

# **DBHDS**

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

## **Fiscal Year 2011 Annual Report (Item 304.N.)**

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

**January 1, 2012**



# COMMONWEALTH of VIRGINIA

JAMES W. STEWART, III  
COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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January 1, 2012

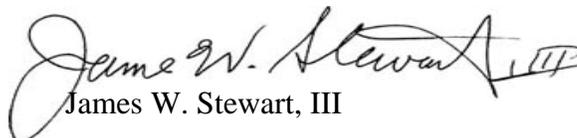
The Honorable Robert F. McDonnell  
Office of the Governor  
Patrick Henry Building  
P.O. Box 1475  
Richmond, Virginia 23218

Dear Governor McDonnell:

I am pleased to forward to you the Department's annual report in response to Item 304.N. of the 2011 *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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January 1, 2012

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

Dear Senator Colgan:

I am pleased to forward to you the Department's annual report in response to Item 304.N. of the 2011 *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,

A handwritten signature in black ink that reads "James W. Stewart, III".

James W. Stewart, III

Attachment

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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January 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 304.N. of the 2011 *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,

A handwritten signature in black ink that reads 'James W. Stewart, III'.

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

# Department of Behavioral Health and Developmental Services FY 2011 Annual Report

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## Department of Behavioral Health and Developmental Services FY 2011 Annual Report

### Introduction

Item 304.N. of the 2011 *Appropriation Act* requires the Department to submit an annual report to the Governor and the General Assembly. It states:

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

The Department is pleased to submit its FY 2011 annual report to the Governor and the Chairs 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, provide updates on major projects, and present FY 2011 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 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

## **Department of Behavioral Health and Developmental Services FY 2011 Annual Report**

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/OCC-default.htm#pc12](http://www.dbhds.virginia.gov/OCC-default.htm#pc12). 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 at [www.dbhds.virginia.gov/documents/OCC-CSB-Overview.pdf](http://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.

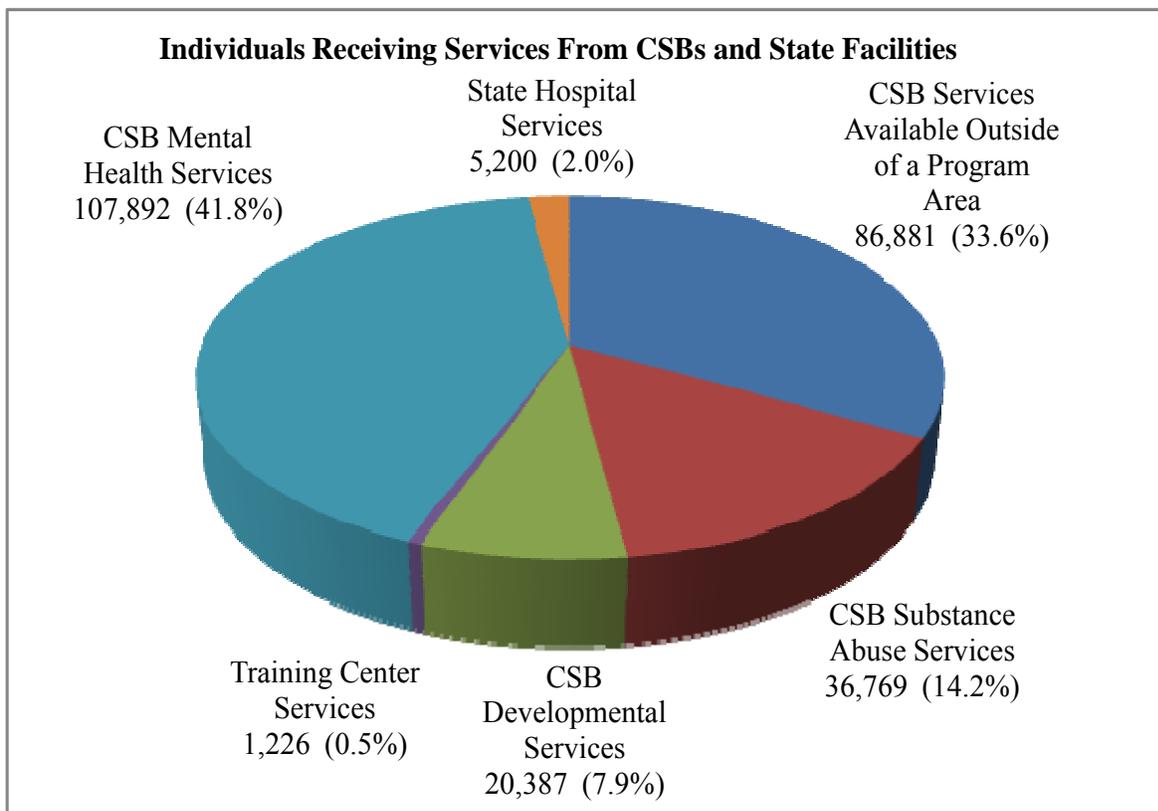
The Department operates five training centers to serve individuals with intellectual disability: Central Virginia Training Center (CVTC) in Lynchburg, Northern Virginia Training Center (NVTC) in Fairfax, Southside Virginia Training Center (SVTC) in Petersburg, Southeastern Virginia Training Center (SEVTC) 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 an 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/MR) 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/SCV-StateFacilities.htm](http://www.dbhds.virginia.gov/SCV-StateFacilities.htm) and in the 2012-2018 Comprehensive State Plan at [www.dbhds.virginia.gov/OPD-StatePlan.htm](http://www.dbhds.virginia.gov/OPD-StatePlan.htm).

## Department of Behavioral Health and Developmental Services FY 2011 Annual Report

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

### Individuals Receiving Services from CSBs and State Facilities

In FY 2011, 203,377 individuals received services in the public behavioral health and developmental services system: 196,951 individuals received services from CSBs and 6,426 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 2011 and the respective percentages.



## Department of Behavioral Health and Developmental Services FY 2011 Annual Report

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

The following table displays the numbers of individuals receiving services in each of the core services categories and subcategories from CSBs or state facilities in FY 2011. Numbers of individuals receiving services are displayed in five columns: services available outside of a program area, which are services not linked to a specific program area, mental health, developmental, and substance abuse program areas, and the total number of individuals receiving a core service across the three program areas. 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](http://www.dbhds.virginia.gov/documents/reports/OCC-2010-CoreServicesTaxonomy7-2v2.pdf).

<b>Numbers of Individuals Who Received Services From CSBs and State Facilities in FY 2011</b>				
<b>Services Available Outside of a Program Area</b>				
<b>100 Emergency Services</b>	58,553	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 2011, 5,979 individuals participated in Consumer-Run Programs.		
318 Motivational Treatment Services	2,001			
390 Consumer Monitoring Services	5,882			
620 Early Intervention Services	2,609			
720 Assessment and Evaluation Services	28,731			
<b>Total Individuals Receiving Services</b>	<b>97,776</b>			
<b>Unduplicated Individuals: CSB Services</b>	<b>86,881</b>			
	<b>Mental Health</b>	<b>Develop-mental</b>	<b>Substance Abuse</b>	<b>Total Individuals</b>
<b>Services Available in Program Areas</b>				
Medical/Surgical Care (State Facilities)	37	0		37
Skilled Nursing Services (Training Center)		100		100
ICF/MR Services (Training Center)		1,126		1,126
ICF/Geriatric Services (State Hospital)	514			514
250 Acute Psychiatric or SA Inpatient (CSB) <sup>1</sup>	2,229		106	2,335
250 Acute Psychiatric Inpatient (State Hospital)	2,411			2,411
260 Community-Based SA Inpatient Med Detox			236	236
Extended Rehabilitation Services (State Hosp.)	1,976			1,976
Hiram Davis Medical Center (State Facility)	126			126
Virginia Center for Behavioral Rehabilitation	295			295
Total Community Inpatient Services (250, 260) <sup>1</sup>	2,229		342	2,571
Total State Facility Inpatient Services	5,359	1,226		6,585
<b>Total Inpatient Services</b>	<b>7,588</b>	<b>1,226</b>	<b>342</b>	<b>9,156</b>
310 Outpatient Services <sup>2</sup>	88,792	654	28,445	117,891
335 Medication Assisted Treatment			1,874	1,874
350 Assertive Community Treatment	1,902			1,902
<b>Total Outpatient Services</b>	<b>90,694</b>	<b>654</b>	<b>30,319</b>	<b>121,667</b>

**Department of Behavioral Health and Developmental Services FY 2011 Annual Report**

<b>Numbers of Individuals Receiving Services</b>	<b>Mental Health</b>	<b>Developmental</b>	<b>Substance Abuse</b>	<b>Total Individuals</b>
<b>Services Available in Program Areas</b>				
<b>320 Case Management Services</b>	<b>55,674</b>	<b>18,294</b>	<b>10,220</b>	<b>84,188</b>
410 Day Treatment or Partial Hospitalization	5,149		585	5,734
420 Ambulatory Crisis Stabilization	1,649			1,649
425 Rehabilitation or Habilitation Services	5,426	2,619		8,045
<b>Total Day Support Services</b>	<b>12,224</b>	<b>2,619</b>	<b>585</b>	<b>15,428</b>
430 Sheltered Employment Services	43	827		870
460 Individual Supported Employment	1,120	1,081		2,201
465 Group Supported Employment	17	751		768
<b>Total Employment Services</b>	<b>1,180</b>	<b>2,659</b>		<b>3,839</b>
501 Highly Intensive Residential Services	67	159	3,238	3,464
510 Residential Crisis Stabilization	4,046		336	4,382
521 Intensive Residential Services	233	856	3,523	4,612
551 Supervised Residential Services	1,137	482	300	1,919
581 Supportive Residential Services	6,699	1,189	101	7,989
<b>Total Residential Services</b>	<b>12,182</b>	<b>2,686</b>	<b>7,498</b>	<b>22,366</b>
<b>Total Numbers of Individuals Who Received Services in FY 2011</b>				
	<b>Mental Health</b>	<b>Developmental</b>	<b>Substance Abuse</b>	<b>Total Individuals</b>
<b>Total Individuals Receiving CSB Services<sup>3</sup></b>	174,183	26,912	48,964	353,814
<b>Total Individuals Served in State Facilities</b>	5,359	1,226		6,585
<b>Total Individuals Receiving All Services<sup>4</sup></b>	179,542	28,138	48,964	360,399
<b>Unduplicated Individuals: CSB Services<sup>5</sup></b>	107,892	20,387	36,769	251,929
<b>Unduplicated Individuals: State Services<sup>6</sup></b>	5,200	1,226		6,426

<sup>1</sup> All of the community inpatient psychiatric services are purchased from private providers.

<sup>2</sup> In mental health, this includes 11,777 individuals who received pharmacy medication supports.

<sup>3</sup> **Total Individuals Receiving CSB Services** includes all individuals receiving services in Services Available Outside of a Program Area (from the top of the table on the preceding page), Consumer-Run Programs, and the three program areas, so the figures on this line do not add across to the total.

<sup>4</sup> **Total Individuals Receiving All Services** are the sums of figures on the previous two lines.

<sup>5</sup> **Unduplicated Individuals: CSB Services** 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 Services Available Outside of a Program Area (from the top of the table on the preceding page), so figures on this line do not add across to the total. 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.

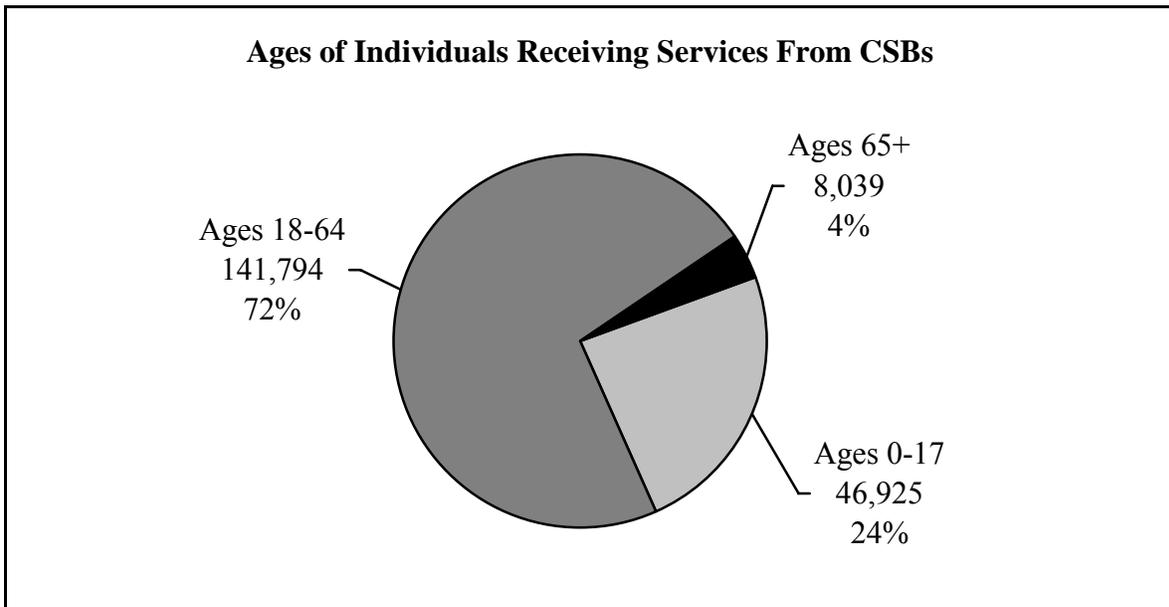
<sup>6</sup> **Unduplicated Individuals: State Services** are the unique individuals receiving services in state hospitals or training centers. Slight differences between figures on this line and the larger figures on the Total Individuals Served in State Facilities line reflect individuals who received services in more than one state facility.

## Department of Behavioral Health and Developmental Services FY 2011 Annual Report

The figures in the preceding tables include 3,580 individuals who received Medicaid Intellectual Disability Home and Community-Based Waiver (ID Waiver) services from CSBs. In addition, 4,906 individuals received ID Waiver services directly from other providers for a total of 8,486 individuals receiving ID Waiver services in FY 2011. While the number of individuals receiving services through the ID Waiver has grown, there are many other individuals on waiting lists for them. In FY 2011, 3,199 individuals were on the urgent waiting list for ID Waiver services, and 2,586 individuals were on the non-urgent waiting list for a total of 5,785 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 18,294 individuals shown in the preceding table who received case management in the developmental services program area.

The figures in the preceding tables also include 2,571 individuals who received acute, short term mental health psychiatric or substance abuse inpatient services through local inpatient purchase of services funding in their communities. If these services had not been available, most of these individuals would have required inpatient treatment in state hospitals, probably doubling the number of individuals (2,411) served in acute admission units in FY 2011.

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 2011. A few examples are shown below.



- Of the 196,951 unduplicated individuals who received CSB services, 10,838 identified themselves as having a Hispanic origin, 5.5 percent of the total number of individuals.

## Department of Behavioral Health and Developmental Services FY 2011 Annual Report

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

<b>Individuals Receiving Mental Health Services in FY 2011</b>		
<b>Total Adults</b>	<b>Adults with SMI</b>	<b>Percent of Total</b>
76,630	45,963	59.98
<b>Total Children</b>	<b>Children with SED or At-Risk</b>	<b>Percent of Total</b>
31,225	23,584	75.53

- Of the 196,951 unduplicated individuals who received CSB services, 44,962 had co-occurring mental health and substance use disorders, 22.8 percent of the total number of individuals.
- Of the 20,387 individuals who received developmental services, 1,804 had a diagnosis of autism spectrum disorder, 8.85 percent of the total number of individuals. Of all individuals who received services in any of the three program areas, 3,251 had a diagnosis of autism spectrum disorder.
- Employment is a major focus of the Department's *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia*. The following table displays CCS 3 employment status information for individuals who were admitted to and received services in a program area (mental health, developmental, and substance abuse services) in FY 2011.

<b>Employment Status for Adults Receiving CSB Services in FY 2011</b>	<b>Mental Health</b>	<b>Developmental</b>	<b>Substance Abuse</b>
<b>Adults (18-64) Receiving Services</b>	68,469	13,860	31,038
Adults Employed Full-Time (35+ hours)	6,080	361	6,040
Adults Employed Part-Time (<35 hours)	6,271	1,604	3,464
<b>Adults Employed Full- or Part-Time</b>	<b>12,351</b>	<b>1,965</b>	<b>9,504</b>
<b>Percent of Adults Receiving Services</b>	<b>18.04%</b>	<b>14.18%</b>	<b>30.62%</b>
Adults in Supported Employment	528	1,269	53
Adults in Sheltered Employment	145	363	12
<b>Total Supported+ Sheltered Employment</b>	<b>679</b>	<b>1,632</b>	<b>65</b>
<b>Total Adults Employed</b>	<b>13,024</b>	<b>3,597</b>	<b>9,569</b>
<b>Percent of Adults Receiving Services</b>	<b>19.02%</b>	<b>25.95%</b>	<b>30.83%</b>
Adults Unemployed	16,976	991	10,415
Adults Not in Labor Force (NLF)	35,362	8,670	9,754
Unknown or Not Collected (UNK/NC)	3,107	602	1,300
<b>Total Unemployed, NLF, UNK/NC</b>	<b>55,445</b>	<b>10,263</b>	<b>21,469</b>
<b>Percent of Adults Receiving Services</b>	<b>80.98%</b>	<b>74.05%</b>	<b>69.17%</b>

- Housing for individuals receiving services in the behavioral health and developmental services system is another major focus of the Department's *Creating Opportunities Plan*. The following table displays type of residence information for individuals who were admitted to and received services in a program area in FY 2011.

## Department of Behavioral Health and Developmental Services FY 2011 Annual Report

Type of Residence for Individuals Receiving CSB Services in FY 2011	Mental Health	%	Developmental	%	Substance Abuse	%
<b>Individuals Receiving Services</b>	102,076	100.00	19,596	100.00	34,147	100.00
<b>Individuals in Private Residences</b>	84,965	83.24	13,932	71.10	26,666	78.09
<b>Individuals in Community Placements</b>	8,717	8.54	4,549	23.21	1,530	4.48
Individuals in Jails and Prisons	1,839		26		2,899	
In Juvenile Detention Centers	617		5		116	
In Inpatient Beds and Nursing Homes	700		194		26	
Individuals in Other Institutions	255		232		79	
<b>Total in Institutional Settings</b>	3,411	3.34	457	2.33	3,120	9.14
<b>Homeless or in Homeless Shelters</b>	1,710	1.67	26	0.13	852	2.50
Unknown or Not Collected	3,273	3.21	632	3.23	1,979	5.79

Community placements include boarding homes, foster and family sponsor homes, licensed adult living facilities, community residential programs, residential treatment centers, alcohol and drug treatment programs, and shelters. The CCS 3 Extract Specifications define the employment and residential statuses in the preceding two tables. The specifications are available at [www.dbhds.virginia.gov/documents/occ-2010-CCS3-ExtrSpec-V7-2.pdf](http://www.dbhds.virginia.gov/documents/occ-2010-CCS3-ExtrSpec-V7-2.pdf).

### Specialized Initiatives or Projects

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

<b>Individuals Receiving Services in Specialized Initiatives or Projects in FY 2011</b>		
<b>Code</b>	<b>Consumer Designation</b>	<b>Individuals Served</b>
905	Mental Health Mandatory Outpatient Treatment Orders	33
910	Discharge Assistance Project (DAP)	622
915	Mental Health Child and Adolescent Services Initiative	1,369
916	Mental Health Services for Children in Juvenile Detention Centers	3,533
918	Program of Assertive Community Treatment (PACT)	1,488
919	Projects for Assistance in Transition from Homelessness (PATH)	1,399
920	Medicaid Intellectual Disability Waiver Services	3,580
933	Substance Abuse Medication Assisted Treatment	327
935	Substance Abuse Recovery Support Services	735

### Services Received From CSBs and State Facilities

The following table displays amounts of services received by individuals from CSBs or state facilities in core services categories and subcategories for each program area and 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 in the table.

**Department of Behavioral Health and Developmental Services FY 2011 Annual Report**

<b>Services Received from CSBs or State Facilities in FY 2011</b>				
<b>Services Available Outside of a Program Area</b>				
<b>100 Emergency Services</b>	428,035			
318 Motivational Treatment Services	14,047			
390 Consumer Monitoring Services	49,859			
620 Early Intervention Services	28,666			
720 Assessment and Evaluation Services	142,671			
<b>Total Service Hours Received</b>	663,278			
	<b>Mental Health</b>	<b>Develop-mental</b>	<b>Substance Abuse</b>	<b>Total Services</b>
<b>Services Available in Program Areas</b>				
Medical/Surgical Care (State Facilities)	1,597	98		1,695
Skilled Nursing Services (State Facilities)		30,196		30,196
ICF/MR Services (Training Center)		373,265		373,265
ICF/Geriatric Services (State Hospital)	117,140			117,140
250 Acute Psychiatric or SA Inpatient (CSB)	13,887		506	14,393
250 Acute Psychiatric Inpatient (St. Hospital)	140,443			140,443
260 Community-Based SA Inpatient Med Detox			1,941	1,941
Extended Rehabilitation Services (State Hosp.)	222,326			222,326
Hiram Davis Medical Center (State Facility)	21,288			21,288
Virginia Center for Behavioral Rehabilitation	87,259			87,259
Total State Facility Bed Days Received	590,053	403,559		993,612
Total CSB Inpatient Bed Days Received	13,887		2,447	16,334
<b>Total Inpatient Bed Days Received</b>	603,940	403,559	2,447	1,009,946
310 Outpatient Services	965,893	14,005	504,640	1,484,538
335 Medication Assisted Treatment			82,016	82,016
350 Assertive Community Treatment	228,207			228,207
<b>Total Outpatient Service Hours Received</b>	1,194,100	14,005	586,656	1,794,761
<b>320 Case Management Service Hours</b>	990,920	521,693	85,060	1,597,673
410 Day Treatment or Partial Hospitalization	2,374,051		79,904	2,453,955
420 Ambulatory Crisis Stabilization	33,988			33,988
425 Rehabilitation or Habilitation Services	3,064,686	2,451,602		5,516,288
<b>Total Day Support Service Hours</b>	5,472,725	2,451,602	79,904	8,004,231
430 Sheltered Employment Services	5,319	128,973		134,292
465 Group Supported Employment	1,179	128,911		130,090
<b>Total Employment Days of Service Received</b>	6,498	257,884		264,382
<b>460 Employment Service Hours Received</b>	27,926	55,546		83,472
501 Highly Intensive Residential Services	16,059	51,737	29,869	97,665
510 Residential Crisis Stabilization	35,506		1,655	37,161
521 Intensive Residential Services	61,877	273,115	231,407	566,399
551 Supervised Residential Services	258,269	146,009	26,106	430,384
<b>Total Residential Bed Days Received</b>	371,711	470,861	289,037	1,131,609
<b>581 Supportive Residential Services Hours</b>	777,129	834,206	2,899	1,614,234
<b>610 Prevention Service Hours Received</b>	9,446	2,273	294,161	305,880

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### Service Capacities of CSBs and State Facilities

The following table displays the capacities of services provided by CSBs and state facilities. 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.

<b>Service Capacities in CSBs and State Facilities in FY 2011</b>			
<b>Services Available Outside of a Program Area</b>			
100 Emergency Services	403 FTEs		
318 Motivational Treatment Services	11 FTEs		
390 Consumer Monitoring Services	61 FTEs		
620 Early Intervention Services	51 FTEs		
720 Assessment and Evaluation Services	117 FTEs		
<b>Total Full Time Equivalents (FTEs)</b>	<b>643 FTEs</b>		
	<b>Mental Health</b>	<b>Developmental</b>	<b>Substance Abuse</b>
<b>Services Available in Program Areas</b>			
Medical/Surgical Care (State Facilities)	15 Beds	5 Beds	
Skilled Nursing Services (State Facilities)		104 Beds	
ICF/MR Services (Training Center)		1,237 Beds	
ICF/Geriatric Services (State Hospital)	365 Beds		
250 Acute Psychiatric or SA Inpatient (CSB)	44 Beds		2 Beds
250 Acute Psychiatric Inpatient (State Hospital)	450 Beds		
260 Community-Based SA Inpatient Med Detox			5 Beds
Extended Rehabilitation Services (State Hosp.)	684 Beds		
Hiram Davis Medical Center (State Facility)	87 Beds		
Virginia Center for Behavioral Rehabilitation	300 Beds		
Total Community Inpatient Services (250, 260)	44 Beds		7 Beds
Total State Facility Inpatient Services	1,901 Beds	1,346 Beds	
<b>Total Inpatient Beds</b>	<b>1,945 Beds</b>	<b>1,346 Beds</b>	<b>7 Beds</b>
310 Outpatient Services	825 FTEs	8 FTEs	347 FTEs
335 Medication Assisted Treatment			33 FTEs
350 Assertive Community Treatment	220 FTEs		
<b>Total Outpatient Service FTEs</b>	<b>1,045 FTEs</b>	<b>8 FTEs</b>	<b>380 FTEs</b>
<b>320 Case Management Service FTEs</b>	<b>997 FTEs</b>	<b>501 FTEs</b>	<b>110 FTEs</b>
410 Day Treatment/Partial Hospitalization	2,674 Slots		159 Slots
420 Ambulatory Crisis Stabilization	51 Slots		
425 Rehabilitation/Habilitation Services	2,757 Slots	1,986 Slots	
<b>Total Day Support Service Slots</b>	<b>5,482 Slots</b>	<b>1,986 Slots</b>	<b>159 Slots</b>
430 Sheltered Employment Services	41 Slots	701 Slots	
465 Group Supported Employment	11 Slots	545 Slots	
<b>Total Employment Slots</b>	<b>52 Slots</b>	<b>1,246 Slots</b>	
<b>460 Individual Supported Employment FTEs</b>	<b>18 FTEs</b>	<b>89 FTEs</b>	

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<b>Service Capacities in CSBs &amp; State Facilities</b>	<b>Mental Health</b>	<b>Developmental</b>	<b>Substance Abuse</b>
<b>Services Available in Program Areas</b>			
501 Highly Intensive Residential Services	57 Beds	157 Beds	108 Beds
510 Residential Crisis Stabilization	134 Beds		6 Beds
521 Intensive Residential Services	182 Beds	783 Beds	716 Beds
551 Supervised Residential Services	694 Beds	448 Beds	103 Beds
<b>Total Residential Beds</b>	1,067 Beds	1,388 Beds	933 Beds
<b>581 Supportive Residential Service FTEs</b>	612 FTEs	428 FTEs	7 FTEs
<b>610 Prevention Service FTEs</b>	7 FTEs	0 FTEs	203 FTEs

In the preceding table, in the Inpatient Services category, state hospital extended rehabilitation services beds include 267 medium or maximum forensic beds.

**Staffing of CSBs and State Facilities**

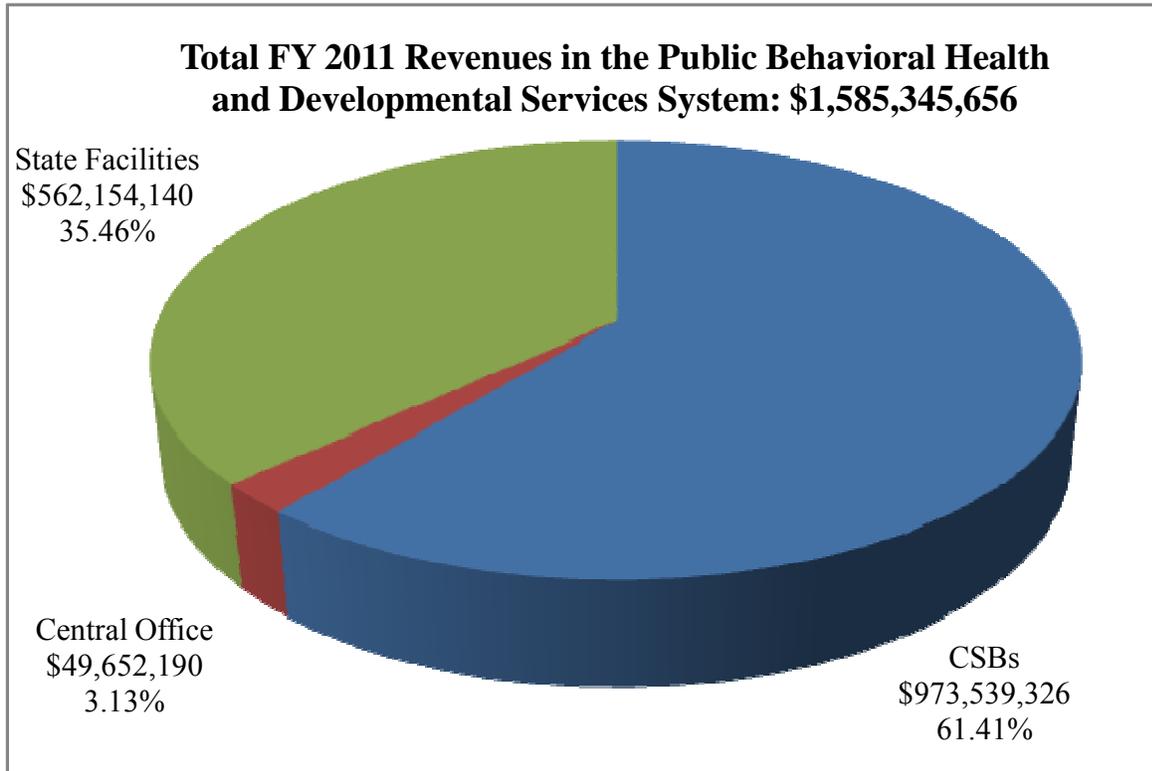
The following table displays staffing information about CSBs, state facilities, and the Department’s central office, expressed as numbers of full time equivalents (FTEs). A full-time equivalent is not the same thing as a position. For example, a part-time position staffed for 20 hours per week is one position; but it is a one-half FTE. Thus, 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 those services. Peer staff reflects the number of FTEs of individuals who are receiving or have received services and are employed by CSBs as peers to deliver services. 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 these CSB figures. In FY 2011, 73 percent of the workforce consisted of direct care and peer staff FTEs.

<b>FY 2011 CSB, State Facility, and Department Central Office Staffing (FTEs)</b>				
<b>Program Area</b>	<b>Direct Care Staff</b>	<b>Peer Staff</b>	<b>Support Staff</b>	<b>Total FTEs</b>
CSB Mental Health Services	4,483.88	82.49	953.53	5,519.90
State Hospitals	2,714.10	0.00	1,132.00	3,846.10
<b>Total Mental Health Services FTEs</b>	7,197.98	82.49	2,085.53	9,366.00
CSB Developmental Services	3,129.67	24.55	444.86	3,599.08
Training Centers	2,538.40	0.00	1,251.80	3,790.20
<b>Total Developmental Services FTEs</b>	5,668.07	24.55	1,696.66	7,389.28
Hiram Davis Medical Center	139.00	0.00	20.00	159.00
Virginia Center for Behavioral Rehabilitation	197.00	0.00	147.00	344.00
<b>CSB Substance Abuse Services FTEs</b>	1,111.62	8.85	288.93	1,409.40
<b>CSB Services Outside Program Area FTEs</b>	628.40	8.01	93.17	729.58
CSB Administration	0.00	0.00	1,123.34	1,123.34
Department Central Office	0.00	0.00	215.00	215.00
<b>Total Central Administration FTEs</b>	0.00	0.00	1,338.34	1,338.34
<b>Total State and CSB Full Time Equivalents</b>	14,942.07	123.90	5,669.63	20,735.60

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**Revenues in CSBs and State Facilities**

The pie chart below depicts all of the FY 2011 revenues in the public 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 \$973,539,326 from all sources in FY 2011. Detailed revenues are displayed in the following table. Local funds include local government appropriations, charitable donations, and in-kind contributions; however, the overwhelming share of local funds is provided by the 134 cities or counties that established the 40 CSBs. Fees include Medicaid, Medicare, and private insurance reimbursements and payments from individuals receiving services. Other funds include workshop sales, retained earnings, and one-time funds.

<b>FY 2011 Community Services Board Revenues by Program Area</b>					
	<b>Mental Health Services</b>	<b>Developmental Services</b>	<b>Substance Abuse Services</b>	<b>Total Revenues</b>	<b>Percent of Total</b>
<b>State Funds</b>	\$180,271,513	\$9,383,954	\$46,627,210	\$236,282,677	24.27%
<b>Local Funds</b>	\$101,594,106	\$73,433,221	\$37,550,461	\$212,577,788	21.84%
<b>Fees</b>	\$234,138,489	\$193,235,633	\$13,849,259	\$441,223,381	45.32%
<b>Federal Funds</b>	\$11,006,256	\$2,458	\$42,309,053	\$53,317,767	5.48%
<b>Other Funds</b>	\$18,973,811	\$3,493,036	\$7,670,866	\$30,137,713	3.09%
<b>Total Revenues</b>	\$545,984,175	\$279,548,302	\$148,006,849	\$973,539,326	100.00%
<b>Percent of Total</b>	56.08%	28.72%	15.20%	100.00%	

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State facilities reported revenues of \$562,154,140 from all sources in FY 2011. Detailed revenues are displayed in the following table. Other State Facilities are HDMC and VCBR.

<b>FY 2011 State Facility Revenues by Type of Facility</b>					
	<b>State Hospitals</b>	<b>Other State Facilities</b>	<b>Training Centers</b>	<b>Total Revenues</b>	<b>Percent Of Total</b>
<b>State General Funds</b>	\$213,585,874	\$32,177,458	\$23,602,730	\$269,366,062	47.92%
<b>Federal Funds</b>	\$117,000	\$0	\$150,926	\$267,926	0.05%
<b>Medicaid</b>	\$35,749,354	\$7,244,849	\$209,292,188	\$252,286,391	44.88%
<b>Medicare</b>	\$16,688,206	\$1,129,659	\$2,523,783	\$20,341,648	3.62%
<b>Commercial Insurance</b>	\$2,812,566	\$0	\$10,273	\$2,822,839	0.50%
<b>Private Payments</b>	\$5,916,766	\$264,517	\$8,810,137	\$14,991,420	2.66%
<b>Other Revenues</b>	\$1,549,328	\$3,140	\$525,386	\$2,077,854	0.37%
<b>Total Revenues</b>	\$276,419,094	\$40,819,623	\$244,915,423	\$562,154,140	100.00%
<b>Percent of Total</b>	49.17%	7.26%	43.57%	100.00%	

FY 2011 funds for the Department's Central Office totaled \$49,652,190, including \$30,075,986 of state general funds, \$6,666,310 of special funds, and \$12,909,894 of federal funds.

### Expenditures by CSBs and State Facilities

<b>FY 2011 Community Services Board Expenditures by Program Area</b>				
	<b>Mental Health Services</b>	<b>Developmental Services</b>	<b>Substance Abuse Services</b>	<b>Total Expenditures<sup>1</sup></b>
<b>CSB Services</b>	\$525,561,797	\$275,772,416	\$142,993,961	\$944,328,174
<b>Percent of Total</b>	55.66%	29.20%	15.14%	100.00%

<sup>1</sup> Includes \$101,588,426 of CSB administrative expenses or 10.76% of the total expenditures.

<b>FY 2011 State Facility and Central Office Expenditures</b>		
	<b>Expenses</b>	<b>Percent of Total</b>
State Hospitals	\$292,947,099	49.01%
Other State Facilities	\$38,754,271	6.35%
Training Centers	\$239,356,359	39.23%
Central Office	\$39,084,834	6.41%
<b>Total Expenditures</b>	<b>\$610,142,563</b>	<b>100.00%</b>

### 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 (20 U.S.C. § 1431 et seq.). 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

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Virginia to support these services; 30 LLAs are CSBs. In FY 2011, 14,069 infants and toddlers (unduplicated count) received the following early intervention services through this system.

<b>FY 2011 Part C Infant and Toddler Early Intervention Services</b>			
<b>Early Intervention Service</b>	<b>Children Served</b>	<b>Early Intervention Service</b>	<b>Children Served</b>
Assistive Technology	42	Physical Therapy	3,813
Audiology	253	Psychological Services	0
Counseling	3	Service Coordination	14,069
Developmental Services	2,532	Social Work Services	11
Health Services	0	Speech-Language Pathology	5,276
Nursing Services	0	Transportation	4
Nutrition Services	14	Vision Services	84
Occupational Therapy	2,110	Other Entitled EI Services	98

<b>FY 2011 Part C Infant and Toddler Early Intervention Services Revenues</b>			
Federal Part C Funds	\$8,914,088	Medicaid Fees	\$13,145,940
Federal ARRA Funds	\$4,617,087	Targeted Case Management Fees	\$4,778,659
State Part C General Funds	\$8,272,737	Private Insurance Fees	\$1,966,475
Other State General Funds	\$774,342	In-Kind Contributions	\$282,511
Local Funds	\$8,093,276	Other Revenues	\$1,466,314
Family Fees	\$371,738	Total Revenues	\$52,683,167

<b>FY 2011 Part C Infant and Toddler Early Intervention Services Expenditures</b>			
Assessment for Service Planning	\$2,303,261	Physical Therapy	\$4,076,249
Assistive Technology	\$64,600	Service Coordination	\$10,063,508
Audiology	\$10,253	Social Work Services	\$15,041
Counseling	\$111,785	Speech Pathology Services	\$8,247,839
Developmental Services	\$3,813,546	Transportation	\$146,976
Evaluation for Eligibility Determination	\$687,516	Vision Services	\$18,313
Health Services (includes Nursing)	\$59,006	Other Entitled Services	\$580,472
Nutrition Services	\$84,048	System Components	\$7,005,624
Occupational Therapy	\$2,239,431	Total Part C Expenditures	\$39,527,468

The System Components expenditures reported by LLAs support administration, system management, data collection, and training activities critical to the provision of direct services. As of June 30, 2011, \$2,546,991 of unspent federal and state Part C funds may have been obligated as of June 30 but not reflected in the expenditures reported above. Part C funds for FY 2011 had to be obligated by June 30, 2011 but may be spent through September 30, 2011. Also only half of the private providers that submitted quarterly FY 2010 expenditure reports submitted these reports in FY 2011. As a result, total FY 2011 expenditures reported by private providers were over \$9 million less than in FY 2010. Together, these factors account for the difference between the revenues and expenditures shown in the preceding tables.

**Department of Behavioral Health and Developmental Services FY 2011 Annual Report**  
**Department Initiatives, Accomplishments, and Updates on Major Projects**

**A. Creating Opportunities Plan**

One of the Department's most significant initiatives is *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 expressed intentions 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. Over 200 individuals participated on these teams, including representatives from the Department's central office, state hospitals and training centers, CSBs, private providers, individuals receiving services, various state government departments, and other stakeholders. Reports with recommendations were completed for several initiatives. Twelve initiatives were selected that focus on the following areas.

1. Strengthen the responsiveness of behavioral health emergency response services and maximize the consistency, availability, and accessibility of services for individuals in crisis.
2. Increase peer services and supports by expanding peer support specialists in direct service roles and expand recovery support services.
3. Increase the statewide availability of substance abuse treatment services.
4. Enhance the effectiveness and efficiency of state hospital services.
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.
6. Build developmental services and supports that will enable individuals who need such services and supports, including those with multiple disabilities, to live a life fully integrated in the community.
7. Incorporate services and supports for individuals with autism spectrum disorders (ASD) or developmental disabilities in Virginia's developmental services delivery system.

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8. Address the housing needs of individuals with mental health or substance use disorders and those with developmental disabilities.
9. Create employment opportunities for individuals with mental health or substance use disorders and those with developmental disabilities.
10. Strengthen the capability of the case management system to support individuals receiving behavioral health or developmental services.
11. Complete the phased implementation of a Department electronic health record (EHR) and health information exchange (HIE) across the state facility system.
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.

Copies of the Creating Opportunities Plan and reports are available on the Department's web site at [www.dbhds.virginia.gov/CreatingOpportunities.htm](http://www.dbhds.virginia.gov/CreatingOpportunities.htm).

### **B. FY 2011 Behavioral Health Services Initiatives, Accomplishments, and Updates**

- The Department developed and implemented an on-site annual review and inspection of state hospitals in FY 2011. The Annual Consultative Audits (ACA) were developed to assure that programs at state hospitals are operating effectively and efficiently and to establish and maintain a high level of Department central office oversight and accountability for the ongoing operation of state hospitals. The State Hospital Effectiveness and Efficiency Implementation Team, a multi-disciplinary group of 20 persons from state hospitals, the Central Office, and CSBs, met and dialogued for six months to develop the ACA process. Developed primarily by the clinical leadership of state hospitals, the ACA is fashioned to be a peer review process. The team developed an inspection survey tool that measures over 100 quality indicators covering all aspects of state hospital operations.

Inspection teams were formed from the major disciplines, such as psychiatry, nursing, psychology, and social work, at other state hospitals along with leadership from the Central Office to conduct two-day visits at state hospitals. During these visits, members of the ACA teams reviewed records, interviewed staff, and inspected the facility. From March 23 to August 10, 2011, ACA teams visited seven adult state hospitals. The ACA was widely regarded by state hospitals as helpful and constructive with much valuable information exchanged among them. Plans for improvement by the hospitals will be incorporated into the performance reviews of the state hospital directors. An overall review and improvement of the ACA process will be conducted in the fall of 2011 and a new cycle of visits will occur in 2012, including all adult state hospitals and the one state hospital for children with serious emotional disturbance.

- Construction of the WSH replacement is well underway and should be completed by spring, 2013. Utilizing the design/build process embedded in a PPEA, construction has been approved and several direct care units are under roof. The new hospital will contain 246 beds, including 22 beds for medically frail individuals, in 356,000 square feet on two stories with state-of-the-art treatment malls and energy efficient mechanical systems.

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- The Department provided seven regional Suicide Prevention Summits with 575 participants around the state in partnership with the Virginia Departments of Health, Education, and Veteran Services, the National Alliance on Mental Illness, and the Virginia Organization of Consumers Asserting Leadership to discuss the issue of suicide in each region and outline next steps to develop and continue suicide prevention services.
- The Department supported 9 five-day regional skill development trainings for 215 substance abuse and co-occurring mental health and substance abuse clinical service supervisors to enhance their skills and provide case consultations by state and national experts.
- The Department supported a one-day training in Roanoke for 130 psychiatrists, doctors, nurse practitioners, registered nurses, or other clinical staff who work for or with CSBs and state facilities about treatment of complicated co-occurring disorders (addiction, mental health, and pain management) in a recovery-oriented system of care.
- The Department provided four regional trainings for 95 CSB and affiliated local housing and service organizations on planning, developing, and providing services in the evidence-based practice model of permanent supportive housing for persons with behavioral health disorders.
- The Department completed and posted its Creating Opportunities Case Management Workgroup Report, which clarifies operational definitions, identifies core behavioral health and developmental service case management competencies, outlines training topics, and recommends curriculum development designed to address basic and program area-specific case management skill development. A curriculum developer began work on a training program for all CSB case managers that will be released in FY 2012.
- The Department worked with CSBs and other stakeholders to support the Regional Adult Facilities Geriatric Mental Health Support Team (RAFT) program in northern Virginia that provided innovative direct care services to 32 older adults in their home communities and consultation and training to nursing homes and assisted living facilities to reduce the need for psychiatric hospitalizations. In Tidewater, the Geriatric Psychiatric Services Initiative trained and consulted with 500 professional staff to support older individuals with dementia or Alzheimer's. Family caregivers received over 3,000 hours of respite care to support home-based care and a Board-certified geriatric psychiatrist provided outpatient consultations.
- The Department collaborated with the Substance Abuse And Recovery Alliance of Virginia and the Region IV Evidence Based Practice Implementation Network to conduct the second annual two-day conference on peer delivered services in co-occurring mental health and substance abuse services programs for 235 attendees representing individuals receiving services and families, peer-run programs, CSBs, state facilities, and community partners.
- The Department provided juvenile competency restoration services to 197 juveniles in response to court orders issued pursuant to § 16.1-357 of the Code of Virginia. Of these, 43 percent were 13 years old or younger at the time of the offense, 59 percent had a psychiatric disorder, 33 percent had an intellectual disability, and 22 percent had a psychiatric disorder and an intellectual disability.

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- The 2010 General Assembly tasked the Department with developing a comprehensive plan with concrete steps to provide children's inpatient and community-based mental health services as close to children's homes as possible. This plan is incorporated in the Creating Opportunities Plan process. As part of this study, recommendations from prior plans and reports were reviewed. The final Plan for Community-Based Children's Behavioral Health Services in Virginia was completed and submitted to the General Assembly. The plan contains the following recommendations.
  - Define and publish the full comprehensive service array as the goal and standard for children's behavioral health services in every community.
  - Expand the array and capacity of services to assure a consistent base level of services for children and families statewide.
  - Establish a children's behavioral health workforce development initiative to be organized by the Department.
  - Continue the current role of the CCCA for the foreseeable future and until more adequate community-based services are in place.
  - Establish quality management mechanisms to improve access and quality in behavioral health services for children and families.
- The Department received a one-year System of Care Expansion Planning Grant of \$586,718 from the federal Substance Abuse and Mental Health Services Administration to establish a comprehensive strategic plan that builds on the system of care work that has already occurred in Virginia in order to implement systems of care statewide. The grant includes workforce development and quality assurance activities to support CSBs and community policy and management teams in developing plans to expand services and supports through system of care values and principles.
- The Department implemented a family support initiative to increase and expand support to family members of children with behavioral health problems. The Department selected the National Alliance on Mental Illness Virginia to develop and implement the mission and vision for a statewide Virginia Family Network (VFN). The VFN was launched in July; it is a grassroots network of families committed to providing opportunities that support, educate, and empower families with children with mental health needs while promoting family-driven and youth-guided policy throughout child-serving systems. VFN activities include support groups, training, resources, and mentorship from other families with children with mental health needs.
- The Department developed a new early intervention targeted case management service in collaboration with the Department of Medical Assistance Services to align case management requirements with federal requirements for Part C infant and toddler early intervention programs. Now, 1,500 Part C infants and toddlers receive mental health or developmental targeted case management, but beginning October 1, over 4,100 individuals receiving Part C services covered by Medicaid or FAMIS will receive targeted case management services.

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- The Department received a two-year \$250,000 federal Justice and Mental Health Collaboration Program grant to support Cross Systems Mapping. A Cross Systems Mapping workshop is a 1½ day, professionally facilitated training and action planning activity using the Sequential Intercept model to help local stakeholders develop an action plan to improve the response of their criminal justice and behavioral health services systems to individuals with mental illness or co-occurring behavioral health disorders involved with the criminal justice system. Cross Systems Mapping achievements in FY 2011 include 20 new community criminal justice and behavioral health leaders across Virginia who received training and became certified to facilitate Cross Systems Mapping workshops and three additional Cross System Mapping workshops provided to communities. As of June 30, 2011, the following overall project outcomes have been achieved:
  - 21 local community action plans were created and are being implemented,
  - 43 of Virginia's 134 cities or counties have been provided with a facilitated workshop, and
  - more than 600 stakeholders (criminal justice or mental health staff and individuals receiving services) have been trained.
- The Department received a \$221,000 contract from the National Association of State Mental Health Program Directors to support the Crisis Intervention Team (CIT) statewide initiative by producing a NAMI Virginia/Virginia CIT Coalition two-day statewide training conference in conjunction with three-day CIT International Convention held in Virginia Beach in September. A CIT Essential Elements guidance document was developed by the VACIT Coalition leadership. The Blue Ridge CIT program moved from developing to operational status (total CIT programs include 9 operational, 7 developing, and 7 planning). The Arlington CIT program created an assessment and triage site.
- The 10 CSB jail diversion programs screened 5,543 persons involved in the criminal justice system and enrolled 589 of them in jail diversion and treatment services. The 589 individuals were linked to services including specialized behavioral health and criminal justice programs, existing community treatment services, housing, and benefits.
- The 2011 General Assembly appropriated \$2,000,000 of FY 2012 state funds to expand crisis stabilization and related services statewide to delay or avoid admissions to state hospitals and \$1,900,000 of FY 2012 state funds to expand community-based services in eastern Virginia for services to delay or avoid admissions to and to support discharges from state hospitals. The funds for both projects have been awarded.

### **C. FY 2011 Developmental Services Initiatives, Accomplishments, and Updates**

- The Department continued to support the Department of General Services on the project to replace the existing SEVTC with a new 75 bed facility. Fifteen five-bed homes are being constructed in a neighborhood-like setting on the existing SEVTC campus and are scheduled to be completed in the spring of 2012. Concurrently with this project, the Department is working with CSBs in eastern Virginia (Region 5) to provide new waiver homes and intermediate care facilities to accommodate many of the individuals leaving SEVTC. Five

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waiver homes are complete and seven intermediate care facilities are under construction. Completion is scheduled for summer, 2012.

- Several buildings at CVTC are being renovated to address life safety concerns and privacy issues that were identified in earlier surveys. Two buildings will be completed in late 2011. Stand-by emergency generators have been added to serve six residential buildings and planning is underway to add sprinklers to these buildings.
- The Department began replacement of the existing CVTC central boiler plant with small, high-efficiency, gas-fired boilers throughout a large portion of the campus to reduce energy consumption from severe line losses in an old steam distribution system. This project will be completed in fall, 2011.
- The Department worked with five CSBs to develop 13 waiver homes or intermediate care facilities for individuals with intellectual disability as part of the effort to reduce the CVTC census. Two of the facilities are scheduled to be completed in spring, 2012. The remaining facilities are in the planning and design stage and should be completed later in 2012.
- Department staff in the Office of Developmental Services trained:
  - 311 CSB staff on IDOLS, the new electronic Waiver information system;
  - 47 new *Supports Intensity Scale*™ interviewers and nine administrators and 139 participants statewide for refresher training;
  - 856 providers of supports to individuals with intellectual disability or developmental disabilities in Person Centered Thinking and 904 providers in Person-Centered Planning for the Medicaid Intellectual Disability and Day Support Waivers; and
  - 191 individuals on Strategies to Support Adults with Autism.
- To support the Medicaid Intellectual Disability and Day Support Waivers, Department staff:
  - Coordinated, along with the Department of Medical Assistance Services, stakeholder input and national research regarding services for individuals with intellectual disability or developmental disabilities and developed the General Assembly-mandated study of the Intellectual Disability, Day Support, and Individual and Family Developmental Disability Supports Waivers (Appropriation Act Item 297.BBBBBB);
  - Enrolled 703 individuals in new waiver slots, but the waiting list for Intellectual Disability Waiver services grew by 390; and
  - Processed 14,668 requests for Medicaid Intellectual Disability Waiver services and authorized 13,725 of those requests through the waiver preauthorization process.
- In the employment area, the Department:
  - Secured a memorandum of understanding with the Department of Rehabilitative Services for employment outcome data sharing;
  - Expanded Supported Employment Leadership Network membership to include providers for people with all forms of disabilities; and

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- Designed and developed the Employment First Summit that was held in October, 2011.
- The General Assembly appropriated \$5 million of new state funds to establish community crisis intervention services in each region for individuals with intellectual disability and co-occurring mental health or behavioral disorders. The Department awarded these funds to CSBs to implement five regional crisis stabilization and prevention programs using the Systemic Therapeutic Assessment, Respite, and Treatment model that will offer in-home supports for individuals in crisis and out-of-home crisis respite services. These programs will be implemented starting in January, 2012 with services available in the spring of 2012.
- The U.S. Department of Justice (DOJ) and Virginia engaged in settlement negotiations as a result of DOJ's investigation of CVTC and Virginia's developmental services system. The Department participated in these negotiations under the leadership of the Office of the Secretary of Health and Human Resources. The negotiations continued into FY 2012.
- The 2011 General Assembly appropriated \$30 million of FY 2012 state funds to the Behavioral Health and Developmental Services Trust Fund to transition individuals from training centers to community-based settings. The Office of the Secretary of Health and Human Services administers these funds with planning input from the Department.
- The 2011 *Appropriation Act* included \$400,000 of FY 2012 state funds for five community resource consultants in the Department to work with individuals receiving services in training centers and their families to plan for transition to community settings. These positions have all been filled and the expanded work has begun. The Department also hired five community integration managers to assist with discharge planning and transition of these individuals to the community. The *Appropriation Act* also included \$200,000 of FY 2012 state funds for a DOJ consultant and training which is now underway.
- The 2011 General Assembly also appropriated \$7,125,000 of FY 2012 state funds to address staffing ratios at training centers and those changes have been implemented.

### **D. Administrative Initiatives, Accomplishments, and Updates**

- 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 Steering, Nursing, Medical Service, Pharmacy, Billing, Medical Records, and Psychosocial Rehabilitation Committees are working on EHR functionality requirements.
  - The Virginia Information Technology Agency (VITA) Supply Chain Division assigned a staff to this project to work on the request for proposal with the Department since this will be a statewide contract that could be used by other agencies or CSBs.
  - The EHR Project Plan was submitted to the VITA and the EHR Funding Plan was submitted to the Department of Planning and Budget as one of the Department's budget proposals for the 2012 -2014 biennium budget.

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- The Department developed a career pathway to improve services, reduce high vacancy and turnover rates, and create an improved learning environment for direct care staff in state facilities. The pathway offers training, competency building, and advancement opportunities for direct support associates, structured in three tiers that provide increasing advancement opportunities based on attaining increased experience and competencies as a direct support professional. The program includes a partnership with the community college system, Department, College of Direct Support, and system stakeholders. As of FY 2011, 968 direct support staff have completed Level I of the career pathway program, and 261 are completing Level II, which includes enrollment with Wytheville Community College as the lead community college in providing on-line courses for a career studies certificate in behavioral health or developmental disabilities. Level III includes a certificate in human services.
- The Department through its Office of Cultural and Linguistic Competence initiated a system-wide assessment of culturally and linguistically appropriate services, expanded resources for training and workforce development in cultural and linguistic competence, and strengthened system infrastructure for the provision of effective language services through:
  - Publishing with Virginia State University a Review of Cultural and Linguistic Competency in the Virginia Behavioral Health and Developmental Services System;
  - Conducting two 24-hour Qualified Interpreter Staff Training Programs that trained and tested 41 bilingual staff from across the state and facilitating a statewide telephonic interpreting contract for use in state facilities;
  - Supporting revision and translation of critical forms used in state facilities into Spanish;
  - Providing five training days on the Culturally and Linguistically Appropriate Services Standards; and
  - Hosting a Minority Mental Health Awareness Month Community Event with the National Alliance on Mental Illness of Northern Virginia and the Fairfax Falls Church CSB.
- The 2011 *Appropriation Act* included \$182,000 in FY 2012 for the Department to establish a statewide medical director in Central Office to oversee mental health services provided in state facilities and a facility quality management specialist. The Department is already benefitting from the addition of the quality management specialist and is recruiting for the medical director.

## **Systemic Outcome and Performance Measures**

### **Virginia Performs Measures**

Implemented several years ago, these systemic measures for the public behavioral health and developmental services system are collected and reported to the Governor. Data used for these measures are derived from Community Consumer Submission (CCS 3) and AVATAR.

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

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The FY 2005 baseline measure was 3.61 consumers in intensive community-based services per occupied state facility bed. Intensive community-based services are local mental health and substance abuse inpatient services, Programs of Assertive Community Treatment, Assertive Community Treatment, Discharge Assistance Plans, mental health and developmental highly intensive residential services, ambulatory and residential crisis stabilization, and Medicaid intellectual disability waiver services. While the FY 2010 goal was 4.18 individuals and the FY 2013 goal is 5.75 individuals in intensive community services per occupied state bed, the FY 2011 final outcome was 5.89 individuals served in intensive community-based services per occupied state facility bed.

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

This measure is reported for the preceding 365 days. The FY 2005 baseline measure was no more than 20 percent of individuals receiving services in a state facility, except for HDMC or VCBR, for 60 days or longer was readmitted within 365 days. The FY 2011 goal was no more than 17 percent, and in FY 2011, only 14 percent of individuals who were discharged from an episode of care longer than 60 days in a state facility were readmitted to a state facility within 365 days.

### **Satisfaction Surveys**

The National Institute of Mental Health's Mental Health Statistics Improvement Program Consumer-Oriented Mental Health Report Card (MHSIP survey) collects responses from adults receiving behavioral health services to measure their satisfaction with services they received. The Department has conducted the MHSIP survey for the past 10 years. The Department also conducts the Parent Perception of CSB Services Provided to Their Children to measure the satisfaction of children and their parents with community behavioral health services that the children received. Finally, the Department conducts the Family Survey of Developmental Services to determine the satisfaction of individuals with intellectual disability and their authorized representatives with the developmental services they received. Results of these surveys are available at [www.dbhds.virginia.gov/WAM/WAM-B4.htm](http://www.dbhds.virginia.gov/WAM/WAM-B4.htm).

### **FY 2011 Performance Contract Exhibit B Measures**

Exhibit B of the FY 2011 community services performance contract that the Department negotiates with each CSB contains three performance measures. Statewide performance on these measures is displayed in the following table. Under the FY 2011 data in the middle column, the percent change from FY 2010 and FY 2010 data (in parentheses) are shown. Exhibit B contains more information about these measures; it is available on the Department's web site at [www.dbhds.virginia.gov/documents/occ-2012-PerformanceContract.pdf](http://www.dbhds.virginia.gov/documents/occ-2012-PerformanceContract.pdf).

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<b>FY 2011 Performance Contract Exhibit B Measures</b>		
<b>Performance Measure</b>	<b>Data</b>	<b>Data Reported</b>
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 who were under temporary detention orders or involuntary commitment orders or who were admitted voluntarily from commitment hearings.	7,015 +1.53% (6,909)	Number of individuals who kept scheduled face-to-face service visits within seven business days of discharge from hospitals or units.
	10,484 -4.33% (10,958)	Number of individuals discharged to CSBs from hospitals or psychiatric units.
	66.91% +6.12% (63.05%)	Statewide percentage of individuals referred to CSBs who kept face-to-face (non-emergency) service visits within seven business days.
I.B.4. Pursuant to subsection B of § 37.2-815 of the <i>Code of Virginia</i> , a preadmission screening evaluator or an evaluator from another CSB shall attend each commitment hearing for an adult held in a CSB's service area or for an adult receiving services from a CSB held outside of its service area in person.	20,684 + 5.98% (19,517)	Total number of commitment and recommitment hearings for adults attended by CSB preadmission screening evaluators for individuals CSBs serve or on behalf of other CSBs.
I.C.2. When an immediate face-to-face intervention by a certified preadmission screening evaluator is appropriate to determine the need for involuntary hospitalization, the intervention shall be completed by a certified preadmission screening evaluator who shall be available within one hour of initial contact for urban CSBs and within two hours of initial contact for rural CSBs. This measure is collected for emergency services during a two week sample period each quarter.	7,331 +5.79% (6,930)	Number of individuals who required evaluation for possible involuntary hospitalization who saw a certified preadmission screening evaluator face-to-face with one or two hours.
	8,167 +1.35% (8,058)	The total number of individuals who saw a certified preadmission screening evaluator for evaluation of possible involuntary hospitalization.
	89.76% +4.37% (86.00%)	Statewide percentage of individuals who saw a certified preadmission screening evaluator within one or two hours of initial contact.

**Recovery Oriented System Indicators Survey**

Recovery is one of the key values in the Department's vision statement for the public behavioral health and developmental services system. 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 show improvements over last year and are summarized in the following table. Scores range from 1 (strongly disagree) to 4 (strongly agree). The overall

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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, and 47 percent scored it as below average. More information about the ROSI is available on the Department's web site at <http://www.dbhds.virginia.gov/OMHRecovery.htm#Survey>.

<b>Recovery Oriented System Indicator (ROSI) Survey Domain Scores</b>		
<b>ROSI Domain</b>	<b>Domain Description</b>	<b>Average Score</b>
Formal Service Staff	The critical roles formal service staff play in helping or hindering the recovery process	3.37
Formal Services	The system's culture, organization, structure, funding, access, choice, quality, range, continuity, and other characteristics can help or hinder the process of recovery	3.35
Social Relationships	The roles social and personal relationships play in facilitating recovery	3.33
Choice	Having choices, as well as support in the process of making choices, regarding housing, work, social, service, treatment as well as other areas of life facilitate recovery	3.24
Basic Material Resources	Recovery from mental illness is incumbent on basic material resource needs being met	3.07
Meaningful Activities	Work, education, voluntary, or group advocacy activities that are meaningful to the individual facilitate recovery	3.04
Peer Support	Peer support and consumer-operated services in a myriad of forms facilitate recovery	3.03
Self/Holism	Characteristics that relate to one's sense of self, such as self-reliance, as well as having a holistic and human rights focus can facilitate recovery, and other characteristics, such as low self-esteem, can hinder recovery	2.94

**FY 2011 Consumer and Family Member Appointments to CSBs**

Section 37.2-501 of the *Code of Virginia* requires one third of the appointments to CSB boards of directors to be identified individuals (consumers) who are currently receiving or who previously received services or family members of such 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 20 years, the number of individual and family member appointments to CSBs has increased by 311 percent. In FY 2011, CSBs reported 54 individuals and 176 family members out of 506 appointed board members. On a statewide basis, the 230 individuals or family members appointed to CSBs represent 45.45 percent of all filled appointments. It is important to note that CSB members are appointed by the local governments that established the CSBs, so some CSBs may have little ability to affect the proportion of such individuals and family members appointed to them.

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### 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 individual receiving services level.

The Department deferred implementation of developmental measures in light of U.S. Department of Justice (DOJ) activities. The Department is focusing initially on the following potential CSB behavioral health quality improvement measures, identified in collaboration with CSBs.

#### ***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

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### *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.

The Department is working with CSBs and other stakeholders to design and implement quality improvement measures with measurable and realizable implementation processes. The Department will track and publish quality improvement measures on the Department's website and work with CSBs and state facilities to improve the quality of measurement data.

### **Central Office Oversight: Licensing Service Providers**

The Department licenses providers of behavioral health, developmental, developmental disability waiver, and residential brain injury services. The Department's 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;
- approves new service locations; and
- initiates sanctions and license revocations when necessary.

The office's activities are depicted in the following tables. Many providers offer more than one licensed service, often at several different licensed locations.

<b>Licensing Status</b>	<b>FY 2011</b>
Licensed Providers	722
Licensed Services	1,748
Licensed Locations	5,519

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In FY 2011, the Department approved 131 new services, including new services offered by existing licensed providers. All new services initially receive conditional licenses.

<b>131 New Services Licensed in FY 2011</b>			
<b>Services</b>	<b>Number</b>	<b>Services</b>	<b>Number</b>
Inpatient Services	1	Psychosocial Rehabilitation	2
Outpatient Services	8	Day Support Services	6
Intensive Outpatient Services	2	Group Homes	24
Intensive In-Home Services	45	Children’s Residential Services	4
Partial Hospitalization	2	Supportive In-Home Services	26
Day Treatment	5	In-Home Support Services	3
Therapeutic Afterschool Services	1	Family Sponsored Services	2

In FY 2011, the Office of Licensing conducted 2,631 inspections of various types.

<b>FY 2011 Licensing Inspections</b>			
<b>Type of Visits</b>	<b>Number</b>	<b>Type of Visits</b>	<b>Number</b>
Follow-up Visits	26	Re-inspection	30
Compliant Investigations	144	Scheduled Review	334
Consultations	91	Unannounced Complaint Visits	131
Physical Plant Inspections	129	Unannounced Visits	1,746

In FY 2011, the Department issued 35 provisional licenses in response to issues identified with providers.

The 2011 *Appropriation Act* included \$514,641 of FY 2012 state funds for the Department to add six licensing positions, increasing the capacity to monitor community-based providers of behavioral health and developmental services. All six positions were filled immediately and the new staff are deployed to the field.

**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-default.htm](http://www.dbhds.virginia.gov/OHR-default.htm).

In FY 2011, 196,951 individuals received services from CSBs. Thousands of additional individuals received services from other community programs licensed by the Department and subject to the human rights regulations. There were 1,146 human rights complaints filed in community programs, and 144 complaints (13 percent of the total) resulted in violations. Over 99 percent of the complaints filed were resolved at or below the program director level. There

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were 4,026 allegations of abuse, neglect, or exploitation filed in community programs, and 327 (eight percent of the total) were determined to be founded. Over 98 percent of the founded allegations were resolved at or below the program director level. In FY 2011, 6,426 individuals received services in state facilities. There were 2,148 human rights complaints filed in state facilities, and 69 percent were resolved informally. There were 632 allegations of abuse, neglect, or exploitation filed in state facilities, and 257 (41 percent of the total) were determined to be founded. Additional information is contained in the following tables.

<b>FY 2011 Data Reported to the Department by Community Providers</b>			
<b>Total Number of Human Rights Complaints</b>			<b>1,146</b>
<b>Numbers of Complaints Finally Resolved at the Following Levels</b>			
Director and Below	1,139	State Human Rights Committee	2
Local Human Rights Committee	4	Department Commissioner	1
Number of Complaints That Did Not Result in a Violation Being Determined			<b>1,002</b>
Number of Complaints That Resulted in a Violation Being Determined			<b>144</b>
<b>FY 2011 Data Reported to the Department by Community Providers</b>			
<b>Total Number of Allegations of Abuse, Neglect, or Exploitation</b>			<b>4,026</b>
<b>Total Number of Founded Allegations of Abuse, Neglect, or Exploitation</b>			<b>327</b>
<b>Numbers of Founded Allegations Resolved at the Following Levels</b>			
Director and Below	321	State Human Rights Committee	2
Local Human Rights Committee	4	Department Commissioner	0
<b>Numbers of Founded Allegations by Type</b>			
Physical Abuse	35	Exploitation	9
Verbal Abuse	31	Neglect	233
Sexual	7	Other	12

<b>FY 2011 State Facility Data from the Comprehensive Human Rights System</b>			
<b>Total Number of Human Rights Complaints</b>			<b>2,148</b>
<b>Numbers of Complaints Resolved at The Following Levels</b>			
Director and Below	623	State Human Rights Committee	3
Local Human Rights Committee	7	Department Commissioner	1
Number of Complaints Processed Informally			<b>1,482</b>
Number of Complaints Processed Formally			<b>666</b>
<b>Total Number of Allegations of Abuse, Neglect, or Exploitation</b>			<b>632</b>
<b>Total Number of Founded Allegations of Abuse, Neglect, or Exploitation</b>			<b>257</b>
<b>Numbers of Founded Allegations Resolved at the Following Levels</b>			
Director and Below	419	State Human Rights Committee	0
Local Human Rights Committee	0	Department Commissioner	1
<b>Numbers of Founded Allegations by Type</b>			
Physical Abuse	38	Exploitation	1
Verbal Abuse	36	Neglect	130
Sexual	0	Other	52

## **Department of Behavioral Health and Developmental Services FY 2011 Annual Report**

### **Conclusion**

In response to Item 304.N of the 2011 *Appropriation Act*, the Department is pleased to submit its second annual report, which presents a broad review of information and data about the public behavioral health and developmental services system, including major initiatives, accomplishments, and updates and systemic outcome and performance measures. The efforts of the Department and CSBs to improve the quality of data so that it is as meaningful and accurate as possible have been successful and will continue.