service delivery problems, develop consistent practice, and strengthen cross-system relationships between hospital emergency departments, private inpatient units and state facilities.

3. On-Line Certification for CSB Emergency Workers and Independent Examiners

DBHDS developed and implemented an online learning curriculum as part of the certification process for independent examiners and CSB evaluators and preadmission screeners. The curriculum consists of 25 modules, ranging from 30-60 minutes in length, with a competency test after each module, that covers various aspects of law and practice pertinent to the roles and responsibilities of these practitioners as specified in law.

- Approximately 2,100 individuals completed the curriculum offered through the DBHDS External Entities Knowledge Center, an internet portal for non-state employees in the COV Learning Management System (LMS), and they consistently rated the training above 6, on average, in a 7-point scale where 1 is "not useful" and 7

is "very useful." This is the first large-scale application of this technology for DBHDS and external provider partners.

4. Suicide Prevention

DBHDS is designated by statute as the lead agency in the Commonwealth for suicide prevention across the lifespan, though this function has never been supported with funding. The Office of Mental Health Services energized this role by reconvening state agency stakeholders from the Department of Health (VDH), Office of the Chief Medical Examiner (OCME), Department of Aging (DOA) and Department of Veterans' Services (DVS) to coordinate suicide prevention planning and related initiatives. The group submitted and received federal Public Health Service (PHS) Block Grant support through VDH to conduct training in evidence-based suicide prevention strategies. DBHDS committed an additional $50,000 of one-time Center for Multicultural Human Services (CMHS) block grant funding to support a statewide conference and other gatekeeper training. The agencies have also attempted to increase awareness of the extent and impact of suicide in Virginia by disseminating OCME data on suicide. A 4-hour suicide prevention "Institute" is planned for CSB leadership in May 2010. DBHDS will expand the group to include non-state stakeholders.

5. Film: *Voices of Hope and Recovery*

DBHDS developed a new film, *Voices of Hope and Recovery*. It premiered on December 17, 2009 in the State Capitol. The film documents the struggles of five Virginians to overcome their serious mental illness and to "recover" their lives. Created by award-winning Virginia filmmaker Robert Griffith, and including an original score by acclaimed Virginia singer/songwriter Steve Bassett, this film illustrates the power of hope and the very real possibility of recovery from serious mental illness. These very personal stories of hope and recovery are universal, and the five brave individuals featured in this film speak for millions of others on similar paths. DBHDS will disseminate the film widely to build awareness of mental illness and recovery, and to reduce stigma.

6. Promoting Self-Determination, Empowerment, and Recovery:

DBHDS supports numerous behavioral health organizations and initiatives that provide training, public information, education, assistance and support to persons with mental health disorders, their families and communities across Virginia. Among other outcomes, these initiatives help educate Virginians about behavioral health issues, mental health and substance use disorders, treatment and supports, and recovery. These initiatives are intended to reduce stigma and foster a more welcoming and responsive system of care for individuals and families receiving services. They create empowering experiences for peers that can help them take charge of their wellness and recovery. Overall, these organizations help create a better experience for Virginia's consumers and families. The following summarizes these initiatives:

- Virginia Organization of Consumers Asserting Leadership (VOCAL): VOCAL is the statewide organization of persons with mental illness. VOCAL initiatives include:

- VOCAL CO-OP: Provides technical assistance to peer-run programs statewide.
- REACH: Recovery Education and Creative Healing: Training of workshop leaders for Wellness Recovery Action Plan (WRAP) approach to wellness management.
- VOCAL Network: Support for statewide peer network through membership services, networking and communication, conferences, and related activities.

- National Alliance on Mental Illness of Virginia (NAMI-VA): NAMI-Virginia provides support, information, and statewide educational programs to consumers, families, and communities.

- Mental Health America – Virginia (MHAV): In addition to support for the use of advance directives, MHAV provides Consumer Empowerment Leadership Training (CELT) to enable persons with mental illness to be effective and influential participants in various planning and oversight roles, on committees and councils, etc.

- Virginia Human Services Training Program (VHST): The VHST program is a collaborative effort of the Department, Region Ten CSB, the Department of Rehabilitation Services, and Piedmont Virginia Community College. VHST offers graduates a career studies certificate in human services, and graduates are employed by CSBs upon graduation.

- Southwest Virginia Consumer and Family Involvement Project: This peer-driven initiative prepares consumers and families to be meaningfully involved in the behavioral health system by providing education, advocacy, and support. Project activities focus on increasing individual and family participation in decision-making and policy formation, in service planning, and in the delivery and evaluation of publicly funded mental health services

- Family Support Services Project in Southwest Virginia: The project is directed to family members of persons with serious mental illness and involves close collaboration with CSBs in the southwest region and the Southwestern Virginia Mental Health Institute (SWVMHI). The project develops and assists family support groups with education, support, and advocacy.

7. Enhanced Crisis Stabilization Capacity

DBHDS promoted expansion of crisis stabilization capacity, leading to development of 14 residential crisis stabilization programs around the Commonwealth that now offer an alternative to inpatient treatment. A total of 52,560 residential bed-days are now accessible across the Commonwealth.

8. **Standardization of Crisis Stabilization Units**

The initial request for funding of residential crisis stabilization units was $1.3 M, with the goal of each program operating at a level that would be roughly equal to an acute-care inpatient setting.

The STI appropriation for the programs limited funding to $530,000 per unit. In November 2009, DBHDS provided additional funding to programs that established a base level of $100,000 per bed for the crisis stabilization units. Enhanced funding will support the DBHDS goal of CSUs operating with greater standardization of services.

Residential crisis stabilization programs funded with restricted or unrestricted state general funds must address the following program criteria:

- operate and be able to accept and serve individuals 24 hours per day, seven days per week,
- accept and serve *identified types of individuals* who are under temporary detention orders,
- provide Medicaid-reimbursable services to eligible individuals,
- function as a drop off center *for identified types of individuals* in the custody of law enforcement officers,
- provide step down from inpatient hospitalization,
- be capable of serving individuals with co-occurring mental health and substance use disorders, and
- employ peers (individuals with mental health or substance use disorders) as service providers.

9. Expansion of Peer-Provided Services

In FY 2008 and FY 2009, significant expansion of peer-provided services occurred through the state-funded System Transformation Initiative and through targeted allocations of federal Mental Health and Substance Abuse Block Grant funds.

Transformation initiative funds were used (in part) by CSBs to hire new peer specialists who could add peer support capacity to existing services. In a related effort, Federal block grant funds were used to expand existing contracts with peer-run (i.e., non-CSB) service providers and initiate new peer-run services. Particularly significant expansion occurred during this period with the advent of five new recovery support programs targeted to persons with substance use disorders and co-occurring mental health and substance use disorders. These initiatives establish an important ongoing partnership between the addictions peer community and traditional treatment providers.

10. Training of Peer Support Professionals in the Workforce

To support the expansion of peer-provided services described above, DBHDS contracted with the Mental Health Association of Southeastern Pennsylvania (MHASP) to provide four Peer Specialist training events for mental health consumers (peers) who may be employed or seeking employment in the public or private behavioral health system. A total of 79 consumers have been trained and awarded the certified Peer Specialist designation from the MHASP Institute for Community Integration and Recovery. The Department of Medical Assistance Services (DMAS) clarified its policy on the qualifications for paraprofessional Medicaid providers to recognize the MHASP Institute's Peer Specialist curriculum. Twenty-six CSBs currently report employing MH peers in their workforce, and a recently formed Virginia Peer Support Coalition boasts over 100 members.

11. Measurement of CSB "Recovery Orientation"

In 2005, DBHDS staff, Mental Health America, Virginia (MHAV), and VOCAL initiated the pilot Recovery Orientation Systems Indicator (ROSI) survey at 11 CSBs using trained and paid mental health consumers as surveyors. Mental health consumers conducting the ROSI survey interviewed almost 600 consumers and disseminated over 400 "Roadmap to Recovery" pamphlets at mental health centers across Virginia.

The 2010 Performance Contract requires CSBs to administer the ROSI Consumer Survey with a statistically valid sample of individuals with serious mental illness receiving mental health services from the CSB, along with the ROSI Provider Survey (Administrative Profile) annually. An online version of the ROSI survey was developed and added to the Department's website and a new software program was developed to enable users to enter individual ROSI survey responses from both consumers, and records of Administrative Profile, and to automatically analyze the data and produce outcome reports.

12. **Measurement of "Recovery Orientation" in DBHDS Psychiatric Facilities**

DBHDS advanced the development of a recovery-oriented culture across the state-operated facilities, exceeding the identified target of an annual improvement of 15 % in two of the last three years, as well as improving the percentages in the areas of consumer interviews and record review scores.

13. Employment Support for MH Consumers

DBHDS disseminated "Interpretive Guidance Regarding Medicaid Reimbursement for Mental Health Support Services in Supported Employment Programs" to provide guidance to help distinguish between Mental Health Supported Employment services that are strictly vocational services supported by non-Medicaid funds, and those mental health services provided in the work environment that may be reimbursable under Virginia Medicaid's Mental Health Support Services.

A "how-to" manual, "Successful Competitive Employment for Consumers in Recovery from Serious Mental Illness: A Resource Guide to Implementing and Funding Supported Employment Services" was developed and disseminated to provide assistance in creating "braided" funding approaches to supported employment programs under Vocational Rehabilitation and Medicaid Mental Health services in Virginia. CSB, Employment Support Organization (ESO), and Department of Rehabilitative Services (DRS) staff members were trained in workshops about the use of the manual.

14. **Standardizing Medical Screening for Admissions**

In 2007, following a stakeholder consensus-building process, DBHDS issued *Medical Screening and Assessment Guidance* materials to public and private behavioral health providers and emergency departments to encourage and support more consistent medical screening and assessment of prospective inpatients. Practice improved in most areas, but in 2009 providers

identified continuing needs for education and clarification around medical screening practices. DBHDS Office of Mental Health Services took the lead to reconvene a Medical Screening Workgroup to update the guidance and improve dissemination of the consensus process.

15. Improving State Hospital Discharge Planning

DBHDS developed an online secure-site portal and a web-based discharge planning software application piloted in 2006 by CSBs and state hospitals and later expanded the software statewide to facilitate better bed utilization management and review. Over 200 CSB hospital liaison staff members interact with approximately 77 hospital treatment teams through this portal to create and execute discharge plans. Lists of patients deemed ready for discharge and those facing extraordinary barriers to discharge are also tracked automatically to ensure the Department's compliance with the requirements of the Americans with Disabilities Act and the Supreme Court's *Olmstead* decision.

16. Positive PACT and PATH Program Outcomes

DBHDS continued its outcome data tracking and analysis of two highly vulnerable consumer groups, namely those served by Programs of Assertive Community Treatment (PACT) and homeless persons with mental health disorders, including many with co-occurring substance abuse problems, served in its Projects for Assistance in Transition from Homeless (PATH) program.

- PACT outcomes: Pre- and post- tests over equal time periods show that PACT consumers reduced their utilization of state hospitals by 72%, while ensuring that 90% live in stable housing and 95% avoid criminal justice involvement.
- PATH outcomes: Among homeless PATH consumers, 75% were found to be unengaged with the mental health system and 73% were unsheltered at first contact. Over the course of the year, PATH staff successfully helped 52% become sheltered, 28% enroll in mental health services, and 19% achieve housing.

17. **Services to Veterans**

DBHDS is supporting the Department of Veterans' Services efforts to implement the Virginia Wounded Warrior Program (VWWP), designed to respond to the behavioral health needs of Virginia veterans. The VWWP was created in 2008 to serve veterans and their families throughout the state. Under the VWWP, $1.7 M has been awarded to five regional coalitions:

- Northwestern Virginia ($300,000)
- Northern Virginia ($400,000)
- Southwest Virginia ($190,000)
- Central and Southside Virginia ($190,000)
- Tidewater Virginia ($620,000)

Services provided by the VWWP grant recipients include increased outpatient counseling and crisis intervention for veterans and their spouses and children to day programs and other supports for veterans with traumatic brain injuries. DVS has also established Regional Directors in the

Southern, Western, Northern, and Richmond areas to facilitate partnership-building and service delivery.

18. **Opening of Virginia Center for Behavioral Rehabilitation (VCBR)**

In February 2008, DBHDS opened the 300-bed Virginia Center for Behavioral Rehabilitation (VCBR) in Nottaway County. Under Virginia law, certain Department of Corrections (DOC) inmates convicted of predicate sexual crimes may be subject to civil commitment. Eligible inmates within 10 months of completion of their sentence are screened and, in some cases, civilly committed to VCBR to participate in intensive treatment. Like other states, Virginia has created a secure treatment facility for these individuals. Eventual conditional release back to the community is determined by their progress in treatment and reduction of re-offense risk.

19. Integration of Treatment for Co-Occurring Disorders at DBHDS Inpatient Facilities

The Office of Mental Health Services supported implementation of the VASIP initiative in DBHDS behavioral health facilities through completion of workforce surveys, and implementation of workforce development plans and activities.

20. Opening of the New Eastern State Hospital

The Hancock Geriatric Treatment Center at Eastern State Hospital opened in April 2008, and is the first component of the three-phase DBHDS project to replace the hospital's outdated facilities and create a homelike environment. The Hancock Center, 150-bed, single-story facility is a psychiatric intermediate care facility specializing in geriatric care. The National Council for Public-Private Partnerships recognized the project with a *2008 Innovation Award*. The second phase of the project has a targeted completion date of August 2010. At that time the new building will open and will serve the civil and forensic populations under one roof in a state-of-the art facility.

21. Oversight and Monitoring of DBHDS Facilities

DBHDS OMH staff continuously monitors and manages DBHDS responses to external oversight from several agencies including the US Department of Justice, US Center for Medicare and Medicaid Services, the Joint Commission on Accreditation of Healthcare Organizations, the Virginia Office of the Inspector General for Behavioral Health and Developmental Services, and the Virginia Office of Protection and Advocacy. OMH staff analyzes findings and recommendations; develops and reviews plans of correction with respective facilities, and oversees implementation of plans of correction.

22. **Older Adult Model Services:**

DBHDS supported development of two model regional systems of care for older behavioral health consumers and their families. These projects are described below.

- In Region II, the Northern Virginia CSBs created the Regional Older Adult Facilities Mental Health Support Team (RAFT). RAFT is a multi-disciplinary treatment and support team of MH therapists, a psychiatrist, a psychologist, and a nurse practitioner working with adults 65 years and older to be discharged or diverted from state facilities (i.e., Hancock Geriatric Center at ESH, and Piedmont Geriatric Hospital) to less-restrictive community-based settings. RAFT provides intensive, specialized mental health supports to nursing homes and assisted living facilities that serve older adults with serious behavioral health disorders.

- In Region V, the Hampton-Newport News CSB implemented a Geriatric Psychiatric Continuum for older adults that focus on meeting the needs and preferences of older adult consumers and their families, providing care consistent with the values of recovery, self determination and empowerment, and enabling community living for consumers. The program employs evidence-based best practices to provide comprehensive and integrated services and supports, including intensive outpatient services and adult day care outreach, specialized care management, education and support, and advocacy and strategic planning activities.

23. **Older Adult Service Partnerships:**

DBHDS OMH staff have developed and supported collaborative local networks of public-private academic partners committed to improving service access, effectiveness, capacity, quality, and accountability for behavioral health service to older adults. Specific accomplishments include:

- (2006) Organized the Geriatric Leadership Team and developed a master plan for geriatric services outlining a continuum of specialized services intended to meet the complex community support needs of older adults with mental illness, intellectual disabilities and substance abuse disorders.
- (2008) Worked through the multi-agency Geriatric MH Planning Partnership to promote enhanced communication, resource development and utilization among public and private providers;
- (2008) Developed Centers of Excellence for public and private entities, including an older adult support website for ongoing online professional consultation;
- (2008-9) Educated long-term care professionals in best practices, and encouraged regional efforts to operationalize best practices in community services;
- (2009) Convened a statewide Geriatric Mental Health Summit to enable and support the multi-agency consortium addressing needs of older adults and their families, including a presentation to the Joint Commission on Health Care.
- (2009) Worked with the DOA, Virginia Alcohol Beverage and Control (ABC), CSBs and Area Agencies on Aging to supporting the first Older Virginians Mental Health Month.

24. **Pre-Admission Screening and Resident Review Services (PASRR)**

Since 2000, DBDHS staff in partnership with Ascend Management Innovations, LLC (Ascend) has ensured the PASRR program optimizes the resident's placement success focusing on quality of life, quality of placement and treatment and quality of life for other residents. In 2006, a multi- strategy PASRR model process was created to improve the PASRR service effectiveness

from a compliance program to an Effective Advocacy Program. It includes recommendations that are useful, applicable and individualized; training and educating acute care hospital discharge staff and nursing facility staff is ongoing, developing formal networks with the involvement in Statewide Long-Term Care initiatives such as Culture Change Coalition, No Wrong Door/Easy Access and Alcohol and Aging Awareness Group and developing informal networks to make multidisciplinary PASRR solutions for advocacy support, education, oversight and accountability in the PASRR continuum of care from community to facility.

25. Buprenorphine Services

The DBHDS Office of Substance Abuse Services (OSAS) works with CSBs and Opioid Treatment Programs to expand the availability of buprenorphine services to opioid addicted individuals through ongoing training and providing technical assistance of clinicians and physicians.

26. Substance Abuse Services for individuals in the Criminal Justice System

OSAS has participated in several legislative studies and projects regarding the delivery of services to individuals within the criminal justice system. Partners include the Department of Corrections (DOC), Department of Criminal Justice Services (DCJS), and the Commission on Virginia Alcohol Safety Action Program (VASAP), the Department of Juvenile Justice (DJJ), and the Office of the Secretary of Public Safety (OSPS), the Virginia Drug Court Association (VDCA) and the Supreme Court of Virginia (SOV). The Department funds CSB counselor positions to provide services to incarcerated clients. It has worked with the Virginia Sheriffs' Association to collect data on incarcerated individuals with substance use and mental health disorders.

27. Department of Rehabilitation Services Substance Abuse Employment Project

OSAS funds vocational counselor positions through the Department of Rehabilitation Services (DRS). Those counselors, with knowledge of substance abuse disorders, work with clients at 20 CSBs. The intent of this project is to assistant clients in returning to work and becoming productive, tax-paying citizens while still engaged in ongoing recovery and treatment activities.

28. Faith-Based Organizations Treatment Initiative (FBOs)

OSAS works with FBOs and provides technical assistance to support rehabilitation and recovery activities for individuals with substance abuse disorders. Services include training and education for the clergy and lay leaders, resource and referral information for referring individuals with substance abuse disorders, and treatment and recovery resources.

29. Oxford House Initiatives (OH)

DBHDS OSAS funds and oversees the development, enhancement and expansion of Oxford Houses in Virginia. The 93 OH homes support individuals recovering from substance abuse disorders. DBHDS provides technical assistance to Oxford House Inc. in the review and

monitoring of house operations and administration, the development and maintenance of the OH website and the continued development of the OH Association in Virginia.

30. Recovery Support Projects

DBHDS has funded five Recovery Support Projects. The intent of these projects is for trained individuals in recovery to facilitate and support individuals with substance abuse disorders in seeking and maintaining recovery through support, assistance, resource education and referral to treatment resources.

31. Prevention Services

DBHDS is a member of the Governor's Office on Substance Abuse Prevention (GOSAP) Collaborative, which includes 16 other agencies and organizations. In this role, DBHDS collaborated with GOSAP and Virginia Commonwealth University (VCU) to develop the Commonwealth's application to the Substance Abuse and Mental Health Services Administration (SAMHSA) for the Strategic Prevention Framework State Incentive Grant, resulting in an award of $2,135,724 to GOSAP. The DBHDS Prevention Manager is the Project Director and DBHDS is the fiscal agent.

DBHDS continues to place a strong emphasis on implementing evidence-based prevention practices and programs that are family-focused and have been demonstrated to prevent substance abuse, increase academic achievement, improve family management and enhance social efficacy for participants. Currently, over half of the prevention services provided by CSBs in FY 09 were evidence-based.

32. Virginia Service Integration Program

This $3.5 million five-year grant was awarded to DBHDS in 2004 to support infrastructure development for an integrated service delivery system that more effectively meets the needs of individuals and families with co-occurring mental health, substance abuse, and other needs. The grant has led to a number of accomplishments:

- Training and implementation of a systemic process to assess organizational readiness to address the needs of persons with co-occurring mental illness and substance use disorder at CSBs and facilities;
- Training in the use of specific screening and assessment tools to identify co-occurring disorders in persons seeking services at CSBs;
- Implementation of a system-wide quality improvement process, including annual self-assessments and the development of quality improvement plans with measurable objectives;
- Establishment of an advisory team with representatives from throughout the system;
- Extensive training of CSB and facility staff in identifying persons with co-occurring mental illness and substance use disorders;
- Allocation of $1.1 million to CSBs and facilities for expert consultation in the development of quality improvement plans, training in evidence-based practices and programs, and purchase of training and other materials to assist staff providing services to consumers with co-occurring disorders.

33. Initiatives Targeted to Rural Opiate Abuse

DBHDS has secured grants and awards to address significant rates of death (some in excess of 50 per 100,000) related to opiates in the far southwestern region of the state. Many of these mortalities were the result of misuse of prescription pain medication. Services are located in areas where primary health care resources are scarce, and programs serve as models of engaging the local physician community in addressing addiction as a health care issue and the local business community in addressing addiction as an issue in community economic development.

34. Developmental Services Studies and Reports

- **2005 -** Completed House Document 76 as a blueprint for the future development of the Intellectual Disabilities services system, including roles for smaller, more narrowly focused training centers and a more robust community system.
- **2007** – Completed the "MR System Study" and made recommendations on how the system could be improved. The study focused on behavioral , medical , employment, and residential needs, waiting list issues, and person-centered planning efforts.
- **2009** – Completed Item 315 Z Study on Housing Needs for Persons with Developmental Disabilities in November. This study focused on the issues related to gaps in housing, the need to "de-couple" housing for individuals with developmental disabilities from the service field, and the made recommendations for future direction in Virginia regarding these issues.

35. Developmental Services Organizational Initiatives

- Established TACID (*The Advisory Consortium for Intellectual Disabilities*) as a means to bring all stakeholders together in an advisory capacity to the Department on intellectual disabilities . This was changed in 2009 to TACIDD in order to add *Developmental Disabilities* to the name and purpose.
- Support Positive Behavioral Supports (PBS) Training, through community capacity funding to the Partnership for People With Disabilities, to support the PBS training and endorsement program.
- Regained responsibility for leadership in Waiver application, regulation and manual development through a signed letter of understanding between the Director of DMAS and the Commissioner of DBHDS.
- Conducted 10 multi-agency training events across the state related to the MR Waiver and case management for approximately 700 trainees.
- Received funding from Centers for Medicare & Medicaid Services (CMS) for the five-year Systems Transformation Grant in conjunction with DMAS and several other state agencies. The purpose of this grant is to promote individual control over supports.
- Established an 80-member Person-Centered Planning Leadership Team representing multiple state agencies, CSBs/BHAs, private providers, family members, advocates and self-advocates. The team met for over a year with the goal of developing a collaborative approach across Virginia for implementing person-centered planning, self-determination and community inclusion for individuals with intellectual disabilities.

- Received the six-state "Becoming a Person Centered Organization" (BPCO) grant. This CMS grant partnered Virginia with five other states, National Association of Directors of Developmental Disabilities Services (NASDDDS), and Support Development Associates, a private, nationally recognized consulting organization known for person-centered teaching. The purpose of the grant is to create a person-centered systems change in organizations.
- Participated in the development of the Money Follows the Person Demonstration Project, under the leadership of DMAS. The project received final CMS approval and became available for individuals to assist them in their transition from institution to community Waiver services effective July 1st.
- Established the ID Case Management training module online for access by case managers.
- *Supports Intensity Scale*™ was purchased for a three-year period to establish a standardized assessment for all individuals with intellectual disabilities receiving services through community and training center Medicaid venues in order to:
    - establish a uniform means of determining level of need for individuals with intellectual disabilities in the service system;
    - improve the predictability of resource needs for individuals;
    - lay the foundation for future system-wide decisions being made based on actual individual support needs; and,
    - reinforce, through assessment information, the principles of person-centered planning/
- DBHDS rolled out the PCP/SIS™ Transformation Initiative statewide. This was the culmination of the work done by the PCP Leadership Team, the PCP subgroup of the Systems Transformation Grant, a year-long piloting of the SIS™ and the six-state BPCO grant. This effort involved training case managers at all CSBs/BHAs, social workers at each training center and a large number of private providers to conduct the SIS™ and use the elements of the new person-centered plan/process.

  In addition, all regions of the state received training in "person-centered thinking" (PCT) and certain communities volunteered to receive even more intensive "becoming a person-centered organization" training. These training sessions reached over 4,200 people. Instructional samples and guidance materials for person-centered planning/practices and the SIS™ were made available on the ODS website. These efforts have laid a foundation for the development of a comprehensive DD system.
- The DBHDS Office of Developmental Services (ODS) assumed responsibility for services for Autism Spectrum Disorders and other Developmental Disabilities.
- Began organizing stakeholders for the response to the JLARC Autism study. This study, which contains 21 recommendations, concludes with the final recommendation that DBHDS develop a detailed action plan, with fellow stakeholders, to demonstrate how the Commonwealth will meet the other 20 recommendations of the study.
- SELN – DBHDS joined the *State Employment Leadership Network* in 2009. This network is a project of the *National Association of State Developmental Disability Directors* (NASDDDS) and now has 16 member states which share information and benefit from a formal alliance with the University of Massachusetts in Boston to promote improved employment outcomes for individuals with developmental disabilities.

36. **Children's Services Transformation** – DBHDS works with the Office of Comprehensive Services (CSA) and the Department of Social Services (DSS) to reduce the out-of-home placement for children. DBHDS has taken the lead to assist CSBs in implementation of intensive care coordination, working closely with 25 CSBs. At these sites a clinician with only 7 - 12 cases works intensely with the child and family to arrange the necessary community services to keep a child out of residential care.

37. **Behavioral Health/Traumatic Brain Injury (TBI)** – DBHDS works with Department of Rehabilitation Services, Department of Veterans Services, CSBs and the Brain Injury Association to identify best practices for serving individuals with traumatic brain injury in need of behavioral health services.

38. **Early Intervention Initiative** – DBHDS works with the Department of Medical Assistance Services (DMAS) to improve access to early intervention services for children ages birth to three, maximize use of third-party resources for these services, and increase oversight and quality of providers through a provider certification process.

39. **DBHDS and DCJS** – DBHDS works with the Department of Criminal Justice Services to advance jail diversion initiatives that reduce or minimize the involvement of individuals with mental illness in the criminal justice system. These efforts have led to significant new resources:

    - Ten community-based criminal justice/mental health collaborative cohort of jail diversion and jail treatment program sites;
    - Twenty-one area Crisis Intervention Team (CIT) initiatives that train law enforcement officers; and,
    - Fourteen Cross-Systems Mapping and Action Planning workshops that bring mental health, court, law enforcement, probation, and other agencies together to identify opportunities for improved coordination of services