



COMMONWEALTH of VIRGINIA

DEPARTMENT OF

BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797

Richmond, Virginia 23218-1797

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

JAMES W. STEWART, III
COMMISSIONER

June 15, 2010

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

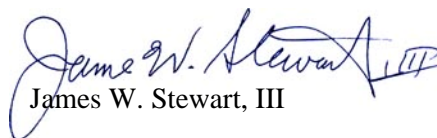
Dear Governor McDonnell:

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., M.D.
Mr. Frank Tetrick



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June 15, 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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Mr. Frank Tetrick



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JAMES W. STEWART, III
COMMISSIONER

June 15, 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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Cc: Hon. William A. Hazel Jr., M.D.
Hon. R. Edward Houck
Mr. Joe Flores
Mr. Frank Tetrick
Ms. Ruth Anne Walker



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June 15, 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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June 15, 2010

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

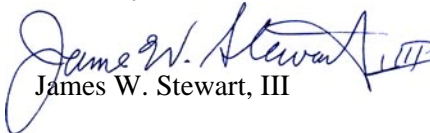
Dear Mr. Timberlake:

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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James W. Stewart, III

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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

Item 316 CC

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

to the Governor and General Assembly

June 15, 2010

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Report on System Transformation Initiative (STI)
Department Behavioral Health and Developmental Services (DBHDS)
June 15, 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 January 1, 2010 through March 31, 2010. The report includes a comparison of the projected level of services to the year-end figures for the fiscal year. Item 316 CC (Item 312 D.D. (Special Session I, 2006)) of the 2009 *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 3rd Quarter	Year-to-Date Percent of Individuals Served
Emergency Services	3,124	2,754	88.16 %
Acute Psychiatric Inpatient Services	122	97	79.51 %
Outpatient Services	7,428	5,884	79.21 %
Peer-Provided Outpatient Services	240	225	93.75 %
Case Management Services	3,744	2,971	79.35 %
Peer-Provided Case Management Services	215	165	76.74 %
Day Treatment/Partial Hospitalization	32	24	75.00 %
Ambulatory Crisis Stabilization Services	596	658	110.40 %
Rehabilitation	319	250	78.37 %
Peer-Provided Rehabilitation	211	257	121.80 %
Individual Supported Employment	40	23	57.50 %
Highly Intensive Residential Services	80	340	425.00 %

Services Area	Annual Number of Individuals Projected to be Served FY 2010	Actual Number of Individuals Served Year-to-Date 3rd Quarter	Year-to-Date Percent of Individuals Served
Residential Crisis Stabilization Services	2,215	1,811	81.76 %
Peer Provided Intensive Residential Services	12	0	0.00 %
Supervised Residential Services	76	61	80.26 %
Supportive Residential Services	700	565	80.71 %
Peer-Provided Supportive Residential Services	139	119	85.61 %
Consumer Monitoring	810	508	62.72 %
Discharge Assistance Projects (DAP)	60	52	86.67 %
Consumer-Run Services	741	1,522	205.40 %
Totals	20,904	18,286	87.48 %

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 during this period. In order to provide for further integration of the programs funded through Item 315 U with those funded by the appropriations in Item 315Y, the DBHDS has been working to develop a web-based reporting system that will expedite and expand the data collection process for these programs through a web-based reporting system that will provide for improved outcomes measurement in this and succeeding years. The transition to this new system does not allow for reporting at this time.

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	<i>See updates below</i>		
Richmond Behavioral Health Authority	9	9	9
Alexandria	8	6	6

* 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.

Updates: Due to the resignation of the Family Functional Therapy (FFT) Services supervisor last quarter, PD1 has not been able to sustain the FFT program. Instead, they are developing a work plan for the new fiscal year that will include utilization of a family therapy model that is

evidence-based and three other evidence-based projects. They are also looking to implement a new outcome measures set for these services in addition to the Outcome Quality measures used for FFT.

Updates: The RBHA Multi-Systemic Therapy program has reached and now surpassed the goal of one year of full clinical and administrative staffing for the program with no staff departures during this time. In addition, the program has been selected as one of the programs to be evaluated by the University of Cincinnati under contract with the Thirteenth Judicial District Court Service Unit, in a project designed to measure and improve evidenced-based juvenile justice programming in this locality.

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

Program	# Served
Therapeutic Day Treatment	13
Alternative Day Support Services	11
Case Management	92
Intensive In-home Services	14
Intensive Care Coordination	11
TOTAL	141

Updates: During this quarter Cumberland Mountain has started the new service of Intensive Care Coordination. They have two staff providing the service in two counties. In addition, they are planning two new services for next quarter: a parent education group for Head Start families and an anger management group for children referred through the Family Assessment and Planning Team.

Additional Non-EBP Data (Alexandria CSB)

Program	# Served
Therapeutic Day Treatment	0
Foster Care Prevention	11
Case Management/Wraparound	19
Intensive In-home Services	8
TOTAL	38

Additional Non-EBP Data (Planning District 1)

Program	# Served
Crisis	46
Psychiatry	74
Family Partner	21
TOTAL	141

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.

3rd Quarter 2010 Summary Data for Detention Center Projects

Admitted to the detention center during the reporting period	3142
Number served by the CSB	2882
Average length of stay in detention center	22.63 days
Number receiving an assessment or evaluation service	1256
Number receiving an early intervention service	707
Number receiving case management	1150
Admitted to the detention center during the reporting period	3142
Number served by the CSB	2882

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	2,967
Total number of children served in EI	12,017

V INTELLECTUAL DISABILITY 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
March 31, 2010	142
Change in census	51

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
March 31, 2010	422
Change in census	102

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
March 31, 2010	329
Change in census	100

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
March 31, 2010	226
Change in census	17

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
<i>Eastern State Hospital</i>	7/1/2006	4/1/2010
Direct Service Associates	341	366
Practical Nurses	74	96
Registered Nurses	100	138
Physicians	20	18
Clinical Staff	78	73
Administrative/All Other Roles	328	254
<i>Total</i>	941	945
<i>Western State Hospital</i>	7/1/2006	4/1/2010
Direct Service Associates	227	203
Practical Nurses	48	36
Registered Nurses	99	96
Physicians	19	19
Clinical Staff	65	53
Administrative/All Other Roles	251	223
<i>Total</i>	709	630
<i>Southeastern VA Training Center</i>	7/1/2006	4/1/2010
Direct Service Associates	233	226
Practical Nurses	6	4
Registered Nurses	19	16
Physicians	2	2
Clinical Staff	33	33
Administrative/All Other Roles	135	117
<i>Total</i>	428	398
<i>Central VA Training Center</i>	7/1/2006	4/1/2010
Direct Service Associates	811	704
Practical Nurses	32	39
Registered Nurses	72	68
Physicians	10	7
Clinical Staff	78	68
Administrative/All Other Roles	450	332
<i>Total</i>	1,453	1,218

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. Ten million dollars 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 and 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 slated to begin in May 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.