

**2012 ANNUAL EXECUTIVE SUMMARY**  
**of the Activity and Work of the**  
**STATE BOARD of**  
**BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES**



**TO THE GOVERNOR AND GENERAL ASSEMBLY**

**JANUARY 1, 2013**

STATE BOARD OF BEHAVIORAL HEALTH  
AND DEVELOPMENTAL SERVICES

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January 1, 2013

To the Honorable Robert F. McDonnell, Governor of Virginia  
and  
Members, General Assembly of Virginia

I am pleased to forward to you the Annual Executive Summary of the Activity and Work of the State Board of Behavioral Health and Developmental Services for 2012.

The report describes the statutory basis for the Board's work and provides information concerning the Board's policy, regulatory, and committee work during the preceding 12 months as well as outlining the Board's policy priorities for the coming year. The Board experienced significant change in membership this year, four of nine members are new to the Board.

The commitment of time and talent from our Board members is served and enhanced by the dedicated leadership and staff at DBHDS. As we move forward in the transformation of our services system we will continue to address the challenges and improve the systems that effect Virginians with mental health or substance use disorders or intellectual disability.

Sincerely,

  
Cheryl Ivey Green  
Chair

Enc.

Cc: The Hon. William A. Hazel, Jr.  
Gretta Doering  
Sandra A. Hermann  
Thomas J. Kirkup  
Paula N. Mitchell  
Bonnie Neighbour

Ananda K. Pandurangi, M.D.  
Col. (Ret.) Anthony W. Soltys  
Keith Hare  
James W. Stewart, III  
Ruth Anne Walker

## TABLE OF CONTENTS

<b><i>Introduction</i></b>	<b>2</b>
<i>Board Membership</i>	2
<i>Review of Statutory Authority</i>	3
<b><i>FY 2012 Accomplishments</i></b>	<b>4</b>
<i>Area of Responsibility-A: Policy Development and Monitoring</i>	4
<i>Area of Responsibility-B: Ensure the Development of Programs and Plans</i>	4
<i>Area of Responsibility-C: Review and Comment on All Budgets and Requests</i>	4
<i>Area of Responsibility-D: Adopt Regulations</i>	5
<i>Area of Responsibility-E: Communication, Coordination &amp; Collaboration</i>	5
<b><i>Summary and Next Steps</i></b>	<b>5</b>
<b><i>Appendices</i></b>	<b>6</b>
<i>Appendix A: List of Current State Board Policies</i>	6
<i>Appendix B: 2011 Annual Regulatory Status Report</i>	8
<i>Appendix C: 2012 Meeting Schedule</i>	10
<i>Appendix D: Creating Opportunities: Implementation Plan</i>	11

Information about the Board can be found at this link: <http://www.dbhds.virginia.gov/adm-StateBoardDefault.htm>

## INTRODUCTION

### Board Membership

The State Board of Behavioral Health and Developmental Services is established by § 37.2-200 of the *Code of Virginia* as a policy board in the executive branch of Virginia government. Citizen board members are appointed by the Governor, subject to confirmation by the General Assembly. Terms are for four years each, except appointments to fill vacancies. Members may be reappointed; however, no member may serve more than two full four-year terms.

The Board held three meetings in 2012 to effectively address policy, regulatory, and systems change issues as follows:

April 18-19, Roanoke/Catawba

October 10-11, Chesapeake

December 3-4, Richmond

Board membership consists of nine non-legislative citizen members. The Board is required to have individuals receiving services and family members, one elected local government official, one psychiatrist licensed to practice in Virginia, and four citizens at large. The current membership of the Board meets the statutory criteria, with one vacancy, and is constituted as follows:

Gretta Doering, Winchester;

Cheryl Ivey Green, Richmond, Chair;

Sandra A. Hermann, Virginia Beach;

Thomas J. Kirkup, Henrico;

Paula N. Mitchell, Roanoke;

Bonnie Neighbour, Richmond;

Ananda K. Pandurangi, Richmond, Vice Chair; and

Anthony W. Soltys, Hampton.

The current Board membership consists of individuals who have been appointed as early as June 2006, with the last appointments in September 2012. The position for an elected local government official is vacant.

## **Review of Statutory Authority**

### State Board of Behavioral Health and Developmental Services (§ 37.2-200).

- A. The State Board of Behavioral Health and Developmental Services is established as a **policy board** ...in the executive branch of government.
- D. ...The Board shall **meet quarterly** and at such other times as it deems proper. ...The meetings of the Board shall be held at the call of the chairman or whenever the majority of the members so request....
- E. The chairman of the Board shall submit to the Governor and the General Assembly an **annual executive summary** of the activity and work of the Board no later than the first day of each regular session of the General Assembly.

### Classification of executive branch boards, commissions and councils (§2.2-2100).

"Policy" - A board, commission or council shall be classified as policy if it is **specifically charged by statute to promulgate public policies or regulations**. It may also be charged with adjudicating violations of those policies or regulations. Specific functions of the board, commission or council may include, but are not limited to, rate setting, distributing federal funds, and adjudicating regulatory or statutory violations, but **each power shall be enumerated by law**. Policy boards, commissions or councils are **not responsible for supervising agencies or employing personnel**. They **may review and comment on agency budget requests**.

### Powers and duties of Board (§ 37.2-203)

- 1. To develop and establish programmatic and fiscal policies governing the operation of state hospitals, training centers, community services boards, and behavioral health authorities;
- 2. To ensure the development of long-range programs and plans for mental health, mental retardation, and substance abuse services provided by the Department, community services boards, and behavioral health authorities;
- 3. To review and comment on all budgets and requests for appropriations for the Department prior to their submission to the Governor and on all applications for federal funds;
- 4. To monitor the activities of the Department and its effectiveness in implementing the policies of the Board;
- 5. To advise the Governor, Commissioner, and General Assembly on matters relating to mental health, mental retardation, and substance abuse;
- 6. To adopt regulations that may be necessary to carry out the provisions of this title and other laws of the Commonwealth administered by the Commissioner or the Department;
- 7. To ensure the development of programs to educate citizens about and elicit public support for the activities of the Department, community services boards, and behavioral health authorities;
- 8. To ensure that the Department assumes the responsibility for providing for education and training of school-age consumers in state facilities, pursuant to § 37.2-312; and
- 9. To change the names of state facilities.

### Additional Responsibilities (State Board of BHDS Bylaws Article 6 – Powers and duties of the Board)

The Board shall appoint members of the **State Human Rights Committee** pursuant to §37.2-204 of the Code of Virginia, and the Prevention Promotion Advisory Council according to their respective bylaws. The Board **may appoint other advisory councils or committees**, as it deems necessary or appropriate.

## **FY 2012 ACCOMPLISHMENTS**

The Board utilizes a framework of five areas of statutory responsibility as an organizational structure for planning.

### **Area of Responsibility-A: Policy Development and Monitoring (Powers & Duties 1 & 4)**

These duties are addressed by the Board's Policy Development and Evaluation Committee through the State Board Policy 2010 (ADM ST BD) 88-2 *Policy Development and Evaluation*. All Board policies are accessible online (<http://www.dbhds.virginia.gov/adm-StateBoardPolicies.htm#c1>). See the list of current State Board policies with the last review date attached as Appendix A.

In FY 2012 the Board reviewed and acted upon the following five policies:

- Revised: Policy 2011(ADM)88-3 *Naming of Buildings, Rooms and Other Areas at State Facilities*
- Updated: Policy 3000(CO)74-10 *Department Employee Appointments to Community Services Boards*
- Revised: Policy 5006(FAC)86-29 *Razing of Dilapidated Buildings*
- Revised: Policy 5008(FAC)87-12 *Accreditation/Certification*
- Rescinded: Policy 7000(INTER)85-4 *Department/University and College Relationships*
- Updated: Policy 1016 (SYS) 86-23 *Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services*
- Updated: Policy 1034 (SYS) 05-1 *Partnership Agreement*
- Updated: Policy 1036 (SYS) 05-3 *Vision Statement*
- New: Policy 1044 (SYS) 12-1 *Employment First*

The committee approved a revised six-year review schedule for all policies. This schedule would require the initiation of review of 13 current policies to begin.

### **Area of Responsibility-B: Ensure the Development of Programs and Plans (Powers & Duties 2)**

Section § 37.2-315 of the *Code of Virginia* directs the Department to produce and biennially update a comprehensive six year plan that identifies services and supports needs of individuals with mental health or substance use disorders or intellectual disability; proposes strategies to meet those needs; and defines resource requirements for behavioral health and developmental services. The Comprehensive State Plan is developed in odd-numbered years to inform the agency's biennial budget submission.

Because its membership had changed significantly, the Planning and Budget Committee reviewed the State Board's responsibility for ensuring long-range plans and various statutory requirements for Department plans at its October 11, 2012 meeting. On December 4, 2012, the Committee confirmed the schedule and the process for developing the 2014-2020 Comprehensive State Plan update, which will begin in January 2013.

### **Area of Responsibility-C: Review and Comment on All Budgets and Requests (Powers & Duties 3)**

The Board Bylaws (*Article 7 – Committees, A.2.b. Planning and Budget Committee Powers and Duties*) states that the Planning and Budget review Committee shall ensure development and Board of

long-range plans and budgets. In addition, the Board's Grant Review Committee, exists specifically to review requests for federal grant funds. In September 2010, the Board adopted POLICY 2010 (ADM ST BD) 10-1 *Review and Comment on Behavioral Health and Developmental Services Budget Priorities* (formerly Policy 6001(FIN) 86-1). This policy includes a summer planning retreat in the years that the biennial budget is developed as a mechanism for the Board to communicate its budget priorities proposed for the next biennium. In July 2013, the Board will hold its next biennial planning retreat.

#### **Area of Responsibility-D: Adopt Regulations (Powers & Duties 6)**

These duties are addressed by the full Board. See the list of regulatory actions in Appendix B Status and Pending Action on Board Regulations.

#### **Area of Responsibility-E: Communication, Coordination and Collaboration (Powers & Duties 5,7,8,9 & Art.6 b)**

These duties are addressed by the entire Board. Within the BHDS system, members of the Board attend meetings in different localities, serve as liaisons to regions, and maintain and improve communication from the Department staff to the Board. The Board received information on its stated priorities. In order to address and fulfill its duties and responsibilities, it continued revision of current policies, and maintained internal mechanisms to ensure appropriate levels of engagement and information are in place for all areas of Board responsibility. The Board maintains a statewide mailing list of interested stakeholders and communicates notice and information about its meetings.

Within the Executive Branch of state government, Board members participated on the System Leadership Council and maintained contact with and informed their area respective legislators and local governments and across branches of state government. New assignments of liaison areas were approved in December 2012, based on the residency of new members.

#### **SUMMARY AND NEXT STEPS**

The Board will continue to work with staff and other interested individuals to identify relevant issues that it should address in policy in the future, in conjunction with ongoing review of all existing policies on a scheduled basis. At the upcoming Planning Retreat in July 2013, the Board will review its priorities for the previous biennium and set new priorities.

## Appendix A: List of Current State Board Policies (December 2012)

### December 2012 –Six Year Review Schedule

<u>Policy Number</u>	<u>Policy Name</u>	<u>Last Review Date</u>	<u>Next Scheduled Review Due</u>
#1000 (SYS) --- SYSTEM MISSION AND DIRECTION			
1004(SYS)83-7	Prevention Services	4/3/07	Spring 2013
1007(SYS)86-2	Behavioral Health and Developmental Services for Children and Adolescents and Their Families	12/8/09	Fall 2015
1008(SYS)86-3	Services for Older Adults with Mental Illness, Mental Retardation, or Substance Use Disorders	10/5/06	NOW
1010(SYS)86-7	Board Role in the Development of the Department's Comprehensive State Plan for Mental Health, Mental Retardation and Substance Abuse Services	4/3/07	Spring 2013
1015(SYS)86-22	Services for Individuals with Co-occurring Disorders	4/7/09	Spring 2015
1016(SYS)86-23	Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services	12/4/12	Fall 2018
1021(SYS)87-9	Core Services	12/2/08	Fall 2014
1023(SYS)89-1	Workforce Cultural and Linguistic Competency	6/3/08	Summer 2014
1028(SYS)90-1	Human Resource Development	4/27/11	Spring 2017
1029(SYS)90-3	Definitions of Serious Mental Illness, Serious Emotional Disturbance, and At-Risk of Serious Emotional Disturbance	4/13/05	NOW
1030(SYS)90-3	Consistent Collection and Utilization of Data in State Facilities and Community Services Boards	9/7/05	NOW
1034(SYS)05-1	Partnership Agreement	12/4/12	Fall 2018
1035(SYS)05-2	Single Point of Entry and Case Management Services	9/7/05	
1036(SYS)05-3	Vision Statement	12/4/12	Fall 2018
1037(SYS)05-4	Individual Consumer Information and the Community Consumer Submission	9/7/05	NOW
1038(SYS)06-1	The Safety Net of Public Services	4/7/06	NOW
1039(SYS)06-2	Availability of Minimum Core Services	4/7/06	NOW
1040(SYS)06-3	Consumer and Family Member Involvement and Participation	4/7/06	NOW
1041(SYS)06-4	Services for Individuals with Mental Illnesses, Mental Retardation, or Substance Use Disorders Who are at Imminent Risk of Becoming Involved with the Criminal Justice System	12/8/06	NOW
1042(SYS)07-1	Primary Health Care	12/6/07	Spring 2013
1043(SYS)08-1	Disaster and Terrorism Preparedness	6/3/08	Summer 2014
1044(SYS)12-1	Employment First	12/4/12	Fall 2018

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<b>#2000 (ADM ST BD) --- ADMINISTRATION</b>			
2010 (ADM ST BD) 10-1	Policy Review and Comment on BHDS Budget Priorities (6001(FIN)86-1)	9/14/10	Fall 2016
2010(ADM)88-2	Policy Development and Evaluation	4/7/06	NOW
2011(ADM)88-3	Naming of Buildings, Rooms and Other Areas at State Facilities	12/6/11	Fall 2017
<b>#3000 (C O) --- CENTRAL OFFICE</b>			
3000(CO)74-10	Department Employee Appointments to Community Services Boards	12/6/11	Fall 2017
<b>#4000 (CSB) --- COMMUNITY SERVICES BOARDS/COMMUNITY PROGRAMS</b>			
4010(CSB)83-6	Local Match Requirements for Community Services Boards	10/7/08	Fall 2014
4018(CSB)86-9	Community Services Board Performance Contracts	10/7/08	Fall 2014
4023(CSB)86-24	Housing Supports	9/14/10	Fall 2016
4037(CSB)91-2	Early Intervention Services for Infants and Toddlers with Disabilities and Their Families	12/8/09	Fall 2015
4038(CSB)94-1	Department and CSB Roles in Providing Services to Children Under the Comprehensive Services Act for At-Risk Youth and Families	12/8/09	Fall 2015
<b>#5000 (FAC) --- STATE MENTAL HEALTH AND MENTAL RETARDATION FACILITIES</b>			
5006(FAC)86-29	Razing of Dilapidated Buildings	12/6/11	Fall 2017
5008(FAC)87-12	Accreditation/Certification	12/6/11	Fall 2017
5010(FAC)00-1	State Facility Uniform Clinical and Operational Policies and Procedures	9/14/10	Fall 2016
<b>#6000 (FIN) --- FINANCIAL MANAGEMENT</b>			
6005(FIN)94-2	Retention of Unspent State Funds by Community Services Boards	7/26/11	Summer 2017

## Appendix B: 2012 Annual Regulatory Status Report (December 2012)

### 2012 ACTION TAKEN

VAC NUMBER	Title	Purpose	Regulations in Process	
			Stage	Status
12VAC 35-46	<b><u>Children's Residential Facilities</u></b> Regulations for Children's Residential Facilities	To conduct a comprehensive review of current regulations to assess the need for regulatory change.	<u>Periodic Review</u>	Appeared in the December 31, 2012 Virginia Register of Regulations. Comment period ends January 22, 2013
12 VAC 35-105	<b><u>Licensing Regulations</u></b> Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services	To conduct a comprehensive review of current regulations to assess the need for regulatory change.	<u>Periodic Review</u>	Appeared in the December 31, 2012 Virginia Register of Regulations. Comment period ends January 22, 2013
12 VAC 35-115	<b><u>Human Rights Regulations</u></b> Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services	To update the regulations to identify the notification rights for individuals receiving services in compliance with Chapter 111 of the 2009 Virginia Acts of Assembly	<u>Completed</u>	The revised regulations became effective 11/21/2012
		To streamline administrative process; improve program efficiencies; and eliminate redundancies	<u>NOIRA</u>	The public notice appeared in the December 31, 2012 Virginia Register of Regulations. Comment period ends February 18, 2013
12VAC 35-180	<b><u>Human Research</u></b> Regulations to Assure the Protection of Participants in Human Research	To conduct a comprehensive review of current regulations to assess the need for regulatory change.	<u>Periodic Review</u>	Appeared in the December 31, 2012 Virginia Register of Regulations. Comment period ends January 22, 2013
12VAC 35-210	<b><u>Temporary Leave from State Facilities</u></b> Regulations to Govern Temporary Leave from State Mental Health and Mental Retardation Facilities	To conduct a comprehensive review of current regulations to assess the need for regulatory change.	<u>Periodic Review</u>	The review was completed and no regulatory change was recommended.
12 VAC 35-230	<b><u>Operation of the Individual and Family Support Program</u></b> Regulations to Establish an Individual and Family Support Grant Program for Individuals on the Waitlist for ID and DD Waiver Services.	To support individuals on the statewide ID or DD waiting list and their families.	<u>Emergency</u>	The proposed emergency regulations are under review by the Governor.

## Appendix B: 2012 Annual Regulatory Status Report (December 2012)

### 2012 ACTION TAKEN

#### Upcoming Periodic Review Schedule

Code Section	Title	Mandate	Periodic Review
12VAC 35-12	Public Participation	Code of Virginia §§ 2.2-4007.02 and 37.2-203 (APA)	10/2014
12VAC 35-190	Voluntary Admissions to State Training Centers	Code of Virginia §§ 37.2-806 and 37.2-203	4/2013
12VAC 35-200	Emergency and Respite Care Admissions to State Training Centers	Code of Virginia §§ 37.2-807 and 37.2-203	6/2013
12VAC 35-210	Temporary Leave from State Facilities	Code of Virginia §§ 37.2-837 and 37.2-203	8/2016

## Appendix C: 2013 Meeting Schedule

### State Board of Behavioral Health and Developmental Services

#### 2013 MEETING SCHEDULE

Revised December 4, 2012

<b><u>DATE*</u></b>	<b><u>Location</u></b>
<b>APRIL:</b> <b>Tuesday, April 9</b>	Southwestern Virginia Mental Health Institute <b>Marion</b>
<b>JULY:</b> <b>Monday-Tuesday, July 22-23</b>	Capitol Square (Planning Retreat) <b>Richmond</b>
<b>Biennial Planning Retreat and Regular Meeting</b>	Central State Hospital (Meeting) <b>Petersburg</b>
<b>OCTOBER:</b> <b>Thursday, October 10</b> <i>Location to be confirmed in July</i>	Northern Virginia Training Center <b>Fairfax</b> <b>or</b> Western State Hospital (newly constructed) <b>Staunton</b>
<b>DECEMBER:</b> <b>Friday, December 6</b>	DBHDS Central Office <b>Richmond</b>

The afternoon/evening prior to the regular meeting, Board members arrive and participate in other events such as tours of local programs. Meeting details can be found at: <http://www.dbhds.virginia.gov/adm-StateBoardDefault.htm>

**Appendix D: *Creating Opportunities Implementation Plan: Identifying the Priorities and Actions***

## **Creating Opportunities Initiatives Accomplishments December 2012**

Throughout 2012, DBHDS and services system stakeholders continued to make significant progress implementing the following strategic initiatives included in “**CREATING OPPORTUNITIES**,” the agency’s strategic plan with the goal of improving services and supports for Virginians with mental health or substance use disorders or developmental disabilities:

- *Developmental Services and Supports Community Capacity*
- *Behavioral Health Emergency Response Services*
- *Child and Adolescent Mental Health Services Plan*
- *Case Management*
- *Effectiveness and Efficiency of State Hospital Services*
- *Employment*
- *Housing*
- *Substance Abuse Treatment Services*
- *Peer Services and Supports*
- *DBHDS Electronic Health Record (EHR) and Health Information Exchange (HIE)*
- *Sexually Violent Predator (SVP) Service Capacity*

**Build DEVELOPMENTAL SERVICES AND SUPPORTS COMMUNITY CAPACITY that will enable individuals who need services and supports, including those with an intellectual disability, autism spectrum disorder (ASD), developmental disability (DD), or multiple disabilities, to live a life fully integrated in the community**

### **Objectives**

- Transform to a community-based system of developmental services and supports.
- Incorporate services and supports for individuals with autism spectrum disorder (ASD) and developmental disability (DD) in Virginia's developmental services delivery system

### **Accomplishments and Milestones**

#### **● Settlement Agreement with the U.S. Department of Justice (DOJ)**

##### **Accomplishments**

- **Settlement Agreement approved** by the United States District Court for the Eastern District of Virginia – August 23, 2012
- Completed **DOJ Settlement Program implementation plan** and established project implementation teams
- **Funding** - \$60 million total appropriated by the General Assembly) to support initial Agreement implementation

#### **● Creation of Medicaid Waiver Slots**

##### **Accomplishments**

- **1,200 Community Intellectual Disability (ID) waiver slots**
  - 2010 – 250 slots authorized for FY 2011
  - 2011 – 275 slots authorized for FY 2012
  - 2012 – 300 slots authorized for FY 2013 and 375 slots authorized for FY 2014
- **410 Facility Intellectual Disability (ID) waiver slots** – 410 new slots created
  - 2010 – 30 slots for SEVTC and 220 MFP slots beginning in FY 2012
  - 2011 – 60 slots authorized for FY 2012
  - 2012 – 160 slots authorized for FY 2013 and 160 slots authorized for FY 2014
- **280 Individual and Family Developmental Disabilities (IFDD) waiver slots** - 280 new slots created
  - 2011 – 150 slots authorized for FY 2012
  - 2012 – 50 slots authorized for FY 2013 and 80 slots authorized for FY 2014

#### Milestones

- DBHDS and the Department of Medical Assistance Services (DMAS) are jointly planning a study of **waiver changes** needed to move to more need-based structure
  - Seeking solutions to enhance statewide ASD and DD services and supports capacity through a **combined ID/DD waiver** when the DD Waiver is up for renewal - Spring 2013
  - Potential establishment of two waivers over the next two years, one with and one without congregate residential
  - Assessing the need for rate changes to serve those with the most complex needs and align incentives
  - Exploring Individual Resource Allocation
- **Individual and Family Support (IFS) Program** – Provides up to \$3,000 to assist individuals on the ID and DD waivers wait lists and their families access resources, supports, services, and other assistance that help individuals remain in their community homes

#### Accomplishments

- Submitted proposed **emergency regulations to implement the IFS Program** for Executive Branch review – October 2012

#### Milestones

- Goal is to serve up to **1,000 individuals each year** – anticipated March 2013 implementation with 700 served in FY 2013
- **START (Systemic Therapeutic Assessment Respite and Treatment) Crisis Response Model** – Provides 24/7 support to individuals in crises and their families through in-home supports, crisis services and prevention, and proactive planning to avoid crises

#### Accomplishments

- 24/7 mobile supports in all regions by September 30, 2012
- Training provided to community services board (CSB) emergency services personnel on new crisis response system

#### Milestones

- Full implementation of mobile supports by January 2013
- 24/7 teams available within 2 hours (FY 2013), and 1 hour (urban)/2 hours (rural) by FY 2014
- Medicaid reimbursement pursued for all covered services
- Working to develop a plan to address **crisis service needs of children** in the target population
- **Training Center Discharge Planning and Transition**

#### Accomplishments

- Full implementation of new **standardized discharge and transition planning processes** at all training centers
- Since FY 2010, **300 individuals residing in training centers longer than 21 days have transitioned to the community**
  - 86 transitioned to the community in FY 2010 (July 1, 2009-June 30, 2010)
  - 68 transitioned to the community in FY 2011 (July 1, 2010-June 30, 2011)
  - 101 transitioned to the community in FY 2012 (July 1, 2011-June 30, 2012)
  - 45 transitioned to the community between July 1, 2012 and October 31, 2012
- **Discharge plans** in place for all individuals residing at training centers
  - A total of 191 individuals or families have agreed to move from the training center (November 21, 2012)
- **Post move discharge** processes are in place, occurring at 3, 7, 10, 17, and 30 day post-move intervals

- **Quality Assurance and Oversight**

#### Accomplishments

- Established **DOJ Settlement Agreement project teams** to design and implement:
  - **Quality improvement data collection and analysis** of target population outcome measures
  - **Case management requirements** and **case manager training required** under the Agreement
  - A real time, web-based **incident reporting system and reporting protocol** for monitoring and oversight
  - Provider **risk management and quality improvement processes** and uniform risk triggers and thresholds for all training centers, CSBs, and other community providers
  - **Mortality reviews** of unexplained or unexpected deaths

- More frequent **licensure inspections** of community providers serving individuals in target populations
- **Quality Service Reviews** to evaluate quality of services at the individual, provider and statewide basis

#### Milestones

- **Regional Quality Councils** will be established by March 2013 to assess relevant data, identify trends, and recommend responsive actions in their respective regions

**Strengthen the responsiveness of BEHAVIORAL HEALTH EMERGENCY RESPONSE SERVICES and maximize the consistency, availability, and accessibility of services for individuals in crisis**

### Objectives

- Enhance statewide emergency response and crisis prevention and diversion services capacity.
- Increase the quantity and quality of peer support in the crisis continuum.
- Enhance the Commonwealth's capacity to safely and effectively intervene to prevent or reduce the involvement of individuals with mental health and substance use disorders in the criminal justice system.

### Accomplishments and Milestones

#### ● Emergency Response Access

##### Accomplishments

- **Emergency Response Team Report** ([www.dbhds.virginia.gov/CreatingOpportunities/ERreport.pdf](http://www.dbhds.virginia.gov/CreatingOpportunities/ERreport.pdf)) completed
- DBHDS **Crisis Specialist** position filled May 7, 2012
- Crisis specialist has provided consultation to improve **CSB residential crisis stabilization unit (CSU)** program operations

##### Milestones

- Updated **Medical Screening and Assessment** protocols for CSBs, public and private facilities and emergency departments – scheduled for December 2012 publication

#### ● Recovery-Based Emergency and Crisis Response Best Practice

##### Accomplishments

- Service provider training and mentoring to support implementation of **SAMHSA Practice Guidelines: Core Elements for Response to Mental Health Crisis** - All CSB residential crisis stabilization units utilize peer providers
- Funded creation of a **Spanish** version of NAMI's "**Helping an Individual through a Psychiatric Crisis**" resource guide.
- **Advance directives** facilitation project with four CSB/program "vanguard" sites
  - Implemented advance directives website ([www.virginiaadvancedirectives.org](http://www.virginiaadvancedirectives.org))

##### Milestones

- **Advance directives curriculum** and CSB manual – September 30, 2013 target date
- **Resource materials** for individuals and families in crisis to be published - September 30, 2013 target date

#### ● Criminal Justice-Behavioral Health Partnership

##### Accomplishments

- **Police reception/ drop-off centers**
  - FY 2013 budget provides \$600,000 for **therapeutic drop off capability for law enforcement**
  - Funds for three **Receiving Center/ Drop Off** programs awarded – Chesapeake/Portsmouth, Henrico, New River Valley
- **Statewide Crisis Intervention Teams (CIT)** – 40 hour training for law officers to reduce use of force and divert individuals
  - CIT initiatives expanded from 26 to 30 teams in FY 2012
  - By August 2012 (cumulative), 3,971 had completed the 40 hour CIT Training - 3,417 police, sheriffs' deputies, and jail or corrections officers; 315 other first responders (EMS, fire, and rescue); and 239 mental health professionals



- September 2012 Annual Statewide CIT conference co-hosted with the Department of Criminal Justice Services, NAMI Virginia, and the Virginia Beach CSB - over 300 participants in over 100 workshops
- Ten CSBs funded to provide **jail diversion and jail treatment** programs - Alexandria, Arlington, Chesterfield, Fairfax-Falls Church, Hampton-Newport News, Middle Peninsula-Northern Neck, New River Valley, Portsmouth, Rappahannock Area, and Virginia Beach
- **Cross-System Mapping** – identify service gaps and diversion opportunities and develop local action plan
  - May 2012 stakeholders training and conference - 100 attendees
    - 18 original sites shared self-assessment data and planned next steps
    - Original sites cited new (75%) and improved (85%) cross-system collaborations, improved or new CIT programs (67%), increased first responder and dispatcher mental health training (59%), and improved information sharing (54%)
  - In 2012, seven mapping workshops were held in 23 jurisdictions with 235 participants, including officers, mental health providers, individuals receiving services, and other first responders. Since 2009, over 40 workshops have involved more than 1,200 participants from three quarters of Virginia jurisdictions.

## ● **Diversion of Juveniles from Criminal Justice Involvement**

### **Accomplishments**

- Participated with the Department of Juvenile Justice, Central Virginia CSB, and Central Virginia Juvenile Probation Office in a **Substance Abuse and Mental Health Services Administration (SAMHSA)/MacArthur Foundation Policy Academy**
- Initiated pilot program with the five juvenile court service units in the Central Virginia CSB service area to **divert juveniles with co-occurring mental health and substance use disorders** at intake; initial roll-out to a targeted group (judges and juvenile probation staff) in the service area

## ● **Suicide Prevention**

### **Accomplishments**

- Developed new interagency **Suicide Prevention Plan for the Commonwealth** in partnership with the Virginia Commonwealth University Department of Epidemiology (December 2012 projected publication date)
- April 2012 completion of five **Applied Suicide Skills Training (ASIST)** training-of-trainers event - 20 CSB staff, two state facility staff, and two Department of Veterans Services staff certified to provide ASIST training to their communities

**Develop a CHILD AND ADOLESCENT BEHAVIORAL HEALTH SERVICES PLAN to enhance access to the full comprehensive array of behavioral health services as the goal and standard in every community**

## **Objective**

- Increase the statewide availability of a consistent basic array of child and adolescent behavioral health services.

## **Accomplishments and Milestones**

### ● **Child and Adolescent Services Array and Capacity**

#### **Accomplishments**

- **Children's Behavioral Health Services Plan – Final Report** - submitted to the General Assembly in October 2011 ([www.dbhds.virginia.gov/documents/CFS/cfs-Community-Based-BH-Plan.pdf](http://www.dbhds.virginia.gov/documents/CFS/cfs-Community-Based-BH-Plan.pdf))
- **System of Care Expansion Initiative**
  - Developed a successful SAMHSA Systems of Care Expansion Planning Grant that helped support initial implementation of the children's behavioral health services through training and technical assistance activities that advanced the systems of care philosophy on a statewide basis and in selected communities
    - The \$500,000 planning award officially ended in September 2012, but a no cost extension was received to continue training activities for the balance of FY 2013

- The grant supported formation of a System of Care Expansion Planning Team of state agency, service provider, family, youth and advocacy members is working to fill gaps and build community capacity
- Four pilot CSBs – Colonial Behavioral Health, Fairfax-Falls Church CSB, Rappahannock Area CSB, and Valley CSB – received scholarship assistance to participate in Systems of Care Training Institutes and visits to a “best practice site”
- Following the Planning Grant, Virginia was awarded a four-year Implementation Grant to further advance system of care principles in Virginia communities. The new grant also supports workforce development and family support activities
- General Assembly provided \$1.5 million in FY 2013 and \$1,750,000 in FY 2014 for pilot programs to provide **child psychiatry, crisis stabilization, and mobile crisis services** to children with behavioral health disorders:
  - Region IV – Richmond Behavioral Health Authority for a six bed crisis stabilization service and mobile crisis outreach
  - Region I – Central Virginia CSB for mobile crisis outreach and a six bed crisis stabilization service
  - Region III – Mount Rogers CSB to support a program to improve access to psychiatry services using telepsychiatry and consultation to pediatricians in this rural, medically underserved area
- **Family support** activities:
  - Family Network Kickoff - 70 participants
  - Two Family Forum Leadership/Network training events during the spring of 2012 – 47 participants
  - Family education workshops – November 3 and December 3 – 76 participants. One is planned for January 26, 2013
  - Supported by the System of Care Implementation Grant, a Youth Coordinator is currently being recruited to expand the scope of the Network

## ● **Children’s Behavioral Health Workforce Initiative**

### **Accomplishments**

- In partnership with the Office of Comprehensive Services and DMAS, provided **High-Fidelity Wrap Around Training** (University of Maryland Institute for Innovation and Implementation) across the state through September 2014
  - The High-Fidelity Wrap-Around Training will be advanced through a Center of Excellence housed at the Office of Comprehensive Services. A coordinator FTE to support the work of the Center of Excellence will be funded through the four-year System of Care Implementation Grant
- Circulated draft **Workforce Development Plan** for input through the Systems of Care Expansion Planning Team
  - Provided child-serving **system training** to 479 persons through the following events: Children’s Mental Health Awareness Day, Trauma-Informed Care (three events), Systems of Care Training Institute, Education and Support Events for Families (three events) and Trauma-Informed Care (two events)
- Provided continuing education certificates signed by the Commissioner to each training participant to help licensed professionals document their continuing education hours

### **Milestones**

- Five regional family education and support training series to be completed by September 30, 2013

**Strengthen the capability of the CASE MANAGEMENT system to support individuals receiving behavioral health or developmental services**

## **Objectives**

- Enhance the core competencies of individuals who provide case management services.
- Promote consistency in the practice of case management across the Commonwealth.

## **Accomplishments and Milestones**

### ● **Definition of Case Management Core Competencies**

#### Accomplishments

- Core competencies included in the Case Management Strategic Initiative Report ([www.dbhds.virginia.gov/CreatingOpportunities/CMReport.pdf](http://www.dbhds.virginia.gov/CreatingOpportunities/CMReport.pdf))

### ● Basic Case Management Curriculum

#### Accomplishments

- Adopted **basic case management curriculum** May 2012
- Completed **six basic case management curricula modules** June 2012
  - Overview
  - Disabilities Defined and Importance of the Integration of Healthcare
  - Developing and Maintaining Relationships
  - Assessment
  - Planning
  - Services
- Completed protocols to **track case manager module completion** May 2012
- Implemented the **basic case management curriculum**, which provides a written certificate upon completion, on the web-based Knowledge Center in July 2012.
  - By November 2, 2012, 3,802 individuals from CSBs and other organizations had started a case management training module and 3,455 had completed the six module case management curriculum

#### Milestones

- Stakeholder workgroup established to design a **Case Management Accountability** module to be implemented in March 2013

### ● DOJ Settlement Agreement Case Management Requirements

#### Accomplishments

- Established **Case Management Workgroup** to meet Settlement Agreement requirement for face-to-face visits at least every 30 days for individuals in specific categories - April 2012
- Issued **core-competency based training curriculum for case managers** - May 2012
- Established Case Management Data Work Group to address **case management visit number, type, and frequency** data requirements - June 2012
- Issued **new case management standards** developed by a case management stakeholder workgroup - October 2012

## Enhance the EFFECTIVENESS AND EFFICIENCY OF STATE HOSPITAL SERVICES

### Objectives

- Improve state hospital service delivery and standardize hospital procedures, as appropriate.
- Safely reduce or divert forensic admissions from state hospitals and increase conditional releases and discharges to the community.
- Define the future roles, core functions, and future demand for services provided by state hospitals.

### Accomplishments and Milestones

- **Annual Consultative Audits (ACAs)** –These DBHDS-directed audits of state hospitals use a peer review process involving teams of colleagues from other state hospitals, individuals receiving services, and central office staff to review and provide feedback on facility operations and compliance with oversight and accreditation requirements and to provide mutual sharing of ideas and tools

#### Accomplishments

- Completed **first year audits** of six state mental health (MH) facilities

- First year ACA experience resulted in a concerted focus on completely revamping the assessment and treatment planning process approach and documents to make it uniform across all hospitals. This involved training conducted at all facilities and preparations for implementing the standard treatment planning module in the new DBHDS electronic health record.
- Utilized ACA survey results to **improve treatment effectiveness and efficiency**, as evident in high scores on accreditation and Medicaid certification inspections, reduced seclusion and restraint utilization, and fewer hot line complaints
- Incorporated discussion of ACA issues as a part of **facility directors' performance reviews**
- Completed **second year audits** at seven state MH facilities and scheduled the last two facility audits for January 2013
  - Implemented ACA instrument and process improvements based on input received from first-year ACA participants, including a new consumer peer review component
- **Northern Virginia Mental Health Institute (NVMHI) Study** - Recognizing the rapid population growth in the region, the 2012 Appropriation Act (Item 319.A.2.) directed DBHDS to assess psychiatric bed capacity, usage, access, and needs in Northern Virginia
- Accomplishments**
  - A report submitted to the General Assembly on November 20, 2012 incorporated an analysis of inpatient bed needs complied by a large stakeholder group of CSBs, local private hospitals, and DBHDS staff; recommended that the NVMHI operational capacity be restored and maintained at 129 beds; and provided information about an array of community services that would limit or reduce the need for these beds if implemented over the near future.
- **Hospital Forensic Procedures and Forensic Patient Management**
- Accomplishments**
  - Significantly reduced the number of individuals on **state hospital forensic services waitlists** and **admission wait times** by prioritizing jail referrals based on acuity and providing immediate admissions for emergency treatment
    - Waitlist reduced from 111 to 48 from July 2007 to July 2012
    - Average length of time waiting for admission has been cut in half – from 60 days to 30 days
  - Issued operating guidelines designed to improve state hospital **forensic patient management, review, and oversight practices** for individuals found not guilty by reason of insanity (NGRI)
    - Since April 2012 when routine Office of Forensic Services reviews of all new NGRIs began, four individuals have received temporary custody evaluations in civil facilities
  - Updated memorandum of understanding with the Department of Corrections for **management of civilly committed persons coming out of correctional facilities**
- **Diversion and Safe Reduction in Forensic Admissions to State Hospitals**
- Accomplishments**
  - Provided \$144,000 in ongoing funding for **CSB provision of adult outpatient competency restoration services** in either the community or jail – anticipate a reduction of at least 160 referrals to state hospitals
  - Provided University of Virginia Institute of Law, Psychiatry, and Public Policy **pre-trial evaluator training**
  - Provided **adult outpatient competency restoration training in all 7 regions** to approximately 175 participants
- **Forensic Training for Courts and Attorneys**
- Accomplishments**
  - Developed and posted **training modules for courts and attorneys** on the DBHDS webpage
    - Training pilot tested in Chesapeake with public defenders and Commonwealth Attorneys - received positive feedback
    - As of August 8, 2012, 120 participated in CSB competency restoration training and 20 in attorney/judge training

**Create EMPLOYMENT opportunities for individuals with mental health or substance use disorders and those with developmental disabilities**

**Objectives**

- Establish and implement “Employment First,” which emphasizes integrated and supported employment, as Commonwealth policy.
- Expand employment opportunities for individuals with mental health or substance use disorders or developmental disabilities.

**Accomplishments and Milestones**

● **Employment First Implementation**

**Accomplishments**

- **Certificate of Recognition of the Employment First Initiative** calling upon government, business, and industry to seek and employ Virginians with disabilities and to recognize them as valuable parts of the workforce was signed by the Governor in October 2011 and presented at the First Annual Employment First Summit
- **Employment First Summits**
  - First Summit – October 2011 - about 300 participants
  - Second Summit – October 2012 - about 200 participants
- **Three regional Employment First summits** held in Fredericksburg, Martinsville, and at SEVTC - about 90 participants
- **Employment First implementation plan** – September 2012 publication
  - increase enrollment in integrated work settings
  - increase integrated day opportunities, including supported employment
- Membership in the **State Employment Leadership Network (SELN)**
- Employment First ongoing **technical assistance to CSBs and Employment Service Organizations (ESOs)**
- Amended **Community Services Performance Contract** language requiring each CSB to provide affirmations that it will follow to implement specific aspects of the employment first policy.

**Milestones**

- Target date for **employment performance measurement strategy to collect data** is December 2012

● **Expansion of Employment Opportunities**

**Accomplishments**

- Developed and integrated training components promoting employment into **case manager training modules**
- Provided mental health supported employment training to CSBs, DARS, and ESOs on-line and on-site through a SAMHSA-funded **Supported Employment Initiative grant**
  - Four trainings in **Individual Placement and Support model** of supported employment – 120 participants
- Provided **supported employment training to employment staff** through RRTC – 30 CSB/ESO staff trained
- Co-chaired DARS New Vendor meeting to ensure potential vendor understanding of **providing employment services under the Waiver** and promoted use of supported employment to DARS staff
- Developed and Signed Memorandum of Agreement between DBHDS, DARS, and the Virginia Employment Commission to **share data on employment information** for people receiving employment services
- Provided access to information on **SSI and SSDI work incentives and benefits assistance planning**
  - Community Work Incentive Coordinators (CWIC) benefits planning and assistance program established by the Social Security Administration and financial support for the WorkWorld decision software

**Milestones**

- Target date to update **Resource Guide to Implementing and Funding Supported Employment Services** - March 2013



**Address the HOUSING needs for individuals with mental health and substance use disorders and those with developmental disabilities**

**Objective**

- Expand housing and supports options for individuals with mental health or substance use disorders or developmental disabilities.

**Accomplishments and Milestones**

• **DOJ Settlement Agreement Housing Plan**

**Accomplishments**

- Established **interagency team** comprised of DBHDS, DMAS, Department of Housing and Community Development (DHCD), Virginia Housing Development Authority (VHDA), Department of Aging and Rehabilitative Services and Virginia Board for People with Disabilities to develop the housing plan and options to provide and administer the \$800,000 rental assistance fund
- Engaged local service providers to create a robust **outreach and referral process** and educate developers and build their interest in participating in the program

**Milestones**

- Will incorporate DOJ Housing Plan into 2013 HUD Section 811 Project Rental Assistance application to fullest extent possible

• **Expansion of Permanent Supportive Housing**

**Accomplishments**

- Provided one-time mental health and substance abuse block grant funds to help support **outreach and services to 118 vulnerable homeless individuals**, including 63 individuals with tri-morbidity (mental health issues + serious medical condition + substance use problems) (\$100,000) and to expand 8 peer support and recovery services programs (\$126,000)
- Filled DBHDS **Housing Specialist position** March 12, 2012 to lead development of state strategic investment priorities with partner state agencies to align federal, state, local, and private housing resources with the state housing policy and plan; provide the framework for increasing integrated community housing; maximize public-private partnerships; and develop innovative housing and financial models for individuals receiving behavioral health or developmental services
- Funded statewide **“Housing Stability and Mental Illness Summit”** with the Virginia Coalition to End Homeless and NAMI Virginia in July 2012 to promote regional action planning for supportive housing and related services - over 200 participants
- Supported implementation of the **DHCD proposal to expand permanent supportive housing** for individuals with disabilities experiencing chronic homelessness
- Amended **Community Services Performance Contract** language requiring each CSB to provide affirmations that it will maximize federal, state and local resources for the development of and access to affordable housing and appropriate supports and will work with DBHDS to establish stable housing policy and outcome goals

**Milestones**

- New **interagency memorandum of agreement** required by the DOJ settlement agreement among DBHDS, DHCD, VHDA, and DMAS outlining agency responsibilities to increase integrated and affordable community housing options—in process

• **Connection of Individuals to SSI/SSDI Benefits**

**Accomplishments**

- New DBHDS **SSI Outreach and Recovery (SOAR) project coordinator** trained 39 providers in Richmond, Fredericksburg, Roanoke, Pulaski, Alleghany, and New River Valley and ongoing technical assistance provided to projects in the Central, Northern, and Tidewater regions. New SOAR projects being created in the Piedmont, Charlottesville, and Harrisonburg areas

• **HUD Section 811 Project Rental Assistance Application**

**Milestones**

- FY 2013 HUD Section 811 application will be targeted to the DOJ Settlement Agreement populations
- Partnership Agreement required for the application will be based on the Interagency Memorandum of Understanding

## Increase the statewide availability of **SUBSTANCE ABUSE TREATMENT SERVICES**

### Objective

- Enhance access to a consistent array of substance abuse services across Virginia.

### Accomplishments and Milestones

#### ● Substance Abuse Services Access

##### Accomplishments

- Completed an interagency plan **Creating Opportunities for People in Need of Substance Abuse Services, An Interagency Approach to Strategic Resource Development** ([www.dbhds.virginia.gov/documents/omh-sa-InteragencySARreport.pdf](http://www.dbhds.virginia.gov/documents/omh-sa-InteragencySARreport.pdf))
- Partnered with the Virginia Association of Community Services Boards (VACSB) to conduct **targeted training to medical staff** (psychiatrists and other physicians, nurses, nurse practitioners, and clinical staff) who work in CSBs and state facilities
  - Treating Complicated Co-Occurring Conditions: Special Needs of Persons with Substance Use Disorders and Psychiatric Co-Morbidity, Chronic Pain, and/or Other Medical Illnesses – November 2010 (approximately 130 participants) and August 2012 (approximately 153 participants)
- Trained community physicians, especially those affiliated with CSBs and state facilities, on provision of **medication assisted treatment** for individuals with substance use disorders
  - Conducted two sessions in Roanoke (November 2010) and Richmond (August 2012) that provided an overview of treating addiction, including the use of Suboxone - 283 participants
- **Same day access to treatment services** two-day workshop co-sponsored with the VACSB on August 7-8, 2012 – 135 participants

##### Milestones

- Evaluation of current model for funding **peer-run support services** underway by April 2013
- **Detoxification Guidance** document to support implementation of community-based residential medical detoxification services to be distributed to providers by January 2013
- Compilation of **interagency training opportunities** for community clinical staff scheduled for completion by April 2013
- Collection of **adolescent intensive outpatient evidence-based practices** scheduled for completion by May 2013

#### ● Uniform Screening, Assessment, and Integrated Treatment

##### Accomplishments

- **ASAM patient placement criteria** promoted for use in other realms of treatment (e.g., detoxification)
  - Virginia Association of Medication Assisted Recovery Programs 2012 conference keynote speaker sponsorship of Dr. David Mee-Lee, ASAM criteria author

##### Milestones

- Implementation of **uniform screening and assessment tools** statewide scheduled for completion by July 2013

## Increase **PEER SERVICES AND SUPPORTS** by expanding peer support specialists in direct service roles and recovery support services

### Objectives

- Promote collaboration and information exchange with the peer community, CSBs, and state facilities and support peer services and recovery supports development across Virginia.
- Increase the quantity and quality of peer support providers.

## Accomplishments and Milestones

### ● Individual and Systemic Recovery-Oriented Competencies

#### Accomplishments

- Defined potential roles and responsibilities for a proposed DBHDS **Office of Recovery-Oriented Systems and Peer Services** and a proposed **Peer Advisory Committee**
- Participated as one of eight selected states in a three-day SAMHSA-funded **BRSS TCS (Bringing Recovery Supports to Scale) Policy Academy** in April 2012
- Added peer services providers to **state hospital Annual Consultative Audit (ACA) teams**

#### Milestones

- CSB and state mental health facility **survey of peer-provided services and recovery oriented care** – January 2013
- Two-day **Recovery Forum**, as part of BRSS TCS project, to develop short-term plans to implement recovery oriented strategies and increase interaction among CSBs, state mental health facilities, and peer providers – March 2013

### ● Peer Service Expansion

#### Milestones

- Recommendations to be provided by a team of peers and other stakeholders to DBHDS on proposed standards for **integrated SA and MH peer services providers** (age, experience, training, grandfathering process, code of ethics ), possible avenues for certification implementation, and needed resources in December 2012

### ● Recovery Oriented Workforce Development

#### Accomplishments

- Conducted a **recovery and peer services workshop** using a panel of peer providers at May 2012 VACSB conference
- Presented Creating Opportunities goals and accomplishments for expanding peer services to 20 peers receiving a week-long **peer specialist training** sponsored by Recovery Resources and Supports, a peer-run organization – September 2012

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## Complete the phased implementation of a DBHDS ELECTRONIC HEALTH RECORD (EHR) AND HEALTH INFORMATION EXCHANGE (HIE) across the state facility system

## Objective

- Successfully implement an EHR clinical treatment/medical records module in each state facility.

## Accomplishments and Milestones

### ● EHR Implementation

#### Accomplishments

- Finalized **DBHDS EHR system end-user requirements** – November 2011
- Issued VITA/DBHDS **EHR system request for proposals (RFP)** – February 2012
- Completed **Software Survey/Inventory** for all DBHDS facilities – August 2012
- Completed **vendor product demonstrations, site visits, and pre-selection implementation planning** meetings – Summer 2012
- Completed **evaluation of EHR RFP** vendor responses and began negotiations with two finalists – September 2012
- Completed **SQL:2008 upgrade** implementation – November 2012
- Completed **Hospital Readiness Preparations** at first six facilities (business process mapping and meaningful use and change management education) – November 2012
- **Vendor contract negotiations** – November 2012



- Secure VITA and Office of the Attorney General reviews and approvals of proposed EHR system **Master Services Agreement and Statement of Work** - underway

**Milestones**

- Execute **EHR system contract** with vendor – Early December 2012

**Address SEXUALLY VIOLENT PREDATOR SERVICE CAPACITY in order to appropriately access and safely operate the Virginia Center for Behavioral Rehabilitation (VCBR) and provide rehabilitation and treatment services**

**Objectives**

- Meet the needs for additional bed and treatment space at VCBR.
- Increase use of conditional release for eligible individuals.

**Accomplishments and Milestones**

● **Treatment Best Practices That Reinforce Positive Behaviors**

**Accomplishments**

- Revamped VCBR treatment program to provide **evidence-based sex offender treatment** intended to reduce the risk that sexually violent predators (SVPs) will reoffend so they can be safely managed in the community once conditionally released offered in three phases:
  - *Phase I:* focuses on control over sexual behavior and aggression and accountability for offense (37% residents)
  - *Phase II:* focuses on developing insight into risk factors and introducing positive goals for lifestyle change (53% residents)
  - *Phase III:* focuses on transition back to the community (11% residents)
- Only 2% of eligible residents have refused to consent to treatment. (Lowest refusal rate among 20 SVP programs nationwide.)
- VCBR established a vocational training program in January 2011, which currently has 104 people enrolled. Its work program began in February 2012 and currently has 106 residents in jobs - Before these dates no residents were in vocational training or working
  - Residents who are active participants in treatment and who are making progress toward completing the program and transitioning to conditional release have the opportunity to gain work experience, earn a small income, and make an important contribution to overall program effectiveness
  - In November 2012, over 40% of residents are working in food service, housekeeping, grounds maintenance, and as recreation and education aides

● **VCBR Program Management**

**Accomplishments**

- Created **comprehensive evaluation tool for administrative operations and functions, security, and treatment criteria** for consideration of alternative VCBR operational arrangements
- Participated in the first annual consultative audit of the center's programs in November 2012 - the results of this audit document the positive changes in facility operations and treatment begun by VCBR leadership two years ago
- Increased pre-release support mechanism **data capture, storage, and retrieval efficiency** for VCBR residents eligible for SVP conditional release

● **Increase VCBR Capacity Management**

**Accomplishments**

- Implemented resident **double-bunking**

**Milestones**

- SVP forecast projects VCBR census increasing from current 309 to 383 (FY 2013), 486 (FY2015), and 589 (FY 2017)