DBHDS

Virginia Department of
Behavioral Health and
Developmental Services

Fiscal Year 2012 Annual Report
(Item 314.K)

to the Governor and the
Chairmen of the House Appropriations
and Senate Finance Committees

December 1, 2012

1220 BANK STREET • P.O. BOX 1797 • RICHMOND, VIRGINIA 23218-1797
PHONE: (804) 786-3921 • FAX: (804) 371-6638 • WEB SITE: WWW.DBHDS.VIRGINIA.GOV

COMMONWEALTH of VIRGINIA

JAMES W. STEWART, III
COMMISSIONER

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

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

December 1, 2012

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 annual report in response to Item 314.K. of the 2012 *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.

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.
Paul Gilding
Ruth Anne Walker

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December 1, 2012

The Honorable Walter A. Stosch, Chairman
Senate Finance Committee
General Assembly Building, Room 626
P.O. Box 396
Richmond, Virginia 23218

Dear Senator Stosch:

I am pleased to forward to you the Department's annual report in response to Item 314.K. of the 2012 *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.

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Sincerely,

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pc: Hon. William A. Hazel Jr., M.D.
Hon. Emmett W. Hanger, Jr.
Olivia J. Garland, Ph.D.
Joe Flores
Paul Gilding
Ruth Anne Walker

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Post Office Box 1797
Richmond, Virginia 23218-1797

Telephone (804) 786-3921
Fax (804) 371-6638
www.dbhds.virginia.gov

December 1, 2012

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 annual report in response to Item 314.K. of the 2012 *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.

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.
Hon. Riley E. Ingram
Olivia J. Garland, Ph.D.
Susan E. Massart
Paul Gilding
Ruth Anne Walker

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Introduction

Item 314.K of the 2012 *Appropriation Act* requires the Department to submit an annual report to the Governor and the General Assembly.

> K. The Department of Behavioral Health and Developmental Services 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 Department is pleased to submit its FY 2012 annual report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees. The first section briefly describes Virginia's public behavioral health and developmental services system. Following sections present data about numbers of individuals who received services from that system, the types and amounts of services they received, and the service capacities, staffing, funding, and expenditures of the services system. Final sections describe initiatives and accomplishments and present FY 2012 performance and outcome measures.

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, intellectual disability, or co-occurring disorders through state hospitals and training centers operated by the Department, hereafter referred to as state facilities, and 39 community services boards and one behavioral health authority, hereafter referred to as CSBs. CSBs were 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 or 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. 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.

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 describes this partnership; it is available on the Department's web site at www.dbhds.virginia.gov/documents/occ-2013-PerformanceContractPartnershipAgreement.pdf. 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; it is available on the Department's web site at www.dbhds.virginia.gov/documents/OCC-CSB-Overview.pdf.

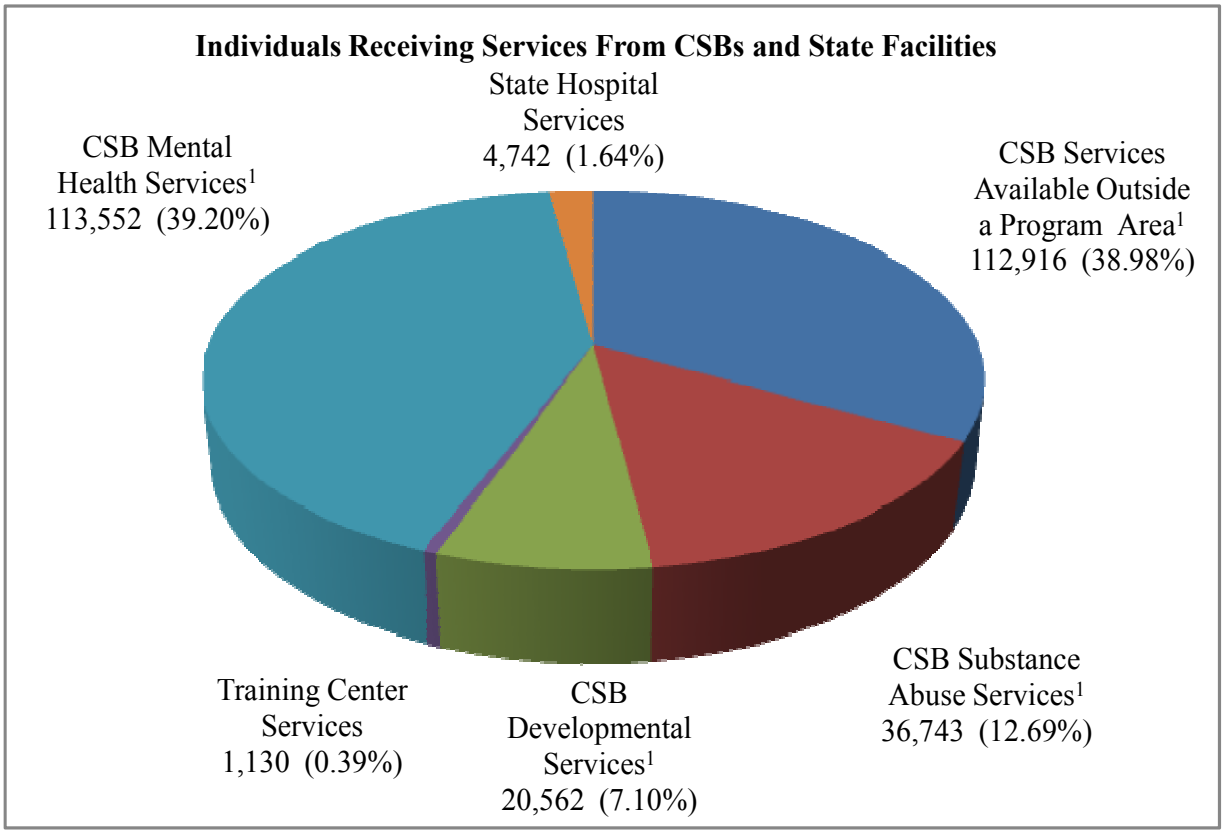
The Department operates eight state hospitals for adults across Virginia: Catawba Hospital (CAT) in Salem, Central State Hospital (CSH) in Petersburg, Eastern State Hospital (ESH) in Williamsburg, Piedmont Geriatric Hospital (PGH) in Burkeville, Northern Virginia Mental Health Institute (NVMHI) in Falls 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 individuals receiving services in state facilities and the Virginia Center for Behavioral Rehabilitation (VCBR) in Burkeville to provide rehabilitation 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 intellectual disability. All training centers are certified by the U.S. Centers for Medicare and Medicaid (CMS) as meeting Medicaid Intermediate Care Facility for individuals with Intellectual Disability (ICF/ID) standards of quality. CVTC also provides skilled nursing services. More detailed information about state facilities is available on the Department's web site at www.dbhds.virginia.gov/SVC-StateFacilities.htm and in the 2012-2018 Comprehensive State Plan at www.dbhds.virginia.gov/documents/reports/opd-StatePlan2012thru2018.pdf.

Title 37.2 of the Code of Virginia establishes the Department as the state authority for Virginia'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.

Individuals Receiving Services From CSBs and State Facilities

In FY 2012, 222,823 individuals received services in the publicly operated behavioral health and developmental services system: 216,951 individuals received services from CSBs and 5,872 individuals received services from state facilities. These figures are unduplicated within each CSB or state facility, but they are not unduplicated across CSBs because an individual may receive services from more than one CSB; between state facilities because an individual may receive services from more than one state hospital or training center; or between CSBs and state facilities because an individual may receive services from both. The pie chart below depicts the numbers of individuals receiving mental health or substance abuse (behavioral health) or developmental services from CSBs or state facilities in FY 2012 and the respective percentages.



[1]Individuals total more than the unduplicated number (216,951) because many receive services in multiple areas (e.g., mental health services and services available outside of a program area).

In addition to mental health, substance abuse, and developmental services, a fourth program area exists, services available outside of a program area. These services are emergency, motivational treatment, consumer monitoring, early intervention, assessment and evaluation, and consumer-run services; before 2008, these services were included in the other three program areas.

The following table displays numbers of individuals receiving services in each of the core services categories and subcategories from CSBs or state facilities in FY 2012. Numbers of individuals receiving services are displayed in five columns: services available outside of a program area, which are services not included in the mental health, developmental, or substance abuse services program areas; and the total number of individuals receiving a core service across the three program areas. The numbers before the service names are service codes in the Community Consumer Submission 3. The total numbers of individuals who received each category of core services are shown on the bolded total lines in the table. Core services are defined in Core Services Taxonomy 7.2, which is available on the Department's web site at www.dbhds.virginia.gov/documents/reports/OCC-2010-CoreServicesTaxonomy7-2v2.pdf.

Numbers of Individuals Who Received Services From CSBs and State Facilities in FY 2012					
Services Available Outside of a Program Area					
100 Emergency Services	60,057	Consumer-Run Programs (730) are not included in this table because individuals participating in these programs are not included in CCS 3 data. In FY 2012, 6,666 individuals participated in Consumer-Run Programs.			
318 Motivational Treatment Services	4,324				
390 Consumer Monitoring Services	6,478				
620 Early Intervention Services	1,806				
720 Assessment and Evaluation Services[1]	55,115				
Total Individuals Receiving Services	127,780				
Unduplicated Individuals: CSB Services	112,916				
Services Available in Program Areas	**Mental Health**	**Develop-mental**	**Substance Abuse**	**Total Individuals**	
Medical/Surgical Care (State Facilities)	104			104	
Skilled Nursing Services (Training Center)		94		94	
ICF/MR Services (Training Center)		1,047		1,047	
ICF/Geriatric Services (State Hospital)	614			614	
250 Acute Psychiatric or SA Inpatient (CSB)[2]	2,293		59	2,352	
250 Acute Psychiatric Inpatient (State Hospital)	2,574			2,574	
260 Community-Based SA Inpatient Med Detox			216	216	
Extended Rehabilitation Services (State Hosp.)	2,219			2,219	
Hiram Davis Medical Center (State Facility)	129			129	
Virginia Center for Behavioral Rehabilitation	335			335	
Total Community Inpatient Services (250, 260) [2]	2,293		275	2,568	
Total State Facility Inpatient Services	5,975	1,141		7,116	
Total Inpatient Services	**8,268**	**1,141**	**275**	**9,684**	
310 Outpatient Services[3]	94,325	752	28,328	123,405	
335 Medication Assisted Treatment			1,779	1,779	
350 Assertive Community Treatment	2,052			2,052	
Total Outpatient Services	**96,377**	**752**	**30,107**	**127,236**	

Table continued next page…

Numbers of Individuals Receiving Services Services Available in Program Areas	Mental Health	Develop-mental	Substance Abuse	Total Individuals
320 Case Management Services	**57,639**	**18,376**	**10,315**	**86,330**
410 Day Treatment or Partial Hospitalization	4,884		716	5,600
420 Ambulatory Crisis Stabilization	1,150			1,150
425 Rehabilitation or Habilitation Services	5,296	2,758	21	8,075
Total Day Support Services	**11,330**	**2,758**	**737**	**14,825**
430 Sheltered Employment Services	51	739		790
460 Individual Supported Employment	1,235	1,172	55	2,462
465 Group Supported Employment	20	689		709
Total Employment Services	**1,306**	**2,600**	**55**	**3,961**
501 Highly Intensive Residential Services	81	158	3,230	3,469
510 Residential Crisis Stabilization	4,669		323	4,992
521 Intensive Residential Services	453	902	3,667	5,022
551 Supervised Residential Services	1,050	416	301	1,767
581 Supportive Residential Services	6,212	1,199	80	7,491
Total Residential Services	**12,465**	**2,675**	**7,601**	**22,741**

Total Numbers of Individuals Who Received Services in FY 2012

	Mental Health	Develop-mental	Substance Abuse	Total Individuals
Total Individuals Receiving CSB Services[4]	181,410	27,161	49,090	385,441
Total Individuals Served in State Facilities	5,975	1,141		7,116
Total Individuals Receiving All Services[5]	187,385	28,302	49,090	392,557
Unduplicated Individuals: CSB Services[6]	113,552	20,562	36,743	283,773
Unduplicated Individuals: State Services[7]	4,742	1,130		5,872

[1] The 92 percent increase from FY 2011 is due to implementation of VICAP assessments conducted by CSBs for certain Medicaid mental health children's services.

[2] All community inpatient psychiatric services are purchased from private providers.

[3] In mental health, this includes 10,945 individuals who received pharmacy medication supports.

[4] These are all individuals receiving services in Services Available Outside of a Program Area (SAOPA) from the top of the table on the previous page and the three program areas, so figures on this line do not add across to the figure in the total column.

[5] Figures on this line are the sums of figures on the previous two lines.

[6] These are unique individuals receiving services in each program area and in services available outside of a program area. The total figure includes the unduplicated individuals receiving services in SAOPA, so figures on this line do not add across to the figure in the total column. Differences between figures on this line and the larger figures on the Total Individuals Receiving CSB Services line reflect individuals who received multiple core services.

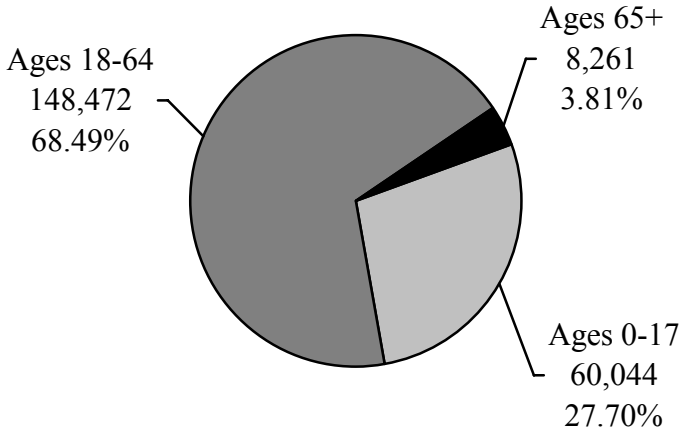
[7] These are unique individuals receiving services in state hospitals or training centers. Slight differences between figures on this line and the larger figures on the Total Individuals Served in State Facilities line reflect individuals who received services in more than one state facility.

The figures in the preceding tables include 3,833 individuals who received some or all of their Medicaid Intellectual Disability Home and Community-Based Waiver (ID Waiver) services from CSBs. In addition, 4,841 individuals received all of their ID Waiver services directly from other providers for a total of 8,674 individuals receiving ID Waiver services in FY 2012. During this same year, 80 percent of Medicaid payments for ID Waiver services were made to private providers, reflecting their extremely important role in delivering these services. Although the number of individuals receiving services through the ID Waiver has grown, there are many other individuals on waiting lists for these services. In FY 2012, 3,686 individuals were on the urgent waiting list for ID Waiver services, and 2,652 individuals were on the non-urgent waiting list for a total of 6,338 on the two waiting lists. 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 18,376 individuals who received developmental case management services from CSBs.

The figures in the preceding tables also include 2,568 individuals who received acute, short term mental health psychiatric or substance abuse inpatient services through local inpatient purchase of services contracts in their communities. If these services had not been available, most of these individuals would have required inpatient treatment in state hospitals; this probably would have doubled the number of individuals (2,574) receiving services in state hospital acute admission units in FY 2012.

The Community Consumer Submission 3 (CCS 3), the software application that transmits data about individuals and services from CSB information systems to the Department, provides data about the diagnoses, clinical and demographic characteristics, and living situations of individuals receiving services from CSBs in FY 2012. A few examples follow.

Ages of Individuals Receiving Services From CSBs



- Of the 216,951 unduplicated individuals who received CSB services, 12,321 identified themselves as having a Hispanic origin, 5.7 percent of the total number of individuals.

- 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.

Individuals Receiving CSB Mental Health Services in FY 2012		
Total Adults	**Adults with SMI**	**Percent of Total**
80,453	48,623	60.44%
Total Children	**Children with SED or At-Risk**	**Percent of Total**
33,075	25,687	77.66%

- Of 216,951 unduplicated individuals who received CSB services, 49,037 had co-occurring mental health and substance use disorders, 22.6 percent of the total number of individuals.

- Of 20,562 individuals who received developmental services, 2,101 had a diagnosis of autism spectrum disorder, 10.2 percent of the total number of individuals. Of all individuals who received services in the three program areas, 5,241 had an autism spectrum disorder diagnosis.

- Employment of individuals receiving services is a major focus of the Department. The following table displays employment status information for individuals who received services in FY 2012.

Employment Status for Adults Receiving CSB Services in FY 2012	Mental Health	Develop-mental	Substance Abuse	SAOPA	Total[1]
Adults (18-64) Receiving Services	75,969	14,815	33,556	72,166	148,472
Adults Employed Full-Time (35+ hours)	6,492	374	6,660	7,888	16,901
Adults Employed Part-Time (<35 hours)	7,000	1,621	3,757	5,201	13,225
Adults Employed Full- or Part-Time	**13,492**	**1,995**	**10,417**	**13,089**	**30,126**
Adults in Supported Employment	520	1,316	49	267	1,636
Adults in Sheltered Employment	182	490	15	78	557
Supported+ Sheltered Employment	**702**	**1,806**	**64**	**345**	**2,193**
Total Adults Employed	**14,194**	**3,801**	**10,481**	**13,434**	**32,319**
Percent of Adults Receiving Services	**18.68%**	**25.66%**	**31.23%**	**18.62%**	**21.77%**
Adults Unemployed	18,717	1,025	11,281	16,620	33,156
Adults Not in Labor Force (NLF)	38,654	9,329	10,299	25,465	62,428
Unknown or Not Collected (UNK/NC)	4,404	660	1,495	16,647	20,569
Total Unemployed, NLF, UNK/NC	**61,775**	**11,014**	**23,075**	**58,732**	**116,153**
Percent of Adults Receiving Services	**81.32%**	**74.34%**	**68.77%**	**81.38%**	**78.23%**

[1] Figures in this column are unduplicated across the three program areas and services available outside of a program area (SAOPA), rather than the sum of the preceding columns on each line. A number of individuals received services in SAOPA and in one or more program areas.

- Housing for individuals receiving services in the behavioral health and developmental services system is another major focus of the Department. The following table displays type of residence information for individuals who received services in FY 2012.

Types of Residence for Individuals Receiving CSB Services in FY 2012	Mental Health	Develop-mental	Substance Abuse	SAOPA	Total[1]	%
Total Individuals	113,552	20,562	36,743	112,916	216,951	100.00
Private Residences	92,663	14,350	28,587	68,217	152,115	70.12
Community Placements[2]	10,279	4,881	1,848	5,209	15,835	7.30
Jails and Prisons	2,484	26	2,927	5,424	8,329	
Juvenile Detention Centers	855	6	188	977	1,504	
Inpatient Beds and Nursing Homes	682	197	28	703	1,256	
Other Institutions	256	312	52	379	806	
Total Institutional Settings	4,277	541	3,195	7,483	11,895	5.48
Homeless or Homeless Shelters	1,910	37	898	2,365	3,356	1.55
Unknown or Not Collected	4,423	753	2,215	29,642	33,750	15.55

[1] Figures in this column are unduplicated across the three program areas and SAOPA, rather than the sum of the preceding columns on each line.

2 Community placements are boarding homes, foster and family sponsor homes, licensed adult living facilities, community residential programs, residential treatment centers, alcohol and drug treatment programs, and shelters.

CCS 3 Extract Specifications, available at www.dbhds.virginia.gov/documents/occ-2010-CCS3-ExtrSpec-V7-2.pdf, define employment status and types of residence.

Specialized Initiatives or Projects

The Department has funded initiatives to expand the capacity of CSBs to serve particular populations. The following table displays the numbers of individuals who received services in these initiatives at any point during FY 2012. For example, this could include individuals who received one-time DAP services or who were in DAP at the beginning of the fiscal year but were subsequently discharged. Consumer designations are described in Core Services Taxonomy 7.2.

Individuals Receiving Services in Specialized Initiatives in FY 2012		
Code	**Consumer Designation**	**Individuals**
905	Mental Health Mandatory Outpatient Treatment Orders	56
910	Discharge Assistance Project (DAP)	854
915	Mental Health Child and Adolescent Services Initiative	1,555
916	Mental Health Services for Children in Juvenile Detention Centers	3,266
918	Program of Assertive Community Treatment (PACT)	1,363
919	Projects for Assistance in Transition from Homelessness (PATH)	1,267
920	Medicaid Intellectual Disability Waiver Services	3,833
933	Substance Abuse Medication Assisted Treatment	351
935	Substance Abuse Recovery Support Services	558

Services Received From CSBs and State Facilities

The following table displays amounts of services received by individuals from CSBs and state facilities in core services categories and subcategories for each program area and services available outside of a program area in FY 2012.

Amounts of Services Received from CSBs and State Facilities in FY 2012					
Services Available Outside of a Program Area		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 core service category is listed on the bolded category total lines.			
100 Emergency Services	425,505				
318 Motivational Treatment Services	24,467				
390 Consumer Monitoring Services	48,280				
620 Early Intervention Services	19,425				
720 Assessment and Evaluation Services	229,871				
Total Service Hours Received	747,548				
Services Available in Program Areas	**Mental Health**	**Develop-mental**	**Substance Abuse**	**Total Services**	
Medical/Surgical Care (State Facilities)	1,145			1,145	
Skilled Nursing Services (State Facilities)		28,410		28,410	
ICF/MR Services (Training Center)		341,319		341,319	
ICF/Geriatric Services (State Hospital)	108,282			108,282	
250 Acute Psychiatric or SA Inpatient (CSB)	14,504		362	14,866	
250 Acute Psychiatric Inpatient (St. Hospital)	143,168			143,168	
260 Community-Based SA Inpatient Med Detox			1,087	1,087	
Extended Rehabilitation Services (State Hosp.)	211,306			211,306	
Hiram Davis Medical Center (State Facility)	19,939			19,939	
Virginia Center for Behavioral Rehabilitation	99,987			99,987	
Total State Facility Bed Days Received	583,827	369,729		953,556	
Total CSB Inpatient Bed Days Received	14,504		1,449	15,953	
Total Inpatient Bed Days Received	598,331	369,729	1,449	969,509	
310 Outpatient Services	908,416	13,028	547,941	1,469,385	
335 Medication Assisted Treatment			81,070	81,070	
350 Assertive Community Treatment	222,118			222,118	
Total Outpatient Service Hours Received	1,130,534	13,028	629,011	1,772,573	
320 Case Management Service Hours	981,627	524,388	79,265	1,585,280	
410 Day Treatment or Partial Hospitalization	2,275,660		81,247	2,356,907	
420 Ambulatory Crisis Stabilization	43,322			43,322	
425 Rehabilitation or Habilitation Services	3,036,805	2,718,965	38	5,755,808	
Total Day Support Service Hours	5,355,787	2,718,965	81,285	8,156,037	
430 Sheltered Employment Services	8,524	154,476		163,000	
465 Group Supported Employment	5,146	164,172		169,318	
Total Employment Days of Service Received	13,670	318,648		332,318	
460 Employment Service Hours Received	31,816	60,318	325	92,459	
501 Highly Intensive Residential Services	13,882	55,374	29,216	98,472	
510 Residential Crisis Stabilization	57,733		1,614	59,347	
521 Intensive Residential Services	76,396	284,148	219,782	580,326	
551 Supervised Residential Services	237,931	127,912	20,771	386,614	
Total Residential Bed Days Received	385,942	467,434	271,383	1,124,759	
581 Supportive Residential Services Hours	709,678	806,120	2,096	1,517,894	
610 Prevention Service Hours Received	5,341	1,881	288,040	295,262	

Service Capacities of CSBs and State Facilities

The following table displays the capacities of services provided by CSBs and state facilities. Core Services Taxonomy 7.2 defines three types of capacity: full time equivalents (FTEs), beds, and slots. The type of service capacity for each category of core services is listed on the bolded category total lines in the table.

Service Capacities in CSBs and State Facilities in FY 2012			
Services Available Outside of a Program Area			
100 Emergency Services	373 FTEs		
318 Motivational Treatment Services	19 FTEs		
390 Consumer Monitoring Services	67 FTEs		
620 Early Intervention Services	12 FTEs		
720 Assessment and Evaluation Services	211 FTEs		
Total Full-Time Equivalents (FTEs)	682 FTEs		
Services Available in Program Areas	**Mental Health**	**Develop-mental**	**Substance Abuse**
Medical/Surgical Care (State Hospitals)	13 Beds		
Skilled Nursing Services (Training Centers)		83 Beds	
ICF/MR Services (Training Centers)		909 Beds	
ICF/Geriatric Services (State Hospitals)	365 Beds		
250 CSB Acute Psychiatric or SA Inpatient Services	39 Beds		1 Bed
260 CSB Substance Abuse Inpatient Medical Detox			2 Beds
State Hospital Acute Psychiatric Inpatient Services	458 Beds		
State Hospital Extended Rehabilitation Services[1]	651 Beds		
Hiram Davis Medical Center (State Facility)	87 Beds		
Virginia Center for Behavioral Rehabilitation[2]	450 Beds		
Total Community Inpatient Services (250, 260)	39 Beds		3 Beds
Total State Facility Inpatient Services	2,024 Beds	992 Beds	
Total Inpatient Beds	2,063 Beds	992 Beds	3 Beds
310 Outpatient Services	819 FTEs	8 FTEs	340 FTEs
335 Medication Assisted Treatment			28 FTEs
350 Assertive Community Treatment	232 FTEs		
Total Outpatient Service FTEs	1,051 FTEs	8 FTEs	368 FTEs
320 Case Management Service FTEs	964 FTEs	497 FTEs	94 FTEs
410 Day Treatment or Partial Hospitalization	2,766 Slots		149 Slots
420 Ambulatory Crisis Stabilization	61 Slots		
425 Rehabilitation or Habilitation Services	2,452 Slots	2,194 Slots	
Total Day Support Service Slots	5,279 Slots	2,194 Slots	149 Slots
430 Sheltered Employment Services	41 Slots	641 Slots	
465 Group Supported Employment	10 Slots	532 Slots	
Total Employment Slots	51 Slots	1,173 Slots	
460 Individual Supported Employment FTEs	18 FTEs	54 FTEs	

Table continued next page…

Service Capacities in CSBs and State Facilities Services Available in Program Areas	Mental Health	Develop-mental	Substance Abuse
501 Highly Intensive Residential Services	48 Beds	163 Beds	82 Beds
510 Residential Crisis Stabilization	153 Beds		6 Beds
521 Intensive Residential Services	191 Beds	876 Beds	665 Beds
551 Supervised Residential Services	693 Beds	382 Beds	86 Beds
Total Residential Beds	1,085 Beds	1,421 Beds	839 Beds
581 Supportive Residential Service FTEs	539 FTEs	444 FTEs	2 FTEs
610 Prevention Service FTEs	6 FTEs	0 FTEs	197 FTEs

[1] Includes 288 medium or maximum forensic beds, a 17 percent increase over FY 2011.

[2] A 50 percent increase over FY 2011.

Staffing of CSBs and State Facilities

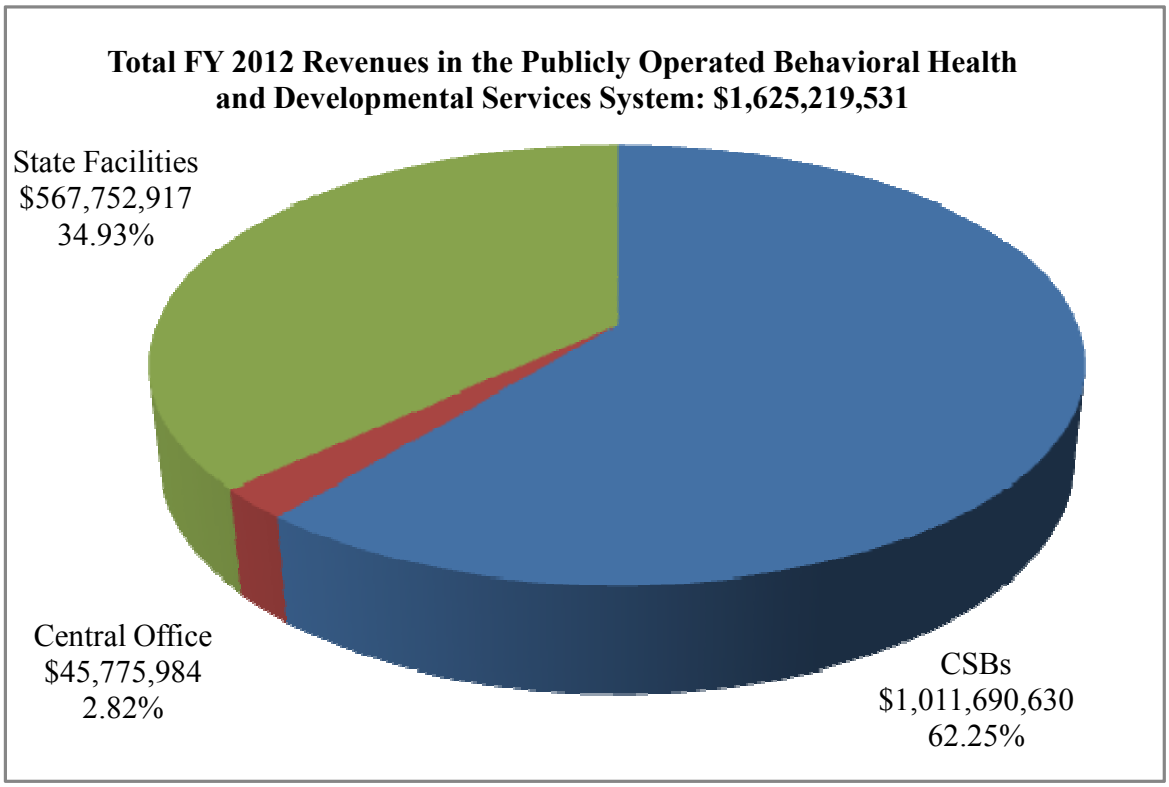
The following table displays staffing information about CSBs, state facilities, and the Department's central office, expressed as numbers of full time equivalents (FTEs). A full-time equivalent is not the same as a position. For example, a part-time position staffed for 20 hours per week is one position but a ½ FTE. The number of FTEs will usually be less than the number of positions, but FTEs are a more accurate indicator of personnel resources available to deliver services or provide administrative support for services. Peer staff reflects numbers of individuals who are receiving or have received services and are employed by CSBs as peers to deliver services. Support staff includes directors and managers, administrative positions, and buildings and grounds and food services employees. It is important to note that CSB numbers include only FTEs in programs directly operated by CSBs; agencies with which CSBs contract for many services employ a significant number of FTEs that are not included in CSB figures.

FY 2012 CSB, State Facility, and Department Central Office Staffing (FTEs)	Direct Care Staff	Peer Staff	Support Staff	Total FTEs
CSB Mental Health Services	4,584.56	62.73	997.15	5,644.44
State Hospitals	2,753.30	9.50[1]	1,127.50	3,890.30
Total Mental Health Services FTEs	7,337.86	72.23	2,124.65	9,534.74
CSB Developmental Services	3,160.50	29.75	417.11	3,607.36
Training Centers	2,504.60	0.00	1,214.60	3,719.20
Total Developmental Services FTEs	5,665.10	29.75	1,631.71	7,326.56
Hiram Davis Medical Center	153.00	0.00	23.00	176.00
Virginia Center for Behavioral Rehabilitation	196.00	0.00	154.00	350.00
CSB Substance Abuse Services FTEs	1,095.51	12.50	281.36	1,389.37
CSB Services Outside of a Program Area FTEs	644.72	7.50	95.42	747.64
CSB Administration	0.00	0.00	1,126.98	1,126.98
Department Central Office (CO)	0.00	0.00	248.00	248.00
Total CSB Full-Time Equivalents	9,485.29	112.48	2,918.02	12,515.79
Total State Facility and CO FTEs	5,606.90	9.50	2,767.10	8,383.50
Total State and CSB Full-Time Equivalents	15,092.19	121.98	5,685.12	20,899.29

[1] State hospitals also contract with a number of community consumer-run programs for services.

Revenues in CSBs and State Facilities

The following pie chart depicts all of the FY 2012 revenues in the publicly operated behavioral health and developmental services system, including funds for CSBs, state facility services, and the Department's central office and the respective percentages. The chart does not include direct Medicaid payments to private providers or Part C revenues.



CSBs reported revenues of $1,011,690,630 from all sources in FY 2012; these are displayed below. Local funds include local government appropriations, charitable donations, and in-kind contributions; the 134 cities or counties that established the 40 CSBs provide the overwhelming share of local funds. Fees include Medicaid, Medicare, and private insurance reimbursements and payments from individuals. Other funds include workshop sales, retained earnings, and one-time funds.

FY 2012 Community Services Board Revenues by Program Area					
	Mental Health Services	Developmental Services	Substance Abuse Services	Total Revenues	Percent of Total
State Funds	$184,098,776	$14,403,335	$46,627,210	$245,129,321	24.23%
Local Funds	$111,384,358	$84,012,414	$38,889,682	$234,286,454	23.16%
Fees	$241,005,989	$196,345,342	$13,379,713	$450,731,044	44.55%
Federal Funds	$11,157,835	$0	$43,592,640	$54,750,475	5.41%
Other Funds	$17,473,478	$4,100,658	$5,219,200	$26,793,336	2.65%
Total Revenues	$565,120,436	$298,861,749	$147,708,445	$1,011,690,630	100.00%
Percent of Total	55.86%	29.54%	14.60%	100.00%	

State facilities reported revenues of $567,752,917 from all sources in FY 2012. Detailed revenues are displayed below.

FY 2012 State Facility Revenues by Type of State Facility					
	State Hospitals	**Other State Facilities[1]**	**Training Centers**	**Total Revenues**	**Percent Of Total**
State General Funds	$211,792,479	$33,111,809	$21,451,489	$266,355,777	46.91%
Federal Funds	$117,000	$0	$129,426	$246,426	0.04%
Medicaid	$47,458,155	$10,077,507	$204,195,944	$261,731,606	46.10%
Medicare	$16,964,653	$1,243,818	$2,516,154	$20,724,625	3.65%
Commercial Insurance	$2,555,229	$2,888	$6,020	$2,564,137	0.45%
Private Payments	$2,823,178	$14,209	$948,938	$3,786,325	0.67%
Other Revenues	$4,150,721	$247,913	$7,945,387	$12,344,021	2.18%
Total Revenues	$285,861,415	$44,698,144	$237,193,358	$567,752,917	100.00%
Percent of Total	50.35%	7.87%	41.78%	100.00%	

[1] Other State Facilities are Hiram Davis Medical Center (HDMC) and Virginia Center for Behavioral Rehabilitation (VCBR).

FY 2012 funds for the Department's Central Office totaled $45,775,984, including $28,316,887 of state funds, $6,311,951 of special funds, and $11,147,146 of federal funds.

Expenditures by CSBs and State Facilities

FY 2012 Community Services Board Expenditures by Program Area				
	Mental Health Services	**Developmental Services**	**Substance Abuse Services**	**Total Expenditures[1]**
CSB Services	$547,795,059	$290,816,508	$141,529,973	$980,141,540
Percent of Total	55.89%	29.67%	14.44%	100.00%

[1] Total Expenditures include $101,588,426 of CSB administrative expenses, 10.36% of the total.

FY 2012 State Facility and Central Office Expenditures		
	Expenses	Percent of Total
State Hospitals	$289,076,015	47.44%
Other State Facilities[1]	$41,076,882	6.74%
Training Centers	$238,913,962	39.21%
Central Office	$40,263,043	6.61%
Total Expenditures	$609,329,902	100.00%

[1] Other State Facilities are HDMC and VCBR.

Part C Infant and Toddler Early Intervention Services

In addition to state facility and CSB services, the Department funds and monitors the early intervention services system established pursuant to Chapter 35 of Title 2.2 of the *Code of Virginia* for infants and toddlers eligible for services under Part C of the Individuals with

Disabilities Education Act. The Department is the Part C state lead agency, pursuant to § 2.2-5304 of the *Code of Virginia*, and disburses federal Department of Education and state general funds to and contracts with 40 local lead agencies (LLAs) across Virginia to support these services; 30 LLAs are CSBs. Services were provided by the 40 LLAs and 59 private providers. In FY 2012, 15,676 infants and toddlers (unduplicated count) received the following Part C early intervention services through this system. This represents an 11.42 percent increase over the previous year. All eligible children receive service coordination. In addition, 9,882 children received evaluations to determine eligibility for services or an assessment for service planning. The Report on Virginia's Part C Early Intervention System – July 1, 2011 – June 30, 2012 is available at http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD2612012/$file/RD261.pdf.

FY 2012 Part C Infant and Toddler Early Intervention Services			
Early Intervention Service	**Children Served**	**Early Intervention Service**	**Children Served**
Assistive Technology	19	Physical Therapy	4,154
Audiology	235	Psychological Services	0
Counseling	2	Service Coordination	15,676
Developmental Services	2,947	Social Work Services	31
Health Services	0	Speech-Language Pathology	5,534
Nursing Services	0	Transportation	0
Nutrition Services	2	Vision Services	94
Occupational Therapy	2,163	Other Entitled EI Services	78

FY 2012 Part C Infant and Toddler Early Intervention Services Revenues			
Federal Part C Funds	$9,545,592	Targeted Case Management Fees	$3,986,948
Federal ARRA Funds	$2,251,526	Private Insurance Fees	$5,096,825
State Part C Funds	$10,020,426	Grants/Gifts/Donations	$12,472
Other State General Funds	$712,630	In-Kind Contributions	$322,604
Local Funds	$7,992,093	Other Revenues	$1,575,081
Family Fees	$702,005	Total Revenues	$57,449,183
Medicaid Fees	$15,230,981		

FY 2012 Part C Infant and Toddler Early Intervention Services Expenditures			
Assessment for Service Planning	$2,425,415	Physical Therapy	$6,376,486
Assistive Technology	$46,784	Service Coordination	$12,307,059
Audiology	$11,719	Social Work Services	$30,260
Counseling	$138,152	Speech Pathology Services	$18,107,586
Developmental Services	$4,084,723	Transportation	$200,465
Evaluation for Eligibility Determination	$799,184	Vision Services	$22,112
Health Services (includes Nursing)	$147,529	Other Entitled Services	$676,439
Nutrition Services	$82,715	System Components[1]	$7,451,964
Occupational Therapy	$4,965,330	Total Part C Expenditures	$57,873,922

[1] System Components expenditures reported by the LLAs support administration, system management, data collection, and training activities critical to the provision of direct services.

Department Initiatives and Accomplishments

A. *Creating Opportunities Plan* Accomplishments

One of the Department's most significant recent initiatives has been *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia*, which the Department began in early 2010. To fulfill its responsibility to establish a strategic agenda and related initiatives for Virginia's behavioral health and developmental services system, the Department developed this plan to identify the service priorities and actions needed to successfully advance initiatives that will enable the Department to:

- Build on and continue progress in advancing the Department vision of a system of behavioral health and developmental services and supports that promotes self-determination, recovery, empowerment, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life;
- Support the Governor's intention to achieve a Commonwealth of Opportunity for all Virginians, including individuals receiving behavioral health or developmental services; and
- Promote services system efficiencies in a manner that is effective and responsive to the needs of individuals receiving services and their families.

In FY 2011, implementation teams were formed to help develop achievable and meaningful objectives and priority actions needed to accomplish the Creating Opportunity initiatives. Reports with recommendations were completed for several initiatives. In FY 2012, the Department and system stakeholders continued to make significant progress in implementing the following strategic initiatives included in the *Creating Opportunities Plan*. Examples of results and products are listed for each initiative.

1. Strengthen the responsiveness of **Behavioral Health Emergency Response Services** and maximize the consistency, availability, and accessibility of services for individuals in crisis.
   - The Department completed the Emergency Response Team report, which is available at www.dbhds.virginia.gov/CreatingOpportunities/ERReport.pdf and provided consultation to improve crisis stabilization unit operations.
   - The Department began working with the Portsmouth Department of Behavioral Health-care Services, Chesapeake and Henrico Area CSBs, and New River Valley Community Services to implement triage, assessment, and referral centers, funded with a $600,000 appropriation from the General Assembly, where sheriffs and police officers can drop off individuals with mental illness who are at risk of becoming involved with the criminal justice system.
   - The Department participated with the Department of Juvenile Justice (DJJ), the Central Virginia Juvenile Probation Office, and Horizons Behavioral Health (the CSB serving the Lynchburg area) in a federal Substance Abuse and Mental Health Services Administration (SAMHSA) and MacArthur Foundation policy academy that resulted in a $25,000 grant-funded pilot project to create more effective diversion of juveniles with co-occurring mental health and substance abuse issues at intake from the juvenile justice system who could benefit from mental health treatment. A team with representatives from the

Department, DJJ, the Office of the Comprehensive Services Act, and Horizons Behavioral Health are developing a model to screen adolescents who are identified as children in need of services (CHINS) or who are involved in domestic violence issues and refer them to the CSB for assessment and treatment. This project will provide ongoing technical assistance through March 2013.

2. Increase **Peer Services and Supports** by expanding peer support specialists in direct service roles and expand recovery support services.
   - Virginia was one of eight states to participate in a three-day SAMHSA-funded Bringing Recovery Supports to Scale Policy Academy that identified short-term goals for expanding adoption of recovery-oriented practices.
   - State hospital annual consultative audit teams now include peer service providers, and recovery orientation language was incorporated in the Department's on-line case management training curriculum and housing and employment initiatives.

3. Increase the statewide availability of **Substance Abuse Treatment Services**.
   - The Department sponsored two medication-assisted treatment training sessions for community physicians to expand the availability of Suboxone treatment in their offices.
   - The Department co-sponsored with the Virginia Association of Community Services Boards a two-day same day access to treatment workshop attended by 135 participants.
   - The Department began efforts to implement use of uniform screening and assessment instruments statewide with a target completion date of July 2013.

4. Enhance **Effectiveness and Efficiency of State Hospital Services**.
   - The Department completed the first year of annual consultative audits of state hospitals, which produced higher scores on accreditation and Medicaid certification inspections, reduced use of seclusion and restraint, and resulted in fewer hotline complaints.
   - State hospitals, in collaboration with CSBs, reduced the number of individuals on forensic services waitlists from 111 to 48 and admission wait times from 60 to 30 days.
   - The Department posted training modules for courts and attorneys on its web site.

5. Develop a **Child and Adolescent Mental Health Services Plan** to enhance access to the full comprehensive array of child and adolescent behavioral health services as the goal and standard in every community.
   - The plan was submitted to the General Assembly in November 2011. It is available at www.dbhds.virginia.gov/documents/CFS/cfs-Community-Based-BH-Plan.pdf.
   - The Department began working with CSBs in Regions 1 (northwestern), 3 (southwestern), and 4 (central Virginia) on implementing three pilot programs to expand child psychiatry, crisis stabilization, and mobile crisis services for children that were funded with a $1.75 million appropriation by the 2012 General Assembly.
   - The Department provided child-serving system training to 479 individuals on trauma-informed care, systems of care, and education and training for families.

6. Build **Developmental Services and Supports Community Capacity** that will enable individuals who need such services and supports, including those with multiple disabilities, to live a life fully integrated in the community.
   - The Settlement Agreement with the U.S. Department of Justice (DOJ) was approved by the U.S. District Court for Eastern Virginia on August 23, 2012. The target population covered by the agreement is individuals with intellectual disability (ID) or developmental disability (DD) who reside in training centers, nursing homes, or community intermediate care facilities or who are on ID or DD waiver waiting lists. The agreement calls for establishing 4,170 waiver slots by June 30, 2021. More information about the agreement is available at www.dbhds.virginia.gov/Settlement.htm.
   - The Department and CSBs began implementing five regional Systemic Therapeutic Assessment, Respite, and Treatment programs using a $5 million appropriation.
   - The Department implemented a new standardized discharge planning process for training centers, 61 individuals were discharged from SVTC and CVTC, current discharge plans are in place for all individuals residing in training centers, and pre-move and post-discharge monitoring processes are in place. Monitoring occurs at three, seven, 10, 17, and 30 day intervals after discharge from training centers.

7. Incorporate services and supports for individuals with **Autism Spectrum Disorders (ASD) or Developmental Disabilities (DD)** in Virginia's developmental services delivery system.
   - The Department is working with other system stakeholders to integrate ID and DD service systems to focus on the needs of individuals rather than on diagnoses.
   - The Department is working with DMAS to study the current ID and DD waiver programs and determine if changes should be made when the DD and ID waivers are renewed in 2013 and 2014, respectively.

8. Address the **Housing** needs of individuals with mental health or substance use disorders and those with developmental disabilities.
   - The Department established an interagency team with the Departments of Housing and Community Development (VHCD) and Aging and Rehabilitative Services, the Virginia Housing and Development Authority (VHDA), and the Board for People with Disabilities to develop the housing plan required by the DOJ Settlement Agreement.
   - The Department employed a housing specialist and began development of an interagency memorandum of understanding with DHCD, VHDA, and DMAS that will outline agency roles and responsibilities for increasing integrated and affordable housing options that are required by the DOJ Settlement Agreement.

9. Create **Employment** opportunities for individuals with mental health or substance use disorders and those with developmental disabilities.
   - The Department sponsored the first Employment First Summit in October 2011 and three regional summits in Fredericksburg, Martinsville, and Chesapeake.
   - The Department drafted a State Board Employment First Policy. The policy will require service providers to offer employment services as the first day support services option,

discuss employment goals at least annually with individuals receiving services, and establish and track employment outcomes.

10. Strengthen the capability of the **Case Management** system to support individuals receiving behavioral health or developmental services.
    - The Department developed a web-based training program of six basic case management modules: overview, disabilities defined and importance of integration of healthcare, developing and maintaining relationships, assessment, planning, and services.
    - In FY 2012, about 1,500 CSB staff who provide case management services began training using these modules to enhance their core competencies and promote consistency in the practice of case management across Virginia.
    - The Department established a case management data work group with the VACSB to address DOJ Settlement Agreement case management reporting requirements.

11. Complete the phased implementation of a **Department Electronic Health Record (EHR) and Health Information Exchange (HIE)** across the state facility system. The Department issued the request for proposals to obtain the EHR, and contract negotiations are expected to be completed by early FY 2013.

12. Address **Sexually Violent Predator (SVP) Service Capacity** in order to appropriately and safely operate the VCBR and provide appropriate SVP rehabilitation and treatment services.
    - The VCBR revamped its treatment program to provide evidence-based sex offender treatment, resulting in the lowest treatment refusal rate of all 19 SVP programs nationally.
    - The VCBR increased bed capacity by equipping 150 bedrooms for double-bunking of residents, as required by the General Assembly.

Copies of the *Creating Opportunities Plan* and FY 2011 and 2012 Implementation Reports are available on the Department's web site at www.dbhds.virginia.gov/CreatingOpportunities.htm.

B. Behavioral Health Services Initiatives and Accomplishments

- Construction of the replacement facility for WSH was 60 percent complete at the end of FY 2012 with the roof complete and the exterior 90 percent complete; the new state hospital is scheduled to be completed by September 2013. Funding for the majority of furniture, fixtures, and equipment was secured, but additional funding is being sought.

- Major heating, ventilation, and air conditioning performance issues associated with the original design and construction were resolved at ESH.

- The Department re-established the Office of Substance Abuse Services to provide leadership and expertise on substance abuse policy issues and services development and improvement and appointed a director in December 2011. The office co-sponsored the annual meeting of the Virginia Association of Medication Assisted Recovery Programs in October 2011.

- The Department participated in a SAMHSA policy conference, Bringing Recovery Supports to Scale - Technical Assistance Collaborative (BRSS-TACs), which will help it infuse

recovery concepts into the services system at the provider and policy levels. Virginia was one of eight states to receive $50,000 and technical assistance to bring Department leadership, providers, and peer leaders together to identify and resolve barriers to integrating recovery concepts in the services system for individuals with mental health or substance use disorders.

- Office of Substance Abuse Services staff is providing agency leadership in development of peer and recovery supports by providing primary staff leadership to the *Creating Opportunities* initiative focusing on defining qualifications for peer providers.

- The Department contracted with Living Works Inc. to provide "Applied Suicide Intervention Skills Training: Training for Trainers" (ASIST T4T) for 115 participants during FY 2012. The Department convened a stakeholder Advisory Committee and a Steering Committee to update the *Suicide Prevention Across the Lifespan Plan for the Commonwealth of Virginia*. The Steering Committee developed new goals and objectives addressing suicide prevention with input from the Advisory Committee. A final draft of the *Plan* is under development for agency review.

- Changes in EPA regulations for disposal of extremely hazardous drugs affected state hospital pharmacies. The Department issued a department instruction about safe storage, preparation, handling, dispensing, administration, and disposal of hazardous drugs in order to limit occupational exposure to potentially harmful pharmaceutical materials in state facilities. The instruction established a standardized best management practices to identify hazardous drugs, implement consistent occupational management practices to protect employee and public health and the environment, and streamline pharmaceutical waste management procedures.

- The Department established a pharmacy continuous quality improvement program pursuant to emergency regulations, 18VAC110-20-418. Policies and procedures complying with these regulations were distributed to state facilities. Medicare Part D pharmacy contracts must be updated by January 1 to include recent mandates from the Centers for Medicare and Medicaid Services; this will affect the Department's pharmacy services that collect $7.3 million.

- Department pharmacy services must meet the CMS short-cycle dispensing requirement. The Patient Protection and Affordable Care Act requires Medicare Part D plans to employ utilization management techniques to reduce the per-fill quantity of prescription medications dispensed to individuals in long term care facilities to reduce unused medications by moving from traditional 30-day fills to biweekly, weekly, or daily fills. This is intended to reduce the waste that occurs due to medication switching, discharges, deaths, or other causes.

- Using federal Mental Health Block Grant funds, the Department contracted with several organizations that provide education and supportive services to individuals and families affected by mental health problems. All of these organizations are peer-run and offer a variety of training and educational opportunities in communities across the state. Examples of these activities follow.
  - In May, almost 170 individuals attended the Virginia Organization of Consumers Asserting Leadership (VOCAL) annual peer conference at James Madison University.

This annual conference provides opportunities for learning and networking around recovery, health and wellness, peer supports, and other similar issues.

- The Virginia chapter of the National Alliance on Mental Illness (NAMI Virginia) provides individual and family education and support services to assist persons affected by mental illness. NAMI's Family-to-Family, In Our Own Voice, and Peer-to-Peer programs are designed to educate members of the public about mental illness with the goal of reducing stigma. These programs provided education and training services to more than 4,500 persons across the state through a variety of programs, and NAMI Virginia trained 94 new volunteer presenters and facilitators to provide these services.

○ The Department partnered with the Center for Excellence in Aging and Geriatric Health, the Virginia Geriatric Mental Health Partnership, and the Virginia Commonwealth University Department of Gerontology to deliver three webinars on key topics in geriatric mental health for staff in long term care and behavioral health settings, including facility and home-based services. The diverse group of aging services providers included employees of area agencies on aging and CSBs, geriatric care managers, gerontologists, and hospital discharge planners. An average of 229 participants participated in each webinar. Department staff also delivered the plenary address on mental health and older adults at the 2012 Geriatric Symposium in Hampton on March 15.

○ Cross Systems Mapping brings together local community criminal justice, behavioral health, and community representatives and individuals receiving services who participate in a one and a half day professionally facilitated workshop. The workshop is based on the Sequential Intercept model, which breaks down the criminal justice process into five discreet intercept points where people with behavioral health disorders can be most effectively identified and linked to services with the goal of reducing their contact with the criminal justice system without compromising public safety.

- Seven workshops were attended by over 250 criminal justice or mental health system stakeholders representing 22 Virginia localities.
- A Statewide Cross Systems Mapping stakeholders meeting was attended by over 100 criminal justice or mental health system stakeholders.
- In January, 561 individuals who participated in Cross Systems Mapping workshops between January 2009 and June 2010 were surveyed, and 125 responded. Among the survey results, 85 percent of respondents had improved existing criminal justice and behavioral health collaborations; 75 percent said new criminal justice and behavioral health collaborations were formed as a result of the workshop; and 67 percent saw an increase or expansion of their local Crisis Intervention Team (CIT) initiative.

○ A Crisis Intervention Team (CIT) is a community based, comprehensive law enforcement and mental health crisis response program. A CIT program provides intensive, specialized behavioral health training for law enforcement, corrections, and other first responders; establishes local protocols and procedures to improve access to services for people with behavioral health concerns at risk for arrest; and brings together criminal justice and mental health stakeholders to maintain collaborative systems change. There are 30 CIT Programs.

- In an August inventory, thirteen CIT programs had a therapeutic assessment site to reduce the amount of time officers spend on mental health related calls.
- Twenty seven programs have a taskforce or other leadership committee that meets on a regular basis. Taskforce and leadership committee members include key stakeholders representing law enforcement, criminal justice, behavioral health, hospital and emergency departments, individuals receiving services, family members, and advocates.
- CIT programs reported that nearly 2,900 of their local mental health, criminal justice, law enforcement, and other first responders had been through a 40 hour CIT training.

C. Developmental Services Initiatives and Accomplishments and Department of Justice Settlement Agreement Implementation Actions

- On January 26, 2012, Virginia entered into a Settlement Agreement with the U.S. Department of Justice to improve services and supports for individuals with intellectual or developmental disabilities. The Department is one of the lead agencies responsible for implementing the terms of the 10 year agreement. The following activities were initiated in FY 2012 in response to the agreement. More information about the agreement is available on the Department's web site at www.dbhds.virginia.gov/Settlement.htm.

- The Virginia START program, a systems linkage program for individuals with developmental disabilities experiencing behavior related crises in their home communities, made significant progress in each of the five regions in Virginia during FY 2012. Services that began or were in development stages in each region included:
  - 24 hours per day and seven days per week telephone call responses to crisis situations;
  - Mobile teams that respond to individuals in crisis within three hours;
  - Therapeutic tools developed in collaboration with medical, allied health, developmental services, and mental health professionals;
  - Community and home-based crisis intervention and stabilization supports; and
  - A six-bed residential therapeutic and planned respite facility.

- The Department advanced an employment first policy through the Governor's *Certificate of Recognition* of Employment First and the Statewide Employment First Summit held in October, 2011. Other employment first actions are described in the *Creating Opportunities Plan* Accomplishments section above.

- The 2012 General Assembly appropriated funds for the Individual and Family Support Fund to provide support to individuals on the waiting list for Medicaid ID or DD Waiver services and their families. The fund will provide up to $3,000 of support in one year for at least 700 families in FY 2013 and at least 1,000 families annually thereafter for the duration of the agreement. The Office of Developmental Services formed a stakeholder work group to help develop regulations and policies that will govern distribution of these funds.

- The Department added 13 positions to the Division of Developmental Services to support implementation of the DOJ Settlement Agreement:

- Five community resource consultants to provide training, technical assistance, and ongoing support to providers of developmental community services;
- One manager for the START program;
- Five community integration managers to assist with the discharge process at each training center; and
- Two pre-authorization consultants to provide Medicaid waiver pre-authorization services to the growing number of individuals enrolled in the ID and DD Waivers.

○ Other DOJ Settlement Agreement related activities, including housing-related efforts, are described in the *Creating Opportunities Plan* Accomplishments section above.

○ As part of the replacement of SEVTC, construction of 15 new five-bed homes was completed in a neighborhood setting. They will serve the individuals remaining at SEVTC. This is the first state facility to receive the LEED© certification designation. Demolition of existing cottages has been delayed pending relocation of individuals at SEVTC to new facilities.

○ To provide additional capacity in the community for persons leaving SEVTC, construction of 11 community homes in Region 5 (Tidewater) was completed. Two additional homes are under construction and 85 percent complete, and one is in the planning stage. A portion of the training center was declared surplus property and will be sold; the proceeds will be used to provide additional community services for individuals with intellectual disability.

○ Renovations of buildings 8 and 12 at CVTC were substantially completed. This work was accomplished in conjunction with the downsizing and eventual closing of the training center. Renovation of building 31 was completed, allowing building 46 to be closed for residential use. To provide additional community capacity for individuals leaving CVTC, construction of two community homes was completed. Commitments were made to fund 11 additional homes in the community; they are in various stages of planning, acquisition, and construction.

○ The new automated Intellectual Disability On-Line System (IDOLS) was rolled out in the fall of 2011 for waitlist, enrollment, and service authorization requests for the ID and DD Waivers. IDOLS training was launched with the IDOLS roll-out and included 19 live question and answer sessions with 1,339 providers attending and U-tube video training, launched in early 2012, with 1,238 viewers to date. Training manuals were placed on the Office of Developmental Services web page for provider use.

○ The Department conducted the following community movement activities.

- Initiated development of a family mentor network and related guidance materials so that family members who have successfully transitioned their members from training centers can mentor those in the process who have concerns.
- Initiated the creation of a second video presentation highlighting stories of individuals who have successfully transitioned into communities through the money follows the person (MFP) waiver.
- Initiated development of a quarterly newsletter for family members about MFP on the Department's web site.

- Developed and implemented a web-based provider choice procedure to aid in recruitment of qualified providers and increase the ability of families to select from all available providers, thereby expanding their options.

○ Department staff in the Office of Developmental Services provided the following training.

- Developed a slideshow for supervisors and trainers to use along with the newly revised Direct Support Professional Orientation Manual: Supporting People in their Homes and Community, required for providers of ID and DD waiver services. Provided 17 sessions of required supervisory training to 1,250 ID waiver supervisors and trainers and made it available on the Department's Knowledge Center. A certificate of completion of the training is required of all supervisors and trainers of ID and DD Waiver service providers.
- Provided 31 Person-Centered Thinking (PCT) 2-day training sessions to 690 providers. Added Person-Centered (PC) Plan Facilitation training to the mix of PC practices training offered across the state and trained 61 people in the first three sessions. PC Plan Facilitation training blends PCT tools and Virginia's individual support plan (ISP), required for the ID and DS waivers.
- Provided 15 advanced PC ISP training sessions to 713 support coordinators and providers.
- Updated ID Medicaid targeted case management training and added 10 modules to the Department's Knowledge Center.
- Continued ongoing community provider and CSB training in a variety of settings on issues related to autism awareness and community needs.

○ CSBs and training centers completed the first three-year cycle using the Supports Intensity Scale (SIS), including all individuals living in training centers or in the community on the ID or DD Waivers. This person-centered assessment is used to inform the person-centered planning meetings for each individual. SIS training included 13 sessions with 154 new interviewers being trained this fiscal year.

D. Administrative Initiatives and Accomplishments

○ In FY 2011, the Department initiated development of an electronic health record (EHR) application with health information exchange capability to respond to national health care reform requirements that mandate implementation of an EHR by 2014. The Department developed and published its Electronic Health Record RFP and Requirements Document and expects to complete contract negotiations with a successful vendor in early FY 2013.

○ The Department also completed an upgrade of its automated employee timekeeping system with migration to the VITA/NG Chesterfield Support Site, completed the Avatar PM (state facility client billing system) upgrade and system migration from a UNIX server to a Windows server at the VITA/NG Chesterfield Support Site, completion of implementation of the GE Centricity Pharmacy system at three state facilities, and the rewrite and implementation of the Department's License Provider Search System (LPSS).

○ The Department received a three-year grant from the Virginia Department of Social Services Office of Newcomer Services, part of a federal discretionary preventative health grant from

the Department of Health and Human Services Office of Refugee Resettlement related to refugee mental health. Using this grant, the Office of Cultural and Linguistic Competence held six regional conferences with national leaders on multicultural mental health to address issues of suicide, trauma and torture, and substance abuse in the refugee community. When the final two conferences are held in FY 2013, 550 people will have participated.

- The Department's Office of Cultural and Linguistic Competence implemented the qualified bilingual staff training program to enhance the quality of language services available in the services system and build capacity for organizations to meet their language needs internally. Seven three-day training programs trained 85 bilingual staff working in state facilities, CSBs, and private providers to work as interpreters in their own agencies. This training increases the language capacity for all kinds of mental health and developmental services agencies across the state.

- The Office of Cultural and Linguistic Competence worked with more than 10 CSBs or licensed providers to develop formal Cultural and Linguistic Competency Plans that address assessment, policy development, language access, and incorporating person centeredness and recovery principles into multicultural treatment approaches.

- In support of implementing the DOJ Settlement Agreement, the Department's Human Resource Development and Management Office (HRDMO) has formed partnerships with the Virginia Community College System Rapid Response Team, Department of Human Resource Management, Virginia Employment Commission, Virginia Retirement System, CSBs, licensed providers, Department of Business Assistance, the Small Business Administration, Department of Minority Business Enterprise, and private contractors. The following activities support implementation of the agreement, community integration, and Department employees as training centers are closed.
  - Developed the Progressive Retention Bonus Plan at SVTC for replication at other training centers.
  - Established the Transitional Communication Newsletter for training center staff.
  - Offered the Entrepreneurial Express, training sessions for the workforce tailored to the Department's need to expand the existence of competent licensed providers.
  - Created the Career Center that houses a library of resources to assist the workforce with their personal and professional development and job search and includes a media center where representatives from various state agencies assist employees in their transition.
  - Conducted classes on interviewing, resume writing, GED classes, and computer skills.
  - Offered management and supervisory transition training on how to manage employees in a changed environment while maintaining productivity.
  - Provided workforce informational sessions to over 930 employees at SVTC and over 276 employees at northern Virginia.
  - The Commissioner, Executive Team members, and the Human Resources Director conducted employee forums from January 27th to February 22nd on all shifts at the four training centers planned for closure; over 1700 employees attended the forums.

- The Department implemented new drug and alcohol testing services and procedures to sustain a healthy, safe, and efficient work environment and allow greater efficiency, cost reductions, and on-site drug testing at all state facilities.

- The Direct Support Professional Career Pathway Program in partnership with the College of Direct Support and the Virginia Community College System, Wytheville Community College, continues to be successful as a workforce development initiative for direct support staff. Currently, 1,086 direct support staff have completed Level I of the program, 378 have completed Level II with a Certificate in Developmental Disabilities or Behavioral Health, and 371 direct support professionals are currently enrolled. The Career Pathway Program continues to be an effective tool in recruitment and retention and in increasing the quality of services provided to individuals with disabilities.

- The number of learners using the Department's Knowledge Center learning management system increased 50 percent from 10,000 to 15,500 training participants due to the participation of non-Departmental participants. Some CSBs and licensed providers have expressed an interest in piloting the use of the Knowledge Center as their primary learning management system.

Systemic Outcome and Performance Measures

Performance Budgeting Service Area Plan Measures

1. Increase the proportion of individuals receiving intensive community-based mental health services.

This measures the percent of individuals receiving intensive mental health services in the community. The measure is calculated by dividing the number of individuals receiving intensive community-based mental health services by the total number of individuals receiving state hospital services and intensive community-based services. The FY 2010 baseline was 65.6 percent. The FY 2012 result was 69 percent, and the FY 2013 target is 69 percent.

2. Increase the proportion of individuals receiving intensive community-based developmental services.

This measures the percent of individuals receiving intensive developmental services in the community. The measure is calculated by dividing the number of individuals receiving intensive community-based developmental services by the total number of individuals receiving training center services and intensive community-based services. The FY 2010 baseline was 74 percent. The FY 2012 result was 78 percent, and the FY 2013 target is 78 percent.

3. Increase Community Tenure of Individuals Receiving Services in State Hospitals

This measures the percent of admissions to state hospitals that involve individuals who had been discharged from a long episode of care within one year. The measure is calculated by dividing the number of unduplicated individuals discharged from a 60 day or longer episode

of care within the previous 365 days who are admitted by the number of unduplicated admissions during the reporting period. The FY 2012 baseline measure was 6.2 percent, and the FY 2013 target is 6.0 percent.

Performance Contract Exhibit B Measures

Exhibit B of the performance contract that the Department negotiates with CSBs contains two performance measures; statewide performance on them is shown below. Under the FY 2012 data in the middle column, the percent change from FY 2011 data (in parentheses) is shown.

FY 2012 Performance Measure	Data	FY2012 Data Reported
I.A.2. Percentage 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 civil involuntary admission process. This includes all individuals referred to CSBs upon discharge from those hospitals or psychiatric units in public or private hospitals who were under temporary detention orders or involuntary commitment orders or who were admitted voluntarily from commitment hearings.	7,371 +5.07% (7,015)	Number of individuals who kept scheduled face-to-face (non-emergency) service visits within seven business days of discharge from hospitals or psychiatric units.
	10,333 -1.44% (10,484)	Number of individuals discharged to CSBs from hospitals or psychiatric units.
	71.33% +6.61% (66.91%)	Statewide percentage of individuals referred to CSBs who kept face-to-face (non-emergency) service visits within seven business days.
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.	7,417 +1.17% (7,331)	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.
	8,206 +0.48% (8,167)	Number of individuals who saw a certified preadmission screening evaluator for evaluation of possible involuntary hospitalization.
	90.39% +0.70% (89.76%)	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 Department's vision statement. The Recovery Oriented System Indicators (ROSI) measures the recovery orientation of an organization from the perspective of individuals receiving services from it through a survey of them. In FY 2011, all CSBs conducted the second annual ROSI survey with 3,609 adults who received mental health services. Statewide results for the eight recovery domains in the survey showed improvements over the previous year. Scores range from 1 (strongly disagree) to 4 (strongly agree). The overall average statewide score by all respondents on the 42 item survey was 3.19.

Fifty three percent of respondents scored their CSBs' recovery orientation as above average. Detailed information about the FY 2011 Survey is available on the Department's web site at www.dbhds.virginia.gov/documents/omh-ROSI-Survey-2011-Results.pdf. The survey is collected every other year, so the next survey will be described in the FY 2013 Annual Report.

FY 2012 Appointments of Individuals Receiving Services and Family Members to CSBs

Section 37.2-501 of the Code of Virginia requires one-third of the appointments to CSB boards to be individuals who are receiving or who have received services or family members of individuals who are receiving or who have received services individuals, at least one of whom is an individual receiving services. In FY 1991, soon after this requirement was established, CSBs reported two individuals and 54 family members out of 490 appointed board members or 11.43 percent of all appointments. Over the intervening 21 years, the number of individual and family member appointments to CSBs has increased by 296 percent. In FY 2012, CSBs reported 57 individuals and 165 family members out of 507 appointed board members. On a statewide basis, the 222 individuals or family members appointed to CSBs represented 44 percent of all filled appointments. It is important to note that CSB board members are appointed by the city councils or boards of supervisors that established the CSBs, rather than by the CSBs. Consequently, some CSBs may have little ability to affect the numbers of individuals and family members appointed.

FY 2012 Quality Improvement Measures

To support systems change, the Department began developing a quality improvement process that focuses on CSB and state facility progress in advancing the core elements of the vision of recovery, self-determination, health, and community participation and emphasizes best practices. Through this process, the Department in collaboration with CSBs and state facilities will identify a limited number of behavioral health and developmental services measures based on the following criteria.

1. Quality improvement data should measure **meaningful outcomes**. The Department should measure the outcomes but it would be up to individual CSBs or state facilities to change their business processes to improve their outcomes. While the focus should be on outcomes rather than on the processes to achieve those outcomes, some process measures, such as days waiting to enter treatment, that support recovery or the Creating Opportunities Plan may be important measures from a policy perspective.

2. For the initial measures, **current available data** should be used. Once the process is established with some initial successes, collection of other data would be considered.

3. Data should be **timely** with data analysis and feedback provided to CSBs and state facilities at least quarterly and perhaps more often depending on Department staff and information technology resources.

4. Measures should be **clear, accessible, comparable, and understandable**. Measures should be presented in a manner that is easy for the reader to understand (e.g. listing results from

best to worst rather than alphabetically and using graphics). Measures that require detailed or complex explanations of the data should be avoided.

5. Measures should focus on systemic measurements at the CSB level, not on changes at the level of individuals receiving services.

The Department deferred implementation of developmental services measures in light of the DOJ Settlement Agreement; it contains extensive data reporting and quality improvement requirements. Instead, the Department developed seven initial behavioral health services measures in collaboration with CSBs that address mental health recovery, substance abuse services, and children's mental health services. The following measures have been implemented and are posted on the Department's web site at http://www.dbhds.virginia.gov/OCC-Quality.htm. The Department will continue to work with CSBs to improve the quality of measurement data. More detailed descriptions of these measures are contained in Appendix A of this report.

Mental Health Recovery Measures

- Program of Assertive Community Treatment (PACT) team data: stable housing, low or no psychiatric hospitalizations, no arrests, and full or part time employment.
- Employment status of adults (18-64) receiving mental health case management services.
- Intensity of engagement in community mental health case management services by individuals admitted to the mental health program area during the previous 12 months.

Substance Abuse Services Measures

- Intensity of engagement in community substance abuse outpatient services by individuals admitted to the substance abuse program area during the previous 12 months.
- Retention in community substance abuse services for individuals admitted to the substance abuse program area during the previous 12 months.
- Days waiting to enter substance abuse treatment between the first contact or request for services and the first scheduled appointment accepted.

Children's Mental Health Services Measures

- Intensity of engagement in community mental health outpatient services by children (0 through 17) admitted to the mental health program area during the previous 12 months**.**

Developmental Services Measures

Now that the U.S. Department of Justice Settlement Agreement has been entered by the federal District Court for Eastern Virginia, the Department has begun developing quality improvement measures to address provisions of the agreement. Initial measures will focus on case management services and information collected by case managers.

Central Office Oversight: Licensing Service Providers

The Department licenses providers of behavioral health, developmental, developmental disability waiver, and residential brain injury services. The Office of Licensing ensures providers adhere to regulatory standards for 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 license revocations when necessary. The office has experienced a tremendous workload increase with the significant expansion in Medicaid providers, particularly for children's mental health services and developmental services. The Department licensed 774 providers in FY 2012. Many providers offer more than one licensed service, often at several different licensed locations. The office's activities and the significant increase in its workload are depicted in the following tables.

Overview of Licensing Statistics			
Statistic	**FY 2011**	**FY 2012**	**Change**
Licensed Providers	722	774	+7.2%
Licensed Services	1,748	1,860	+6.4%
Licensed Locations	5,519	6,302	+14.2%

In FY 2012, the Department licensed 154 new providers. This represents an 18 percent increase over new providers licensed in FY 2011. All new providers receive conditional licenses.

FY 2012 New Providers Licensed by the Department			
Services	**Number**	**Services**	**Number**
Inpatient Services	4	Crisis Stabilization Services	4
Methadone/Inpatient Detox Services	2	Residential Treatment Services	1
Intensive Outpatient Services	4	Children's Residential Services	18
Intensive In-Home Services	37	Group Home Services	26
Intensive Community Treatment Services	1	Supervised Living Services	2
Therapeutic Day Treatment Services	9	Sponsored Home Services	2
Psychosocial Rehabilitation Services	1	In-Home Support Services	3
Day Support Services	1	Autism Services	2
Mental Health Support Services	37	Total Conditional Licenses	154

In FY 2012, the Office of Licensing conducted 3,297 inspections of various types. This represents a 25 percent increase over the number of inspections conducted in FY 2011.

FY 2012 Licensing Inspections Conducted by the Department	
Type of Visits	**Number**
Unannounced Complaint Investigation	644
Consultation	118
Department of Justice Unannounced Visit/Consultation	196
Unannounced Visit	2,339
Total Licensing Inspections	3,297

In FY 2012, the Department did not revoke or suspend any licenses. The Department issued 37 provisional licenses in response to issues identified with those providers.

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 available on the Department's web site at www.dbhds.virginia.gov/OHR-UsefulInformation.htm#revised.

In FY 2012, 216,951 individuals received services from CSBs. Thousands of additional individuals received services from other community providers licensed by the Department and subject to the human rights regulations. There were 937 human rights complaints filed in community programs, and 257 complaints (27 percent of the total) resulted in violations being determined. Over 99 percent of complaints filed were resolved at or below the program director level. There were 5,955 allegations of abuse, neglect, or exploitation filed in community programs, and 615 (10 percent of the total) were determined to be founded. One hundred percent of founded allegations were resolved at or below the program director level. Additional information is contained in the following table.

FY 2012 Data Reported to the Department by Community Providers				
Total Number of Human Rights Complaints				**937**
Numbers of Complaints Finally Resolved at the Following Levels				
Director and Below	934	State Human Rights Committee	1	
Local Human Rights Committee	2	Department Commissioner	0	
Number of Complaints That Did Not Result in a Violation Being Determined				**680**
Number of Complaints That Resulted in a Violation Being Determined				**257**
Total Number of Allegations of Abuse, Neglect, or Exploitation				**5,955**
Total Number of Founded Allegations of Abuse, Neglect, or Exploitation				**615**
Numbers of Founded Allegations Resolved at the Following Levels				
Director and Below	615	State Human Rights Committee	0	
Local Human Rights Committee	0	Department Commissioner	0	
Numbers of Founded Allegations by Type				
Physical Abuse	77	Exploitation	15	
Verbal Abuse	76	Neglect	446	
Sexual	1	Other	0	

In FY 2012, 5,872 individuals received services in state facilities. There were 2,916 human rights complaints filed in state facilities, and 67 percent were resolved informally. Over 99 percent of complaints filed were resolved at or below the director level. There were 620

allegations of abuse, neglect, or exploitation filed in state facilities, and 171 (28 percent of the total) were determined to be founded. Over 99 percent of founded allegations were resolved at or below the director level. Additional information is contained in the following table.

FY 2012 State Facility Data from the Comprehensive Human Rights System				
Total Number of Human Rights Complaints				**2,916**
Numbers of Complaints Resolved at The Following Levels				
Director and Below	2,910	State Human Rights Committee	0	
Local Human Rights Committee	5	Department Commissioner	1	
Number of Complaints Processed Informally				**1,943**
Number of Complaints Processed Formally				**973**
Total Number of Allegations of Abuse, Neglect, or Exploitation				**620**
Total Number of Founded Allegations of Abuse, Neglect, or Exploitation				**171**
Numbers of Founded Allegations Resolved at the Following Levels				
Director and Below	170	State Human Rights Committee	0	
Local Human Rights Committee	1	Department Commissioner	0	
Numbers of Founded Allegations by Type				
Physical Abuse	29	Exploitation	1	
Verbal Abuse	28	Neglect	98	
Sexual	1	Other	14	

Conclusion

In response to Item 314.K of the 2012 *Appropriation Act*, the Department is pleased to submit its third annual report, which presents a broad overview of information and data about the public behavioral health and developmental services system, including major initiatives and accomplishments 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 they will continue.

Appendix A: Behavioral Health Quality Improvement Measures

Overview: These behavioral health quality improvement measures reflect the system vision statement articulated in State Board Policy 1036.

> Our vision is of a system of services and supports driven by individuals receiving services 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, including work, school, family, and other meaningful relationships. This vision also includes the principles of inclusion, participation, and partnership.

This initial set of measures focuses on three key areas: mental health recovery, substance abuse services, and children's mental health services.

Mental Health Recovery Quality Improvement Measures

1. **Assertive Community Treatment Outcomes:** Program of Assertive Community Treatment (PACT) and Intensive Community Treatment (ICT) teams provide assertive community treatment, very intensively staffed wrap-around services to individuals with severe and persistent mental illnesses who have been frequent recipients of inpatient psychiatric services or have been homeless. Assertive community treatment services focus on maintaining individuals in the community and supporting their recovery from the effects of serious mental illness. This measure reports the percent of all individuals receiving assertive community treatment services who in the previous 12 months lived in stable housing (no more than one move and no homelessness or jail as a residence) and had no more than one psychiatric hospital admission and no arrests, all strong indicators of recovery.
2. **Employment Status:** Employment is a fundamental value and aspiration in American culture. People, including individuals with disabilities, gain many benefits from having a job. They have relationships with co-workers, fewer health issues, and an increased sense of well-being. They report a greater sense of accomplishment, increasing their feelings of competence and self worth, and contribute to the economy. Many people with disabilities live at or below the poverty level, and earning income from paying jobs helps supplement their resources and improves the quality of their lives. Part- or full-time integrated community-based employment contributes to the recovery and empowerment of individuals receiving services and reflects the values in the vision statement. *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia* and State Board Policy 1044 Employment First emphasize the importance of employment. This measure reports the percent of adults admitted to the mental health services program area with serious mental illness who received at least one mental health case management service of any duration and were employed full- or part-time or received individual or group supported employment services at any point in the previous 12 months.
3. **Intensity of Engagement by Adults in Community Mental Health Case Management Services:** Engagement in case management services supports recovery, self-determination, and empowerment of individuals receiving services. This measure reflects the primacy of case management services for individuals with serious mental illness, especially when they are first admitted to services, and the importance of establishing an ongoing therapeutic relationship with them. The measure reports the percent of adults admitted to the mental health services program area during the previous 12 months with serious mental illness who

received one hour of case management services within 30 days of admission and who also received at least five additional hours of case management services within 90 days of admission.

Substance Abuse Services Quality Improvement Measures

4. **Intensity of Engagement by Adults in Community Substance Abuse Outpatient Services:** Outpatient services are the substance abuse services intervention most frequently received by individuals with substance use disorders. Engagement in outpatient services supports the recovery, self-determination, and empowerment of individuals and, especially when they are first admitted to services, is critical to establishing an ongoing therapeutic relationship with them. This measure reports the percent of adults admitted to the substance abuse services program area during the previous 12 months who received one hour of outpatient services after admission and who also received at least two additional hours of outpatient services within 30 days of admission.
5. **Retention in Community Substance Abuse Services:** As important as engagement in services is, retention of individuals with substance use disorders once they have begun treatment is critical to strengthening therapeutic relationships and supporting their recovery and empowerment. This measure reports the percent of all individuals admitted to the substance abuse services program area during the previous 12 months who received at least one substance abuse or mental health service of any type in the month following admission and who also received at least one mental health or substance abuse service of any type every month for at least the following five months.
6. **Days Waiting to Enter Community Substance Abuse Treatment:** Timely access to treatment heavily affects individuals' engagement and retention in services and the quality of their service outcomes. Studies have linked longer delays between requests for services and first appointments with increased no shows, cancelled appointments, and dropouts. Decreasing days waiting to enter treatment contributes to the recovery and empowerment of individuals with substance use disorders. This measure reports the average number of calendar days from the date of the first contact or request for service until the first scheduled appointment in a substance abuse service accepted by an individual for all individuals admitted to the substance abuse services program area in the previous 12 months.

Children's Mental Health Services Quality Improvement Measure

7. **Intensity of Engagement by Children in Community Mental Health Outpatient Services:** Outpatient services are the mental health services intervention most frequently received by children with mental health disorders. Engagement in outpatient services supports children's recovery and, especially when they are first admitted to services, is critical to establishing an ongoing therapeutic relationship with them. This measure reports the percent of children admitted to the mental health services program area during the previous 12 months who received one hour of outpatient services within 30 days of admission and who also received at least two additional hours of outpatient services within 30 days of admission.

Additional information with detailed definitions of these behavioral health quality improvement measures is contained in the Community Behavioral Health Quality Improvement Measures Specifications Matrix at http://www.dbhds.virginia.gov/OCC-Quality.htm.