



# COMMONWEALTH of VIRGINIA

JAMES W. STEWART, III  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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December 1, 2010

The Honorable Robert F. McDonnell  
Office of the Governor  
Patrick Henry Building  
P.O. Box 1475  
Richmond, Virginia 23218

Dear Governor McDonnell:

I am pleased to forward to you the Department's first annual report in response to Item 304.N of the 2010 *Appropriation Act*.

This report presents a broad review of data and information about the public behavioral health and developmental services system, including the numbers of individuals served, type of services provided, systemic outcome and performance measures, and major accomplishments during the past year. It also lists the strategic initiatives and Department activities to be addressed over the next three and a half years.

I hope that you and your staff find the information in this report helpful. Please do not hesitate to contact me if you or your staff has any questions about this annual report.

Sincerely,

  
James W. Stewart, III

Attachment

pc: Hon. William A. Hazel Jr., M.D.  
Keith Hare  
Olivia J. Garland, Ph.D.

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



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December 1, 2010

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

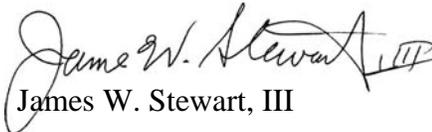
Dear Senator Colgan:

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pc: Hon. William A. Hazel Jr., M.D.  
Hon. R. Edward Houck  
Olivia J. Garland, Ph.D.  
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December 1, 2010

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 the Department's first annual report in response to Item 304.N of the 2010 *Appropriation Act*.

This report presents a broad review of data and information about the public behavioral health and developmental services system, including the numbers of individuals served, type of services provided, systemic outcome and performance measures, and major accomplishments during the past year. It also lists the strategic initiatives and Department activities to be addressed over the next three and a half years.

I hope that you and your staff find the information in this report helpful. Please do not hesitate to contact me if you or your staff has any questions about this annual report.

Sincerely,

A handwritten signature in cursive script that reads 'James W. Stewart, III'.

James W. Stewart, III

Attachment

pc: Hon. William A. Hazel Jr., M.D.  
Hon. Harvey B. Morgan  
Olivia J. Garland, Ph.D.  
Frank L. Tetrick, III

Paul R. Gilding  
Ruth Anne Walker

Susan E. Massart

# **DBHDS**

Virginia Department of  
**Behavioral Health and  
Developmental Services**

## **Item 304.N Fiscal Year 2010 Annual Report**

**Submitted to the Governor  
and the Chairs of the  
House Appropriations and Senate Finance Committees**

**December 1, 2010**

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# Department of Behavioral Health and Developmental Services FY 2010 Annual Report

## Introduction

The 2010 Session of the General Assembly enacted a requirement for the Virginia Department of Behavioral Health and Developmental Services (Department) to submit an annual report to the Governor and the General Assembly. Item 304.N of the 2010 *Appropriation Act* states:

The Department shall submit a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than December 1 of each year for the preceding fiscal year that provides information on the operation of Virginia's publicly-funded behavioral health and developmental services system. The report shall include a brief narrative and data on the numbers of individuals receiving state facility services or CSB services, including purchased inpatient psychiatric services, the types and amounts of services received by these individuals, and CSB and state facility service capacities, staffing, revenues, and expenditures. The annual report also shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year. The first annual report shall be submitted no later than December 1, 2010 for fiscal year 2010.

The Department is pleased to submit this first annual report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees in response to the *Appropriation Act* provision. The first section in the report briefly describes Virginia's public behavioral health (mental health and substance abuse) and developmental services system. Following sections present data about the numbers of individuals who received services from that system in FY 2010, the types and amounts of services they received, and the service capacities, staffing, and funding and expenditures of the services system. The final sections of the report describe Department initiatives and accomplishments, provide updates on major projects, and present some systemic performance and outcome measures achieved in FY 2010.

In the current difficult budget crisis, all agencies of state government continue to look for ways to maintain core services with fewer resources. The Department remains committed to moving the system forward in a positive way, even within the austere fiscal environment. The strategic initiatives and major Department activities to be addressed over the next three and a half years are intended to:

- Continue progress in advancing the Department vision of a system of behavioral health and developmental services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life;
- Support the Governor's expressed intentions to achieve a Commonwealth of Opportunity for all Virginians, including those receiving behavioral health or developmental services; and
- Assure that the services system is efficient and well-managed and that its core functions are performed in a manner that is effective and responsive to the needs of individuals receiving services and their families.

## Department of Behavioral Health and Developmental Services FY 2010 Annual Report

Successful implementation of the planned initiatives and major activities will continue progress toward achieving a community-focused system of behavioral health and developmental services and supports that increases opportunities for and enriches the lives of individuals receiving services.

### Virginia's Public Behavioral Health and Developmental Services System

The publicly-funded behavioral health and developmental services system provides services to individuals with mental health or substance use disorders, developmental disabilities, including intellectual disability, or co-occurring disorders through state hospitals and training centers, hereafter referred to as state facilities, operated by the Department and 39 community services boards and one behavioral health authority, hereafter referred to as CSBs. The CSBs are established by the 134 local governments in Virginia pursuant to Chapters 5 or 6 of Title 37.2 of the *Code of Virginia*. CSBs provide services directly and through contracts with private providers, which are vital partners in delivering behavioral health and developmental services. CSBs function as the single points of entry into publicly funded behavioral health and developmental services, including access to state facility services through preadmission screening, case management and coordination of services, and discharge planning for individuals leaving state facilities. Finally, CSBs advocate for individuals who are receiving services or who are in need of services, act as community educators, organizers, and planners, and advise their local governments about behavioral health and developmental services and needs.

Section § 37.2-100 of the *Code of Virginia* defines three types of CSBs: operating, administrative policy, and policy-advisory to a local government department. Chapter 6 in Title 37.2 of the *Code of Virginia* authorizes behavioral health authorities (BHAs) in three localities; one exists in Richmond. Operating and administrative policy CSBs and the Richmond BHA are guided and administered by boards of directors with statutory fiduciary and management authority and responsibilities. A local government department with a policy-advisory CSB is advised by that CSB. Board members of each CSB are appointed by the city councils or county boards of supervisors that established the CSB. The term CSB includes the board members and the organization that provides services, unless the context clearly indicates otherwise.

While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's public behavioral health and developmental services system. The Central Office, State Facility, and CSB Partnership Agreement, on the Department's web site at [www.dbhds.virginia.gov/OCC-default.htm#pc11](http://www.dbhds.virginia.gov/OCC-default.htm#pc11), describes this arrangement. The Department's relationships with all CSBs are based on the community services performance contract, applicable provisions in Title 37.2 of the *Code of Virginia*, and State Board of Behavioral Health and Developmental Services policies and regulations. The Department contracts with, funds, monitors, licenses, regulates, and provides leadership, guidance, and direction to CSBs. More information about CSBs is available in the Overview of Community Services in Virginia on the Department's web site at [www.dbhds.virginia.gov/OCC-default.htm#occ5](http://www.dbhds.virginia.gov/OCC-default.htm#occ5).

Today, the Department operates eight state hospitals for adults across Virginia: Catawba Hospital (CAT) in Salem, Central State Hospital (CSH) in Petersburg, Eastern State Hospital

## Department of Behavioral Health and Developmental Services FY 2010 Annual Report

(ESH) in Williamsburg, Piedmont Geriatric Hospital (PGH) in Burkeville, Northern Virginia Mental Health Institute (NVMHI) in Falls Church, Southern Virginia Mental Health Institute (SVMHI) in Danville, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, and Western State Hospital (WSH) in Staunton. The Commonwealth Center for Children and Adolescents (CCCA) in Staunton is the only state hospital for children with serious emotional disturbance. State hospitals provide highly structured intensive inpatient services, including a range of psychiatric, psychological, psychosocial rehabilitation, nursing, support, and ancillary services. Specialized programs are provided to older adults, children and adolescents, and individuals with a forensic status.

The Department also operates Hiram Davis Medical Center (HDMC) in Petersburg to provide medical services for patients and the Virginia Center for Behavioral Rehabilitation (VCBR) in Burkeville to provide treatment of sexually violent predators. In this report, data about HDMC and VCBR is provided separately because these facilities are not state hospitals.

The Department operates five training centers to serve individuals with intellectual disability: Central Virginia Training Center (CVTC) in Lynchburg, Northern Virginia Training Center (NVTC) in Fairfax, Southside Virginia Training Center (SVTC) in Petersburg, Southeastern Virginia Training Center (SEVTC) in Chesapeake, and Southwestern Virginia Training Center (SWVTC) in Hillsville. Training centers provide highly structured habilitation services, including residential care and training in areas such as language, self-care, independent living, socialization, academic skills, and motor development for individuals with an intellectual disability. All training centers are certified by the U.S. Centers for Medicare and Medicaid as meeting Medicaid Intermediate Care Facility for the Mentally Retarded (ICF/MR) standards of quality. CVTC also provides skilled nursing services. More information about state facilities is available on the Department's web site at [www.dbhds.virginia.gov/SVC-StateFacilities.htm](http://www.dbhds.virginia.gov/SVC-StateFacilities.htm) and in the Comprehensive State Plan at [www.dbhds.virginia.gov/documents/reports/opd-StatePlan2010thru2016.pdf](http://www.dbhds.virginia.gov/documents/reports/opd-StatePlan2010thru2016.pdf).

Title 37.2 of the *Code of Virginia* establishes the Department as the state authority for the Commonwealth's publicly-funded behavioral health and developmental services system. The Department's central office provides leadership that promotes strategic partnerships among and between CSBs and state facilities and with other agencies and providers. It supports provision of accessible and effective behavioral health and developmental services and supports by CSBs and other providers and oversees the delivery of services and supports in state hospitals and training centers. The central office also protects the human rights of individuals receiving services and assures that public and private providers of behavioral health or developmental services and supports adhere to its licensing standards. A copy of the Department's current central office organization chart is included in this report as Appendix A.

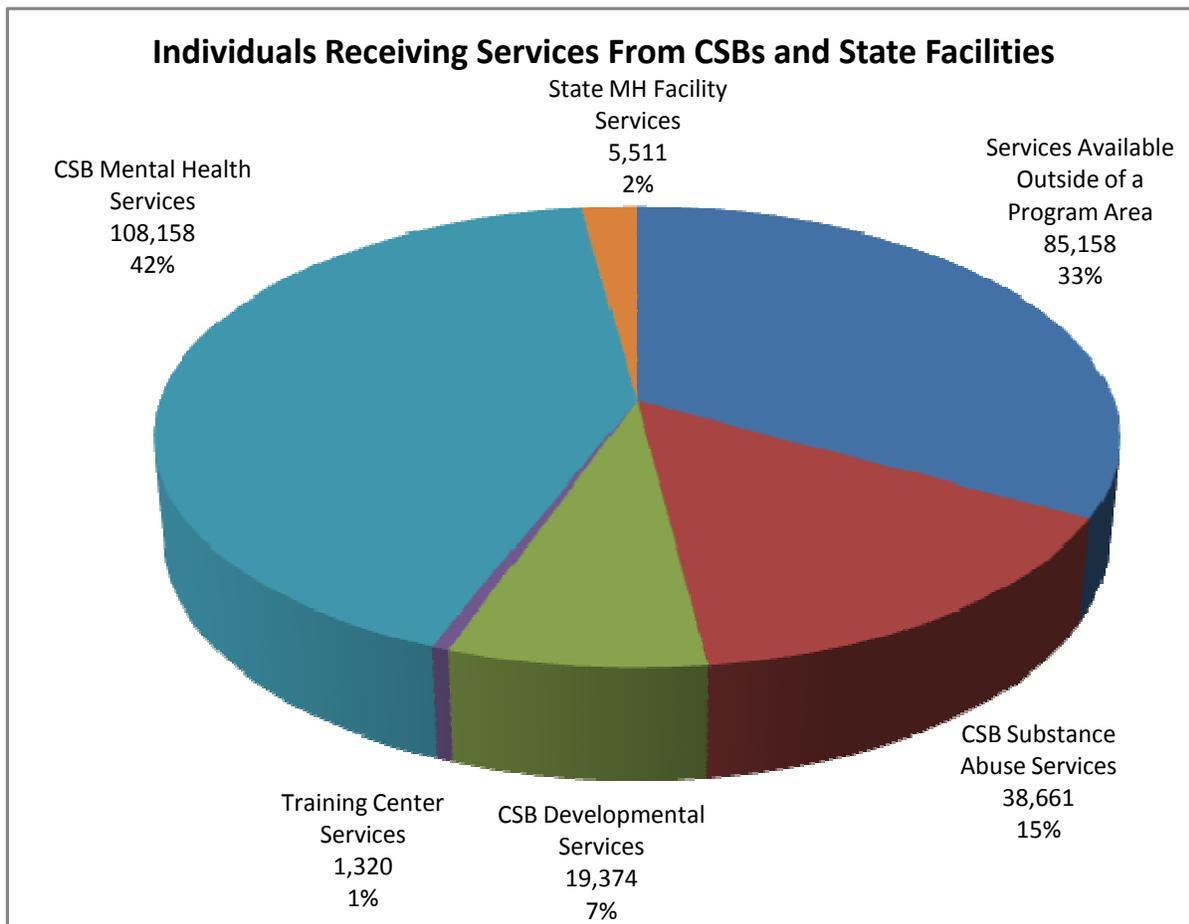
### Individuals Receiving Services From CSBs and State Facilities

In FY 2010, 201,493 individuals received services in the public behavioral health and developmental services system through CSBs, which served 194,662 individuals, or state facilities, which served 6,831 individuals. These figures are unduplicated within each CSB or state facility, but they are not unduplicated:

## Department of Behavioral Health and Developmental Services FY 2010 Annual Report

- Across CSBs, that is, a person may receive services from more than one CSB;
- Between state facilities, that is, a person may receive services from more than one state hospital or training center; or
- Between CSBs and state facilities.

The pie chart below depicts the numbers of individuals receiving services from CSBs or state facilities in FY 2010 and the respective percentages. In addition to mental health, substance abuse, and developmental services, the Department added a new program area in FY 2008, services available outside of a program area, that includes emergency, motivational treatment, consumer monitoring, early intervention, assessment and evaluation, and consumer-run services.



The following table displays the numbers of individuals receiving each of the listed core services categories and subcategories from CSBs or state facilities in FY 2010. Numbers of individuals receiving services are displayed in four columns: services available outside of a program area, which are services not linked to a specific program area, and mental health, developmental, and substance abuse program areas. Numbers of individuals who received each category of core services, such as inpatient, outpatient, day support, employment, or residential services, are shown on the bolded total lines in the table.

**Department of Behavioral Health and Developmental Services FY 2010 Annual Report**

<b>Numbers of Individuals Who Received Services From CSBs and State Facilities in FY 2010</b>			
<b>Core Services Categories/Subcategories</b>			
<b>Services Available Outside of a Program Area</b>			
<b>100 Emergency Services</b>	57,082		
318 Motivational Treatment Services	2,143		
390 Consumer Monitoring Services	5,924		
620 Early Intervention Services	3,140		
720 Assessment and Evaluation Services	28,321		
730 Consumer Run Programs	6,431		
<b>Total Individuals Receiving Services</b>	103,041		
<b>Unduplicated Individuals: CSB Services</b>	85,158		
	<b>Mental Health</b>	<b>Developmental</b>	<b>Substance Abuse</b>
<b>Services Available in Program Areas</b>			
Medical/Surgical Care (State Facilities)	66	2	
Skilled Nursing Services (Training Center)		105	
ICF/MR Services (Training Center)		1,214	
ICF/Geriatric Services (State Hospital)	525		
250 Acute Psychiatric or SA Inpatient (CSB)	2,474		112
250 Acute Psychiatric Inpatient (State Hospital)	2,779		
260 Community-Based SA Inpatient Med Detox			295
Extended Rehabilitation Services (State Hosp.)	2,082		
Hiram Davis Medical Center (State Facility)	92		
Virginia Center for Behavioral Rehabilitation	225		
Total Community Inpatient Services (250, 260)	2,474		407
Total State Facility Inpatient Services	5,769	1,321	
<b>Total Inpatient Services</b>	8,243	1,321	407
310 Outpatient Services	90,865	600	30,632
335 Medication Assisted Treatment			2,095
350 Assertive Community Treatment	1,819		
<b>Total Outpatient Services</b>	92,684	600	32,724
<b>320 Case Management Services</b>	52,210	17,530	9,458
410 Day Treatment/Partial Hospitalization	4,597		786
420 Ambulatory Crisis Stabilization	1,038		
425 Rehabilitation/Habilitation Services	5,479	2,561	
<b>Total Day Support Services</b>	11,114	2,561	786
430 Sheltered Employment Services	48	772	
460 Individual Supported Employment	1,216	1,055	
465 Group Supported Employment	9	664	
<b>Total Employment Services</b>	1,273	2,491	
501 Highly Intensive Residential Services	75	146	3,127
510 Residential Crisis Stabilization	3,816		283
521 Intensive Residential Services	223	925	4,003
551 Supervised Residential Services	1,188	412	296

**Department of Behavioral Health and Developmental Services FY 2010 Annual Report**

581 Supportive Residential Services	6,449	1,244	117
<b>Total Residential Services</b>	11,751	2,727	7,826
<b>Total Individuals Receiving CSB Services</b>	171,506	25,909	51,204
<b>Total Individuals Served in State Facilities</b>	5,769	1,321	
<b>Total Individuals Receiving All Services<sup>1</sup></b>	177,275	27,230	51,204
<b>Unduplicated Individuals: CSB Services<sup>2</sup></b>	108,158	19,374	38,661
<b>Unduplicated Individuals: State Services<sup>3</sup></b>	5,511	1,320	

<sup>1</sup> **Total Individuals Receiving All Services** are the sums of figures on the previous two lines (Total individuals Receiving CSB Services and Total Individuals Served in State Facilities).

<sup>2</sup> **Unduplicated Individuals: CSB Services** are unique individuals receiving services in each program area and in services available outside of a program area. Differences between figures on this line and the larger figures on the Total Individuals Receiving CSB Services line reflect individuals who received more than one core service.

<sup>3</sup> **Unduplicated Individuals: State Services** are the unique individuals receiving services in state hospitals or training centers. Slight differences between figures on this line and the larger figures on the Total Individuals Served in State Facilities line reflect individuals who received services in more than one state facility.

The figures in the preceding table include 3,595 individuals who received Medicaid Intellectual Disability Home and Community-Based Waiver (ID Waiver) services from CSBs in FY 2010. In addition, 4,190 individuals received ID Waiver services directly from other providers. While the number of individuals receiving services through the ID Waiver has grown, there are many other individuals on waiting lists for them. In FY 2010, 2,946 individuals were on the urgent waiting list for ID Waiver services, and 2,455 individuals were on the non-urgent waiting list. Individuals are placed on the urgent waiting list if they qualify for services, need services within 30 days, and meet any of the six urgency criteria related to high risk factors in the Medicaid ID Waiver regulations. Individuals not meeting any of the urgency criteria are placed on the non-urgent waiting list. All individuals receiving ID Waiver services also receive targeted case management services from CSBs; they are included in the 17,530 individuals who received case management in the developmental services program area, shown in the preceding table.

The figures in the preceding table also include 2,474 individuals who received acute, short term mental health inpatient psychiatric services through local inpatient purchase of services funding in their communities. If these services had not been available, most of these individuals would have required inpatient treatment in state hospitals, probably doubling the number of individuals served in acute admission units, 2,779 individuals in FY 2010.

Core services are defined in Core Services Taxonomy 7.2, which is available on the Department’s web site at [www.dbhds.virginia.gov/OCC-default.htm#ccs3](http://www.dbhds.virginia.gov/OCC-default.htm#ccs3). Demographic characteristics, including age, gender, race, and Hispanic origin, about individuals receiving services from CSBs or state facilities is available on the Department’s web site on the Web Accountability page at [www.dbhds.virginia.gov/WAM.htm](http://www.dbhds.virginia.gov/WAM.htm).

The Community Consumer Submission 3 (CCS 3) provides data about the diagnoses, clinical and demographic characteristics, and living situations of individuals receiving services from CSBs in FY 2010. A few examples are shown below.

## Department of Behavioral Health and Developmental Services FY 2010 Annual Report

- Data about adults or children and adolescents who received mental health services and have serious mental illness (SMI) or have or are at risk of serious emotional disturbance (SED), defined in Core Services Taxonomy 7.2, are displayed in the following table.

Total Adults Served	Adults with SMI	Percent of Total
77,709	44,540	57.32
Total Children Served	Children with SED or At-Risk	Percent of Total
30,324	21,929	72.32

- Of the 194,662 unduplicated individuals who received CSB services, 43,611 had co-occurring mental health and substance use disorders, 22.4% of the total number of individuals served.
- Of the 19,374 individuals with intellectual disability who received developmental services, 1,513 had a diagnosis of autism spectrum disorder (DSM IV Axis I codes of 299.00, 299.01, 299.10, 299.11, 299.80, 299.81, 299.90, and 299.91). Of all individuals who received services in any of the three program areas, 3,251 had a diagnosis of autism spectrum disorder.
- Employment for individuals receiving services in the behavioral health and developmental services system is a major focus of the Department's *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia*. The following table displays some employment status information for individuals who received services in FY 2010 from CSBs.

Employment Status for Individuals Receiving CSB Services in FY 2010	Mental Health Services	Developmental Services	Substance Abuse Services
<b>Adults (18-64) Receiving Services</b>	73,245	13,871	34,759
<b>Adults Employed Full-Time (35+ hours)</b>	7,200	438	7,082
<b>Adults Employed Part-Time (&lt;35 hours)</b>	7,084	1,840	4,127
<b>Total Adults Employed</b>	14,284	2,278	11,209
<b>Percent of Adults Receiving Services</b>	19.50%	16.42%	32.25%
<b>Adults Unemployed</b>	18,426	1,175	11,612
<b>Percent of Adults Receiving Services</b>	25.16%	8.47%	33.41%
<b>All Individuals Receiving Services</b>	108,158	19,374	38,661
<b>Individuals Not in Labor Force</b>	66,828	13,277	13,219
<b>Percent of All Individuals</b>	61.79%	68.53%	34.19%

- Housing for individuals receiving services in the behavioral health and developmental services system is another major focus of the Department's *Creating Opportunities Plan*. The following table displays some residential status information for individuals who received services in FY 2010 from CSBs.

Residential Status for Individuals Receiving CSB Services in FY 2010	Mental Health Services	Developmental Services	Substance Abuse Services
<b>Individuals Receiving Services</b>	108,158	19,374	38,661
<b>Individuals in Private Residences</b>	88,309	13,781	30,514
<b>Percent in Private Residences</b>	81.65%	71.13%	78.93%

**Department of Behavioral Health and Developmental Services FY 2010 Annual Report**

<b>Individuals in Community Placements</b>	9,016	4,404	1,581
<b>Percent in Community Placements</b>	8.34%	22.73%	4.09%
<b>Individuals in Jails and Prisons</b>	2,075	26	2,746
<b>In Juvenile Detention Centers</b>	730	6	116
<b>In Inpatient Beds and Nursing Homes</b>	765	226	30
<b>Individuals in Other Institutions</b>	263	249	76
<b>Total in Institutional Settings</b>	3,833	507	2,968
<b>Percent in Institutional Settings</b>	3.54%	2.62%	7.68%
<b>Homeless or in Homeless Shelters</b>	1,660	30	880
<b>Percent of Homeless Individuals</b>	1.53%	0.15%	2.28%

The CCS 3 Extract Specifications, available at [www.dbhds.virginia.gov/OCC-default.htm#ccs3](http://www.dbhds.virginia.gov/OCC-default.htm#ccs3), define the employment and residential statuses in the preceding two tables.

**Specialized Initiatives or Projects**

The Department has funded or supported a variety of specialized initiatives or projects to expand the capacity of CSBs to serve particular populations. The following table displays the numbers of individuals who received services in particular initiatives or projects in FY 2010. These consumer designation codes and the associated initiatives or projects are described in Core Services Taxonomy 7.2.

<b>Individuals Receiving Services in Specialized Initiatives or Projects in FY 2010</b>		
<b>Code</b>	<b>Consumer Designation</b>	<b>Individuals Served</b>
905	Mental Health Mandatory Outpatient Treatment (MOT) Orders	141
910	Discharge Assistance Project (DAP)	619
915	Mental Health Child and Adolescent Services Initiative	1,562
916	Mental Health Services for Children in Juvenile Detention Centers	4,450
918	Program of Assertive Community Treatment (PACT)	1,444
919	Projects for Assistance in Transition from Homelessness (PATH)	1,468
933	Substance Abuse Medication Assisted Treatment (SA-MAT)	368
934	Project Remote	118
935	Substance Abuse Recovery Support Services	804

**Services Received From CSBs and State Facilities**

The following table displays amounts of services received by individuals from CSBs or state facilities in FY 2010 in core services categories and subcategories for each program area and services available outside of a program area. In Inpatient Services, HDMC (skilled nursing services) and VCBR (extended rehabilitation services) are listed separately since they are not state hospitals. Core Services Taxonomy 7.2 defines four units of services: service hour, bed day, day support hour, and day of service. The type of service unit for each category of core services is listed on the bolded total lines in the table.

**Department of Behavioral Health and Developmental Services FY 2010 Annual Report**

<b>Services Received in CSBs and State Facilities in FY 2010</b>			
<b>Core Services Categories/Subcategories</b>			
<b>Services Available Outside of a Program Area</b>			
<b>100 Emergency Services</b>	423,170		
318 Motivational Treatment Services	16,287		
390 Consumer Monitoring Services	50,124		
620 Early Intervention Services	24,137		
720 Assessment and Evaluation Services	142,486		
<b>Total Service Hours Received</b>	<b>656,204</b>		
	<b>Mental Health</b>	<b>Developmental</b>	<b>Substance Abuse</b>
<b>Services Available in Program Areas</b>			
Medical/Surgical Care (State Facilities)	6,010	281	
Skilled Nursing Services (State Facilities)		35,276	
ICF/MR Services (Training Center)		401,180	
ICF/Geriatric Services (State Hospital)	124,849		
250 Acute Psychiatric or SA Inpatient (CSB)	15,588		523
250 Acute Psychiatric Inpatient (State Hospital)	140,216		
260 Community-Based SA Inpatient Med Detox			1,587
Extended Rehabilitation Services (State Hosp.)	227,268		
Hiram Davis Medical Center (State Facility)	15,320		
Virginia Center for Behavioral Rehabilitation	62,172		
Total State Facility Bed Days Received	575,835	436,737	
Total CSB Inpatient Bed Days Received	15,588		2,110
<b>Total Inpatient Bed Days Received</b>	<b>591,423</b>	<b>436,737</b>	<b>2,110</b>
310 Outpatient Services	1,048,054	10,882	502,640
335 Medication Assisted Treatment			117,370
350 Assertive Community Treatment	233,060		
<b>Total Outpatient Service Hours Received</b>	<b>1,281,114</b>	<b>10,882</b>	<b>620,010</b>
<b>320 Case Management Service Hours</b>	<b>1,030,301</b>	<b>536,435</b>	<b>97,386</b>
410 Day Treatment/Partial Hospitalization	2,199,367		100,412
420 Ambulatory Crisis Stabilization	15,117		
425 Rehabilitation/Habilitation Services	2,858,519	2,304,686	
<b>Total Day Support Service Hours</b>	<b>5,073,003</b>	<b>2,304,686</b>	<b>100,412</b>
430 Sheltered Employment Services	6,150	114,618	
465 Group Supported Employment	1,453	65,264	
<b>Total Employment Days of Service Received</b>	<b>7,603</b>	<b>179,882</b>	
<b>460 Employment Service Hours Received</b>	<b>35,201</b>	<b>60,270</b>	
501 Highly Intensive Residential Services	13,685	45,071	23,554
510 Residential Crisis Stabilization	42,260		1,522
521 Intensive Residential Services	61,041	302,964	255,005
551 Supervised Residential Services	274,801	119,910	25,480
<b>Total Residential Bed Days Received</b>	<b>391,787</b>	<b>422,874</b>	<b>305,561</b>
<b>581 Supportive Residential Services Hours</b>	<b>805,163</b>	<b>1,005,160</b>	<b>6,475</b>

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<b>610 Prevention Service Hours Received</b>	18,517	5,112	319,862
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### Service Capacities of CSBs and State Facilities

The following table displays the capacities of services provided by CSBs and state facilities in FY 2010. In Inpatient Services, HDMC (skilled nursing beds) and VCBR (extended rehabilitation beds) are listed separately since they are not state hospitals. Core Services Taxonomy 7.2 defines three types of service capacity: full time equivalents (FTEs), beds, and slots. The type of service capacity for each category of core services is listed on the bolded total lines in the table.

<b>Service Capacities in CSBs and State Facilities in FY 2010</b>			
<b>Services Available Outside of a Program Area</b>			
<b>100 Emergency Services</b>	373 FTEs		
318 Motivational Treatment Services	15 FTEs		
390 Consumer Monitoring Services	53 FTEs		
620 Early Intervention Services	44 FTEs		
720 Assessment and Evaluation Services	113 FTEs		
<b>Total Full Time Equivalents (FTEs)</b>	598 FTEs		
<b>Services Available in Program Areas</b>	<b>Mental Health</b>	<b>Developmental</b>	<b>Substance Abuse</b>
Medical/Surgical Care (State Facilities)	25 Beds	5 Beds	
Skilled Nursing Services (State Facilities)		103 Beds	
ICF/MR Services (Training Center)		1,309 Beds	
ICF/Geriatric Services (State Hospital)	375 Beds		
250 Acute Psychiatric or SA Inpatient (CSB)	50 Beds		3 Beds
250 Acute Psychiatric Inpatient (State Hospital)	444 Beds		
260 Community-Based SA Inpatient Med Detox			4 Beds
Extended Rehabilitation Services (State Hosp.)	690 Beds		
Hiram Davis Medical Center (State Facility)	66 Beds		
Virginia Center for Behavioral Rehabilitation	300 Bed		
<b>Total Community Inpatient Services (250, 260)</b>	50 Beds		7 Beds
<b>Total State Facility Inpatient Services</b>	1,900 Beds	1,417 Beds	
<b>Total Inpatient Beds</b>	1,950 Beds	1,417 Beds	7 Beds
310 Outpatient Services	807 FTEs	6 FTEs	354 FTEs
335 Medication Assisted Treatment			32 FTEs
350 Assertive Community Treatment	210 FTEs		
<b>Total Outpatient Service FTEs</b>	1,017 FTEs	6 FTEs	386 FTEs
<b>320 Case Management Service FTEs</b>	963 FTEs	458 FTEs	108 FTEs
410 Day Treatment/Partial Hospitalization	2,449 Slots		165 Slots
420 Ambulatory Crisis Stabilization	137 Slots		
425 Rehabilitation/Habilitation Services	2,880 Slots	2,148 Slots	
<b>Total Day Support Service Slots</b>	5,466 Slots	2,148 Slots	165 Slots
430 Sheltered Employment Services	34 Slots	631 Slots	

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465 Group Supported Employment	10 Slots	560 Slots	
<b>Total Employment Slots</b>	44 Slots	1,191 Slots	
<b>460 Individual Supported Employment FTEs</b>	22 FTEs	103 FTEs	
501 Highly Intensive Residential Services	44 Beds	154 Beds	101 Beds
510 Residential Crisis Stabilization	142 Beds		5 Beds
521 Intensive Residential Services	178 Beds	871 Beds	874 Beds
551 Supervised Residential Services	880 Beds	397 Beds	97 Beds
<b>Total Residential Beds</b>	1,244 Beds	1,422 Beds	1,077 Beds
<b>581 Supportive Residential Service FTEs</b>	541 FTEs	467 FTEs	6 FTEs
<b>610 Prevention Service FTEs</b>	18 FTEs	1 FTEs	197 FTEs

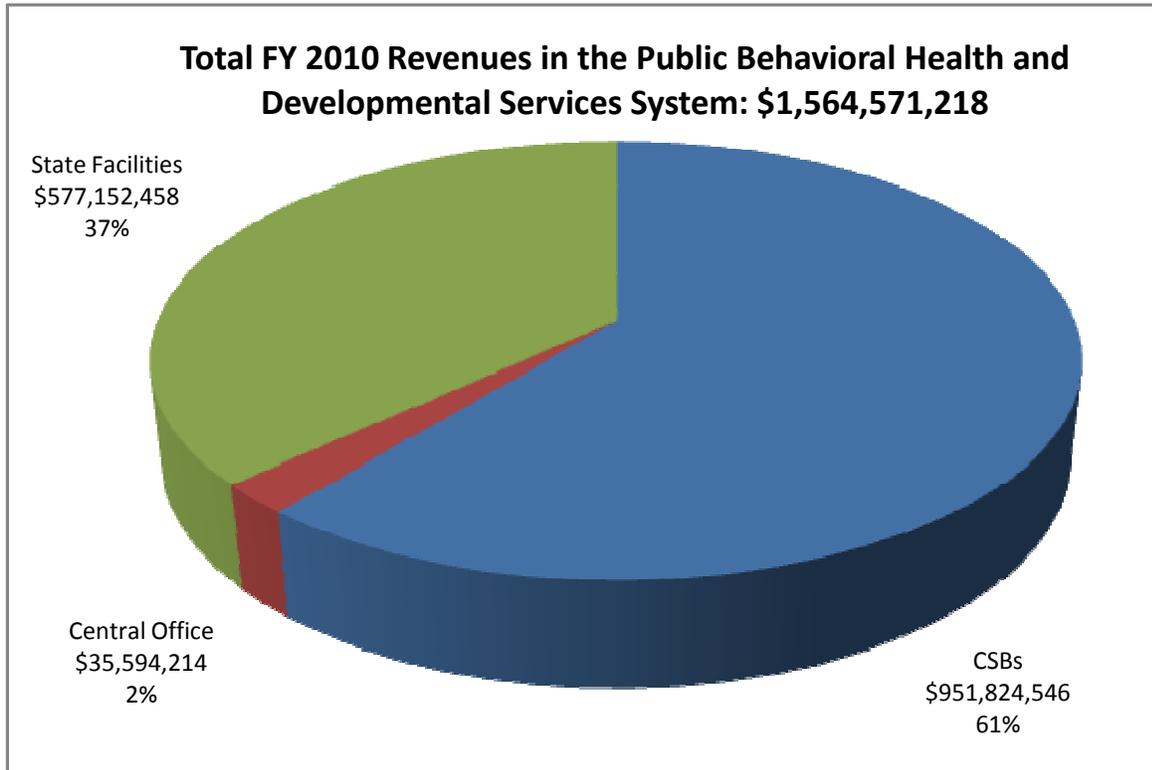
### Staffing of CSBs and State Facilities

The following table displays combined staffing information about CSBs, state facilities, and the Department's central office, expressed as numbers of full time equivalents. A full-time equivalent is not the same thing as a position. For example, a part-time position staffed for 20 hours per week is one position; but it is one-half FTE. Thus, number of FTEs in an organization will usually be less than the number of positions; but number of FTEs is a more accurate indicator of personnel resources available to deliver services or provide administrative support for those services. Peer staff FTEs reflect the number of full-time equivalents of individuals who are receiving or have received services and are employed by CSBs to deliver services. It is important to note that CSB FTE numbers include only directly operated programs; agencies with which CSBs contract for many services employ a significant number of FTEs that are not included in these CSB figures.

<b>CSB, State Facility, and Department Central Office Staffing</b>				
<b>Program Area</b>	<b>Direct Care Staff</b>	<b>Peer Staff</b>	<b>Support Staff</b>	<b>Total FTEs</b>
CSB Mental Health Services	4,447.6	91.6	846.2	5,385.4
State Hospitals	2,424.1	0.0	271.0	2,695.1
<b>Total Mental Health Services FTEs</b>	6,871.7	91.6	1,117.2	8,080.5
CSB Developmental Services	3,282.9	4.0	446.0	3,732.9
Training Centers	2,420.9	0.0	534.6	2,955.5
<b>Total Developmental Services FTEs</b>	5,703.8	4.0	980.6	6,688.4
HDMC	152.0	0.0	15.0	167.0
VCBR	221.0	0.0	73.0	294.0
<b>CSB Substance Abuse Services</b>	1,137.7	7.6	283.0	1,428.3
<b>CSB Services Outside Program Area</b>	617.1	3.3	74.4	694.8
CSB Administration	0.0	0.0	1,110.6	1,110.6
Department Central Office	0.0	0.0	211.0	211.0
<b>Total Full Time Equivalents</b>	14,703.3	106.5	3,864.8	18,674.6

## Revenues in CSBs and State Facilities

The pie chart on the next page depicts all of the FY 2010 revenues in the public behavioral health and developmental services system, including funds for community services, state facility services, and the Department's central office and the respective percentages.



CSBs reported revenues of \$951,824,546 from all sources in FY 2010. Detailed revenues are displayed in the following table. Local funds include local government appropriations, charitable donations, and in-kind contributions; however, the overwhelming share of local funds is provided by the 134 cities or counties that established the 40 CSBs. Fees include Medicaid, Medicare, and private insurance reimbursements and payments from individuals receiving services. Other funds include workshop sales, retained earnings, and one-time funds.

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<b>FY 2010 Community Services Board Revenues by Program Area</b>					
	<b>Mental Health Services</b>	<b>Developmental Services</b>	<b>Substance Abuse Services</b>	<b>Total Revenues</b>	<b>Percent of Total</b>
<b>State Funds</b>	\$172,891,884	\$9,299,505	\$46,627,210	\$228,818,599	24.04%
<b>Local Funds</b>	\$105,759,746	\$70,405,394	\$38,310,365	\$214,475,505	22.53%
<b>Fees</b>	\$222,634,110	\$188,059,820	\$14,105,100	\$424,799,030	44.63%
<b>Federal Funds</b>	\$10,432,673	\$29,538	\$42,451,251	\$52,913,462	5.56%
<b>Other Funds</b>	\$17,030,122	\$4,426,541	\$9,361,287	\$30,817,950	3.24%
<b>Total Revenues</b>	\$528,748,535	\$272,220,798	\$150,855,213	\$951,824,546	100.00%
<b>Percent of Total</b>	55.55%	28.60%	15.85%	100.00%	

State facilities reported revenues of \$575,476,576 from all sources in FY 2010. Detailed revenues are displayed in the following table. Revenues for HDMC and VCBR are shown as Other State Facilities because they are not state hospitals.

<b>FY 2010 State Facility Revenues by Type of Facility</b>					
	<b>State Hospitals</b>	<b>Other State Facilities</b>	<b>Training Centers</b>	<b>Total Revenues</b>	<b>Percent Of Total</b>
<b>State General Funds</b>	\$201,380,209	\$26,307,980	\$34,995,048	\$262,683,237	45.52%
<b>Federal Funds</b>	\$91,456	\$0	\$152,694	\$244,150	.04%
<b>Medicaid</b>	\$52,538,140	\$8,673,409	\$204,394,946	\$265,606,495	46.02%
<b>Medicare</b>	\$19,810,273	\$1,255,022	\$4,088,928	\$25,154,223	4.36%
<b>Commercial Insurance</b>	\$3,776,341	\$59	\$46,909	\$3,823,309	.66%
<b>Private Payments</b>	\$6,596,924	\$219,765	\$9,005,263	\$15,821,952	2.74%
<b>MH Commitment Fund</b>	\$1,510,775	\$0	\$0	\$1,510,775	.26%
<b>Other Revenues</b>	\$637,990	\$709,237	\$961,090	\$2,308,317	.40%
<b>Total Revenues</b>	\$286,342,108	\$37,165,472	\$253,644,878	\$577,152,458	100.00%
<b>Percent of Total</b>	49.61%	6.44%	43.95%	100.00%	

FY 2010 funds for the Department’s Central Office totaled \$35,594,214. This includes \$28,334,845 of state general funds, \$811,849 of special funds, and \$6,447,520 of federal funds.

**Expenditures by CSBs and State Facilities**

The following table displays CSB expenditures in FY 2010.

<b>FY 2010 Community Services Board Expenditures by Program Area</b>				
	<b>Mental Health Services</b>	<b>Developmental Services</b>	<b>Substance Abuse Services</b>	<b>Total Expenditures</b>
<b>CSB Services</b>	\$506,836,088	\$266,620,477	\$143,378,476	\$916,835,041
<b>Percent of Total</b>	55.28%	29.08%	15.64%	100.00%

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The following table displays state facility and central office expenditures in FY 2010. Expenditures for HDMC and VCBR are shown separately as Other State Facilities because they are not state hospitals.

FY 2010 State Facility and Central Office Expenditures		
	Expenses	Percent of Total
State Hospitals	\$289,069,719	49.64%
Other State Facilities	\$23,214,891	3.99%
Training Centers	\$233,654,655	40.13%
Central Office	\$36,326,764	6.24%
<b>Total Expenditures</b>	<b>\$582,266,029</b>	<b>100.00%</b>

Additional financial information about the Department, state facilities, and CSBs is contained in the Department's Annual Financial Report for FY 2010, available on the Department's web site at [www.dbhds.virginia.gov/documents/reports/OFRC-OBFR-AnnualFinancialReportFY2010.pdf](http://www.dbhds.virginia.gov/documents/reports/OFRC-OBFR-AnnualFinancialReportFY2010.pdf).

### Department Initiatives, Accomplishments, and Updates on Major Projects

#### A. Creating Opportunities Plan

One of the most significant initiatives begun in FY 2010 is the Department's *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia*. To fulfill its responsibility to establish a strategic agenda and related initiatives for Virginia's behavioral health and developmental services system, the Department has developed this plan to identify the behavioral health and developmental services strategic initiatives and major Department activities to be addressed over the next three and a half years. These initiatives and activities are intended to:

- Continue progress in advancing the Department vision of a system of behavioral health and developmental services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life;
- Support the Governor's expressed intentions to achieve a Commonwealth of Opportunity for all Virginians, including individuals receiving behavioral health or developmental services; and
- Assure that the services system is efficient and well-managed and that its core functions are performed in a manner that is effective and responsive to the needs of individuals receiving services and their families.

The Creating Opportunities Plan, which was presented to and endorsed by the State Board of Behavioral Health and Developmental Services on June 25, 2010, is built on previous planning efforts; this enabled the Department to structure an accelerated and condensed planning process that allowed implementation of the following initiatives to begin quickly.

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### **Behavioral Health Services Strategic Initiatives**

1. Strengthen the responsiveness of Virginia's emergency response system.
2. Develop infrastructure to increase direct service roles for peers and expand recovery support services.
3. Address housing needs for individuals with mental health or substance use disorders.
4. Create employment opportunities for individuals with mental health or substance use disorders.
5. Enhance accessibility to a consistent array of substance abuse treatment services across Virginia.
6. Review and develop strategies to enhance the effectiveness and efficiency of state hospital services.
7. Strengthen the capability of the case management system to support individuals with long term mental health or substance use disorders and children with serious emotional disturbance.
8. Develop and implement a comprehensive plan for child and adolescent mental health services.

### **Developmental Services Strategic Initiatives**

1. Build community services and supports capacity that will enable individuals needing developmental services and supports, including those with multiple disabilities, to live a life that is fully integrated in the community.
2. Address housing needs of individuals receiving developmental services and supports.
3. Create employment opportunities for individuals receiving developmental services and supports.
4. Provide leadership and participate in interagency planning to identify responsibility at the state level for coordinating and providing services to individuals with development disabilities including autism spectrum disorders.
5. Strengthen the capability of the case management and support coordination system to support individuals receiving developmental services and supports.

### **Other Major Initiatives**

In addition to implementing the above behavioral health and developmental services initiatives, the Department will be engaged in the following major activities.

1. Participate in the work of the Secretary of Health and Human Resources' Office of Health Care Reform and develop strategies to strengthen collaboration between the preventive and primary health care and the behavioral health and developmental services systems.
2. Address sexually violent predator (SVP) service capacity issues, including obtaining necessary resources to safely operate the VCBR and provide appropriate SVP rehabilitation and treatment services.

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3. Develop information technology initiatives to implement electronic health records and health information exchange with state facilities, CSBs, other pertinent healthcare and provider agencies, facilitate quality management, and perform quality management and outcomes oversight.

A copy of the Creating Opportunities Plan is available on the Department's web site at [www.dbhds.virginia.gov/documents/100625CreatingOpportunities.pdf](http://www.dbhds.virginia.gov/documents/100625CreatingOpportunities.pdf). Implementation teams have been established for these strategic initiatives, unless an existing group dealing with this matter already existed, and they are developing detailed plans to implement these initiatives. Progress on implementing the Creating Opportunities initiatives is being monitored by the Department and the System Leadership Council that is composed of a wide range of stakeholders. Periodic status reports are part of this monitoring process, and those reports will be available on the Department's web site at [www.dbhds.virginia.gov](http://www.dbhds.virginia.gov).

### **B. Behavioral Health Services Initiatives and Accomplishments**

- Construction of the new 150 bed adult mental health treatment center at Eastern State Hospital was completed on schedule and within budget, and transition to the new facility has been completed. This project involved significant collaboration among the Department, CSBs in the region served by the hospital, individuals receiving services and their families, advocates, and other stakeholders. The treatment center complements the previously completed Hancock Geriatric Treatment Center for a 300 bed facility on a much smaller ESH campus.
- Construction of the replacement for Western State Hospital is underway. Completion of this project is anticipated in 2013. The new hospital will contain 246 beds, including 22 beds for medically frail individuals, in 354,500 square feet on two stories with state-of-the-art treatment malls and high-energy efficiency mechanical systems. Utilizing the design/build process embedded in the PPEA, site construction has been approved and begun while final design documents for the remaining construction are being reviewed.
- The Department provided funding to CSBs to develop new residential crisis stabilization beds to provide services to individuals with mental health or substance use disorders who are in crisis. This brought the total number of residential crisis stabilization programs to 18 with 147 beds. In FY 2010, 4,099 individuals received services in these programs.
- The 2010 General Assembly tasked the Department with developing a comprehensive plan with concrete steps to provide children's mental health services, both inpatient and community-based, as close to children's homes as possible. The Department convened three expert input panels: state agencies, public and private inpatient and outpatient service providers, and family members and advocacy groups. The Department submitted an interim report on October 1 with the following recommendations.
  - Define and publish the full comprehensive service array as the goal and standard for children's behavioral health services in every community.
  - Expand the array and capacity of services to assure a consistent base level of services for children and families statewide.

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- Establish a children's behavioral health workforce development initiative to be organized by the Department.
- Continue the current role of Commonwealth Center for Children and Adolescents for the foreseeable future and until more adequate community-based services are in place.
- Establish quality management mechanisms to improve access and quality in behavioral health services for children and families.

The Department is gathering information about the current status, capacity, and consistency of the statewide service array in all communities for the final report, due November 1, 2011.

- In response to Commission on Mental Health Law Reform recommendations and amendments to the Health Care Decisions Act, the Department partnered with system stakeholders to increase the use of psychiatric advance directives by individuals receiving services and providers. Training was provided on understanding and using psychiatric advance directives under Virginia's revised Health Care Decisions Act, and a research project is underway with the University of Virginia and Duke University at three CSBs to study the implementation and effects of psychiatric advance directives on provider practice and consumer outcomes.
- The Department completed and distributed "Voices of Hope and Recovery," a 50-minute film about the struggles and victories of five Virginians living with mental illness. The film illustrates the power of hope and the reality of recovery from serious mental illness.
- The Department revised the Discharge Protocols for CSBs and State Hospitals to update and clarify discharge planning and community placement for individuals leaving state hospitals and revised the Discharge Instructions Form to provide expanded clinical information to CSBs, correctional facilities, and private providers within 24 hours of an individual's discharge from a state hospital.
- The Department completed Project REMOTE, a three year federal Substance Abuse and Mental Health Services Administration-funded grant supporting substance abuse treatment for people dependent on prescription pain medication in far Southwest Virginia, Planning District 1, Cumberland Mountain, and Dickenson County. The grant provided \$500,000 each year and supported treatment for 229 individuals. Individuals who completed the program were four times more likely to be abstinent after treatment, and they experienced a 65 percent increase in employment and a 92 percent reduction in arrests.
- The Department continued implementation of the federally funded Co-Occurring State Infrastructure Grant (COSIG) by integrating it with other initiatives, including a major workforce development initiative to train clinical supervisors. Other COSIG-funded work force development initiatives included training peer-facilitators. These efforts support the provision of integrated mental health and substance abuse services to individuals with co-occurring mental health and substance use disorders.
- Oxford houses, 86 self-governing homes supported by the Department through a revolving loan program and technical support, provided 689 beds for people in recovery from substance use disorders.

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- Crisis Intervention Team (CIT) programs expanded significantly in FY 2010. CIT programs provide 40 hours of behavioral health training certified by the Department of Criminal Justice Services for patrol officers, enhance partnerships between CSBs and local law enforcement agencies, improve access to services, and streamline response to mental health crisis calls.
  - There are now 24 CIT programs under development or fully operational in 98 cities or counties with a 60 percent increase in fully operational CIT programs in FY 2010.
  - CIT programs trained 560 officers in FY 2010; as of September 30, 1,628 officers have been trained since the inception of this initiative.
  - Eight CIT programs provide therapeutic alternative sites for law enforcement officers to bring persons in crisis to in lieu of incarceration.
- The Department received a competitive Justice and Mental Health Collaboration Program grant to expand the content of and capacity for providing Cross Systems Mapping workshops. Cross Systems Mapping is a one and a half day training workshop for local criminal justice and human services stakeholders. The Department developed a team of 22 facilitators trained and certified to lead Cross Systems Mapping Workshops. Workshops help communities develop a map of their criminal justice and behavioral health systems interface, identify systems resources and gaps, and create an action plan to improve local system response for individuals with behavioral health issues who are or are at risk for becoming involved in the criminal justice system. Nine workshops were conducted for 20 jurisdictions in FY 2010.
- The 10 jail diversion programs funded by the 2009 General Assembly are now fully operational and screened 3,042 individuals and enrolled 670 individuals in services.
- The Department provided \$1.05 million to CSBs in northern Virginia and \$500,000 to CSBs in Tidewater to support community placements for older adults in state geriatric hospitals and to divert admissions from those hospitals.

### **C. Developmental Services Initiatives and Accomplishments**

- Southeastern Virginia Training Center is being downsized from 165 to 75 beds. Construction of 15 five bed homes on the SEVTC campus is underway and is expected to be completed by the fourth quarter of 2011. Through partnerships with CSBs served by the training center, the Department is constructing up to 18 community waiver or ICF/MR homes that will be owned and operated by CSBs or owned by CSBs and operated by private providers under contract to CSBs. Construction of the first community home began on September 20, and all homes are expected to be completed by the fourth quarter of 2011.
- Central Virginia Training Center is being downsized from 428 to 300 beds. Construction is underway to renovate and bring two residential buildings up to current fire and safety code standards and to provide stand-by electrical generators for six residential buildings. Planning is underway for renovating one other residential building, another residential building for the consolidation of skilled nursing units into one building, and two other buildings for programs and medical services. The Department is working with CSBs to determine where community waiver and ICF/MR homes will be located. Several providers and CSBs have expressed

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interest in developing housing. The Department is assisting Central Virginia Community Services with planning, design, and construction of two community ICF/MR homes.

- As part of addressing its lead agency responsibility for Autism Spectrum Disorders (ASD) and developmental disabilities, the Department:
  - Employed two staff, an autism expert and a developmental disabilities expert;
  - Initiated development of Developmental Disability Resource Groups in regions of the Commonwealth to help families learn about local resources and options;
  - Organized work groups to support development of a detailed Action Plan in response to the June, 2009 JLARC Report on the Assessment of Services for Virginians With Autism Spectrum Disorder and completed the Action Plan in November 2010; and
  - Worked with the Intellectual Disability Council of the Virginia Association of CSBs to develop a white paper that outlines the role of CSBs to offer information and referral services and other support to individuals and their families seeking services for ASD.
- The Department joined the *State Employment Leadership Network*, sponsored by the National Association of State Developmental Disability Directors, renewing Virginia's commitment to developing integrated employment options for individuals with developmental disabilities.
- The Department received approval for the emergency Medicaid Intellectual Disability Waiver regulations. The Department's Office of Developmental Services led the team that drafted the regulations reflecting changes in the approved waiver. For the first time, substantive changes to the waiver reflecting person-centered system changes and adoption of the Supports Intensity Scale as the approved standardized assessment were formally implemented.

### D. Administrative Initiatives and Accomplishments

- The Department's Central Office was reorganized into four divisions, each directed by an assistant commissioner, that reflect the agency's new name and its vision of an integrated system of services. The reorganization places all activities and operations related to mental health and substance abuse services, including management of state hospitals, in the Division of Behavioral Health Services. All activities and operations related to developmental services, including management of training centers, are placed in the Division of Developmental Services. Finally, all quality management and oversight functions are consolidated in the Division of Quality Management and Development. Please refer to the organization chart in Appendix A for more information.
- The General Electric Centricity Pharmacy System, phase two of the Department's electronic health record implementation, was purchased and is being installed at state facilities. Three pilot sites are going live at WSH on November 13 and SWVMHI and CVTC on December 6.
- The Department initiated an upgrade of its state facility information system, Avatar©, in FY 2010 to comply with Centers for Medicare and Medicaid Services requirements.

**Systemic Outcome and Performance Measures**

**Virginia Performs Measures**

Implemented several years ago, these systemic measures for the public behavioral health and developmental services system are collected and reported to the Governor. Data used for these measures are derived from Community Consumer Submission (CCS 3), the CSB reporting software, and Avatar©, the state facility information system. Data since FY 2005 is included to show trends. More information is available at [www.dbhds.virginia.gov/WAM.htm](http://www.dbhds.virginia.gov/WAM.htm).

**1. Increase the proportion of individuals served in intensive community-based services per occupied state facility bed.**

The FY 2005 baseline measure was 3.61 consumers in intensive community-based services per occupied state facility bed. Intensive community-based services are local mental health and substance abuse inpatient services, Programs of Assertive Community Treatment, Assertive Community Treatment, Discharge Assistance Plans, mental health and developmental highly intensive residential services, ambulatory and residential crisis stabilization, and Medicaid intellectual disability waiver services. The FY 2010 goal was 4.18 individuals, and the FY 2010 final outcome was 5.53 individuals served in intensive community-based services per occupied state facility bed.

**2. Increase Community Tenure of Individuals in State Facilities**

This measure is reported for the preceding 365 days. The FY 2005 baseline measure was no more than 20 percent of individuals receiving services in a state facility, except for HDMC or VCBR, for 60 days or longer was readmitted within 365 days. The FY 2010 goal was no more than 17 percent, and the FY 2010 final outcome was 17.7 percent of individuals who were discharged from an episode of care longer than 60 days were readmitted to a state facility within 365 days.

**FY 2010 Performance Contract Exhibit B Measures**

Exhibit B of the FY 2010 community services performance contract, which the Department negotiates with each of the 40 CSBs, contains several performance measures. The statewide performance of CSBs on these measures is displayed in the following table. More information about these measures is contained in the FY 2011 community services performance contract, available at [www.dbhds.virginia.gov/OCC-default.htm#pc11](http://www.dbhds.virginia.gov/OCC-default.htm#pc11).

<b>FY 2010 Performance Contract Exhibit B Measures</b>		
<b>Performance Measure</b>	<b>Data</b>	<b>Data Reported</b>
I.A.2. Percent of individuals referred to CSBs who kept face-to-face (non-emergency) service visits within seven business days after having been discharged from state hospitals, private psychiatric hospitals, or psychiatric units in public or private hospitals following involvement in the	6,909	Number of individuals who kept scheduled face-to-face service visits within seven business days of discharge from hospitals or units.
	10,958	Number of individuals discharged to CSBs from hospitals or units.

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civil involuntary admission process. This includes all individuals referred to CSBs who were under temporary detention orders or involuntary commitment orders or who were admitted voluntarily from commitment hearings.	63.05%	Statewide percentage of individuals referred to CSBs who kept face-to-face (non-emergency) service visits within seven business days.
I.B.4. Pursuant to subsection B of § 37.2-815 of the Code of Virginia, a preadmission screening evaluator or an evaluator from another CSB shall attend each commitment hearing for an adult held in a CSB’s service area or for a adult receiving services from a CSB held outside of its service area in person.	19,517	Total number of original commitment and recommitment hearings for adults attended by CSB preadmission screening evaluators for individuals CSBs serve or on behalf of other CSBs.
I.C.2. 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 CSBs and within two hours of initial contact for rural CSBs. This measure is collected for emergency services during a two week sample period each quarter.	6,930	Number of individuals who required evaluation for possible involuntary hospitalization who saw a certified preadmission screening evaluator face-to-face with one or two hours.
	8,058	The total number of individuals who saw a certified preadmission screening evaluator for evaluation of possible involuntary hospitalization.
	86.00%	Statewide percentage of individuals who saw a certified preadmission screening evaluator within one or two hours of initial contact.

**Recovery Oriented System Indicators Survey**

Recovery is one of the key values in the vision statement for the public behavioral health and developmental services system. In 2005, the Centers for Medicare and Medicaid Services funded a Real Choice Systems Change grant that supported a Recovery Oriented System Indicators (ROSI) survey pilot project in Virginia. The ROSI measures the recovery orientation of an organization from the perspective of individuals receiving services from it through the consumer survey and from the perspective of the organization through the provider survey. The FY 2010 community services performance contract required all CSBs to administer the ROSI consumer survey to a sample of individuals they serve and to complete the ROSI provider survey. Between January and April, 2010, CSBs conducted the ROSI survey with 3,559 adults receiving mental health services. Statewide results for the eight recovery domains in the ROSI consumer survey are summarized in the following table. Scores range from 1 (strongly disagree) to 4 (strongly agree). The overall average statewide score for all CSBs on the 42 items in the eight domains was 3.15. Fifty four percent of respondents scored their CSBs’ recovery orientation as above average, and 46 percent scored it as below average. More information about the ROSI is available on the Department’s web site at <http://www.dbhds.virginia.gov/OMH-Recovery.htm#Survey>.

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Recovery Oriented System Indicator (ROSI) Survey Domain Scores		
ROSI Domain	Domain Description	Average Score
Formal Service Staff	The critical roles formal service staff play in helping or hindering the recovery process roles	3.33
Formal Services	The system's culture, organization, structure, funding, access, choice, quality, range, continuity, and other characteristics can help or hinder the process of recovery	3.33
Social Relationships	The roles social and personal relationships play in facilitating recovery	3.30
Choice	Having choices, as well as support in the process of making choices, regarding housing, work, social, service, treatment as well as other areas of life facilitate recovery	3.18
Basic Material Resources	Recovery from mental illness is incumbent on basic material resource needs being met	3.04
Peer Support	Peer support and consumer-operated services in a myriad of forms facilitate recovery	3.02
Meaningful Activities	Work, education, voluntary, or group advocacy activities that are meaningful to the individual facilitate recovery	2.97
Self/Holism	Characteristics that relate to one's sense of self, such as self-reliance, as well as having a holistic and human rights focus can facilitate recovery, and other characteristics, such as low self-esteem, can hinder recovery	2.91

### Satisfaction Surveys

The National Institute of Mental Health's Mental Health Statistics Improvement Program Consumer-Oriented Mental Health Report Card (MHSIP survey) collects responses from adults receiving behavioral health services to measure their satisfaction with services they received. The Department has conducted the MHSIP survey for the past nine years. The Department also conducts the Parent Perception of CSB Services Provided to Their Children to measure the satisfaction of children and their parents with community behavioral health services the children received. Finally, the Department conducts the Family Survey of Developmental Services to determine the satisfaction of individuals with intellectual disability and their authorized representatives with the developmental services provided. Results of these surveys are available at [www.dbhds.virginia.gov/WAM/WAM-B4.htm](http://www.dbhds.virginia.gov/WAM/WAM-B4.htm).

### FY 2010 Consumer and Family Member Appointments to CSBs

Section 37.2-501 of the *Code of Virginia* requires one third of the appointments to CSB boards of directors to be identified consumers or former consumers or family members of consumers or former consumers, at least one of whom is a consumer receiving services. In FY 1991, soon after this requirement was established, CSBs reported two consumers and 54 family members out of 490 appointed board members. Over the intervening 20 years, the proportion of consumer and family member appointments to CSBs increased by 418 percent. In FY 2010, CSBs reported 57 consumers and 177 family members out of 500 appointed board members. On

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a statewide basis, the 234 consumers or family members appointed to CSBs represent 47 percent of all filled appointments. It is important to note that CSB members are appointed by the local governments that established CSBs, so some CSBs may have little ability to affect the proportion of consumers and family members appointed to them.

### Web Accountability Measures

The Department is developing and placing a series of reports about the public behavioral health and developmental services system on its web site at [www.dbhds.virginia.gov/WAM.htm](http://www.dbhds.virginia.gov/WAM.htm) as Web Accountability Measures. These reports include data about individuals receiving services from CSBs or state facilities, services provided by CSBs or state facilities, and various performance and outcome measures. For example, the Virginia Performs measures described at the beginning of this section of the annual report are on this web site.

### Central Office Oversight: Licensing Service Providers

The Department licenses providers of behavioral health (mental health and substance abuse), developmental, developmental disability waiver, and residential brain injury services. It ensures providers meet and adhere to regulatory standards of health, safety, service provision, and individual rights; conducts annual unannounced inspections; investigates complaints and reports of serious injuries and deaths in licensed services; and initiates actions such as sanctions and revocations when necessary. The Office of Licensing has experienced a tremendous workload increase with the significant expansion in Medicaid providers, particularly for children's mental health services and ID waiver services. The Department licensed 705 providers in FY 2010, including 140 licenses issued to new providers. The Office also conducted 416 inspections and 1,355 investigations and visits, including 1,291 unannounced visits. More detailed information about the Department's licensing activities is in Appendix B.

### Central Office Oversight: Human Rights

The Department operates an internal human rights system for its state facilities and community services, authorized by Article 1 of Chapter 4 in Title 37.2 (§ 37.2-400 et seq.) of the Code of Virginia, and governed by the *Rules And Regulations To Assure The Rights Of Individuals Receiving Services From Providers Licensed, Funded, Or Operated By The Department Of Mental Health, Mental Retardation And Substance Abuse Services*. More detailed information about the Department's human rights activities is included in Appendix C, and additional information is available at [www.dbhds.virginia.gov/OHR-default.htm](http://www.dbhds.virginia.gov/OHR-default.htm).

In FY 2010, 194,662 individuals received services from CSBs. Thousands of additional individuals received services from other community programs licensed by the Department and subject to the human rights regulations. In FY 2010, 1,033 human rights complaints were filed in community programs, and 184 complaints resulted in violations. Over 99 percent of these complaints were resolved at or below the program director level, and only eight complaints were resolved at the Local or State Human Rights Committees. In FY 2010, 3,520 allegations of abuse, neglect, or exploitation were filed in community programs, 542 of which were determined to be founded. All but one allegation were resolved at or below the program director level; the remaining allegation was resolved at the Local Human Rights Committee. In FY 2010, state

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facilities served 6,481 individuals; 1,039 human rights complaints were filed, and over 97 percent were resolved at or below the facility director level. There were also 527 allegations of abuse, neglect, or exploitation filed in state facilities, and 122 were determined to be founded.

### **Conclusion**

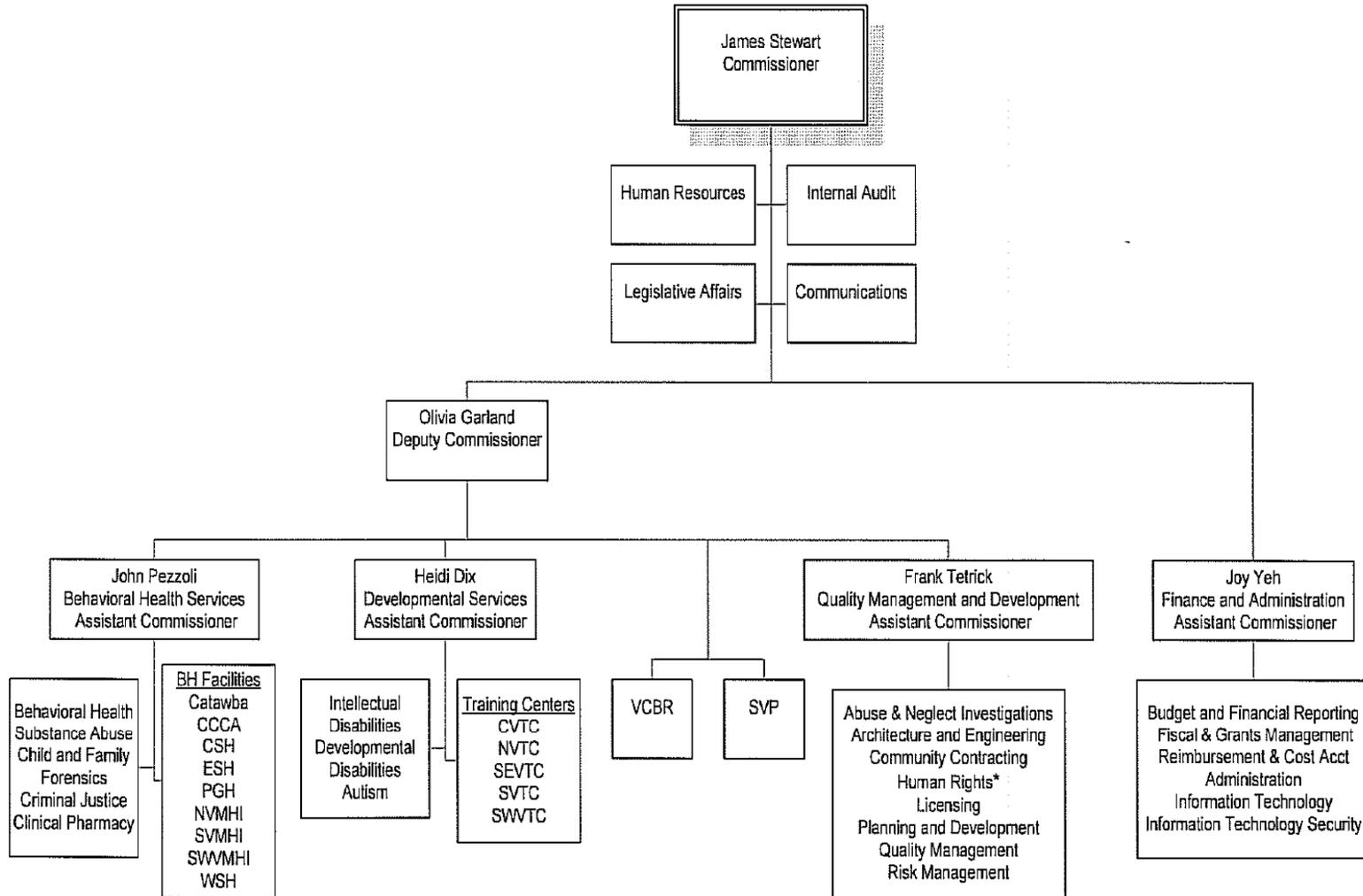
In response to Item 304.N of the 2010 *Appropriation Act*, the Department is pleased to submit this first annual report that presents a broad review of information and data about the public behavioral health and developmental services system, including major activities and systemic outcome and performance measures. The efforts of the Department and CSBs to improve the quality of data so that it is as meaningful and accurate as possible have been successful and will continue.

This report also identifies a variety of challenges including waiting lists for waiver services, employment and housing needs, a significant increase in the demands on licensing services, and the need for greater capacity in our sexually violent predator treatment services. The Department is hopeful that its work on key strategic initiatives in partnership with other agencies and stakeholders will help Virginia see continued improvements to the system of services.

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## Appendix A: Organization Chart

### Department of Behavioral Health and Developmental Services



**Appendix B: Licensing Statistics**

**New Providers Licensed – All receive Conditional Licenses**

**Total 140**

<b>Service</b>	<b>Number</b>
Residential Services	36
Day Support	16
Supportive In-Home Services	24
Inpatient Services	1
Intensive In-Home Services	40
Outpatient	4
Sponsored Residential Services	1
Core Services	18

**Total Inspections 416**

<b>Type of Visits</b>	<b>Amount</b>
Follow-up Visits	12
Compliant Investigation	15
Consultation	4
Reinspection	1
Scheduled Review	32
Unannounced Complaint Visit	42
Unannounced Visit	1,249

**No Revocations or Suspensions Changed in License Status – 4**

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### Appendix C: Human Rights Statistics

#### FY 2010 Data Reported to the Office of Human Rights by Community Providers

Total Number of human rights complaints:				<b>1033</b>
Number of complaints that resulted in a violation				<b>184</b>
Number of complaints that did not result in a violation				<b>849</b>
Number of complaints resolved at each of the following:				
Below Director	<b>383</b>	Local Human Rights Committee		<b>6</b>
Director	<b>642</b>	State Human Rights Committee		<b>1</b>
		Commissioner		<b>1</b>
Total number of allegations of abuse, neglect or exploitation:				<b>3520</b>
Total number of founded allegations of abuse, neglect or exploitation:				<b>542</b>
Number of allegations that were founded by type				
Physical abuse	<b>134</b>	Exploitation	<b>24</b>	
Verbal abuse	<b>42</b>	Neglect	<b>342</b>	
Number of allegations resolved at each of the following:				
Below Director	<b>1809</b>	Local Human Rights Committee		<b>1</b>
Director	<b>1710</b>	State Human Rights Committee		<b>0</b>
		Commissioner		<b>0</b>

#### FY 2010 State Facility Data from Comprehensive Human Rights Information System

Total Number of human rights complaints				<b>1039</b>
Number of complaints resolved at each of the following:				
Below Director	<b>858</b>	Local Human Rights Committee		<b>1</b>
Director	<b>153</b>	State Human Rights Committee		<b>0</b>
		Commissioner		<b>1</b>
Total number of allegations of abuse, neglect or exploitation				<b>572</b>
Total number of founded allegations of abuse, neglect or exploitation:				<b>122</b>
Number of allegations that were founded by type				
Physical abuse	<b>4</b>	Exploitation	<b>1</b>	
Verbal abuse	<b>4</b>	Neglect	<b>4</b>	