2013 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 31, 2014

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COMMONWEALTH of VIRGINIA

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

January 31, 2014

The Honorable Terry R. McAuliffe
Governor of Virginia
Patrick Henry Building
P.O. Box 1475
Richmond, Virginia 23218

Dear Governor McAuliffe:

I am writing on behalf of the State Board of Behavioral Health and Developmental Services. The purpose of this letter is to communicate the board's priorities for the behavioral health and developmental services system in the 2014-2016 budget, and to provide a copy of the Annual Executive Summary submitted to the Governor and the General Assembly accordance with subsection 5 of § 37.2-203 of the *Code of Virginia*.

The summary 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 held its Biennial Planning Meeting in July to set priority topics for the biennium and a copy of the letter to then-Governor McDonnell conveying our comments on budget priorities is included in this report. We are hopeful that you will receive this information in a manner that is timely for your consideration of amendments to the budget bill.

The membership of the board includes individuals who have received services, family members of people with disabilities, a local elected official, a psychiatrist and citizens at large. We feel it is important to make the case that, of all the demands presented each year for state support, the needs of Virginians with mental health or substance use disorders or intellectual or developmental disabilities and their families are particularly important and deserving of increased resources.

At its biennial planning meeting in July, the board was pleased to receive a detailed update on the progress of the department's strategic initiatives included in the *Creating Opportunities Plan*. The participation by the broad spectrum of stakeholders who worked with department staff over the course of the previous Administration gives weight and credibility to the importance of successfully implementing the strategies developed for each of the plan's key

initiatives. The board also received a detailed update on the implementation of the settlement agreement between Virginia and the US Department of Justice. We look forward to seeing the continued implementation of the requirements in the agreement, and hope that any corresponding funding or policy requests by the department will be approved by you and the legislature during the 2014 Session of the General Assembly to ensure efforts stay on track to transition individuals from training centers to the community and to expand needed capacity in the community greatly for individuals on the waiver wait list.

We see that there is substantial overlap between the Board's priorities and the work in progress by various groups, namely, the Governor's Taskforce on Improving Mental Health Services and Crisis Response and the Mental Health Policy Transition Council. Some board members have served, or are currently serving, as members of these groups.

For the coming biennium, the board endorses as its own priorities the following areas. It should be noted that the priorities listed here were sent to the Governor in October. Adequate funding for the publicly funded mental health system in Virginia for outpatient assessment and treatment capacity remains a longstanding concern.

1. Providing for more adequate mental health outpatient assessment and treatment capacity so individuals receive services in a more timely manner;
2. Continuing implementation of the DOJ settlement agreement;
3. Renewing the ID and DD Waivers based on the outcomes of the DBHDS study of waiver structures and rates;
4. Providing ongoing funding for exceptional rates for qualifying community placements (higher congregate care rates in the Medicaid ID waiver for individuals with high needs coming out of state facilities or at imminent risk of institutionalization);
5. Expanding housing assistance to support individuals in more integrated settings in the community;
6. Adding Program for Assertive Community Treatment (PACT) teams; and
7. Expanding substance abuse services.

Further, across all services we support policies that are individual- and family- centered. Also, as services have increasingly been supported by Medicaid and other funds targeted to specific services, we feel it is important to express concern about the increasing lack of flexibility localities have to manage their core responsibilities to provide behavioral health and developmental services and supports that are not covered by these resources.

The board urges that these priorities remain in the forefront of all those issues before the legislature as we move into the new biennium. If there are helpful ways we might highlight the need for these services, we are eager to support such efforts.

Sincerely,

Ananda Pandurangi

Ananda K. Pandurangi, MD
Chair

Cc: The Honorable Walter A. Stosch
The Honorable S. Chris Jones
The Honorable William A. Hazel Jr., MD
Members, State Board of Behavioral Health and Developmental Services
Suzanne Gore
John Pezzoli, Acting Commissioner, DBHDS

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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 four meetings in 2013 to effectively address policy, regulatory, and systems change issues as follows:

April 8-9, Marion
July 22-23, Richmond
October 9-10, Staunton
December 5-6, 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;
Sandra A. Hermann, Virginia Beach;
Thomas J. Kirkup, Henrico;
Paula N. Mitchell, Roanoke;
Bonnie Neighbour, Richmond, Vice Chair;
Ananda K. Pandurangi, Richmond, Chair;
The Hon. Amelia Ross-Hammond, Virginia Beach; and
Anthony W. Soltys, Hampton.

The current Board membership consists of individuals who have been appointed as early as April 2007, with the last appointment in July 2013.

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 2013 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 2013, the Board reviewed and acted upon the following seven polices:

- Rescinded: Policy 1029(SYS)90-3 *Definitions of Serious Mental Illness, Serious Emotional Disturbance, and At-Risk of Serious Emotional Disturbance*
- Retained, Updated, and Incorporated: Policy 1030(SYS)90-3 *Consistent Collection and Utiliziation of Data in State Facilities and Community Services Boards* (incorporated with Policy 1037(SYS)05-4)
- Incorporated: Policy 1037(SYS)05-4 *Individual Consumer Information and the Community Consumer Submission* (into Policy 1030(SYS)90-3)

Since the beginning of FY 2014, the Board reviewed and acted upon the following eight policies:

- Updated: Policy 1008(SYS)86-3 *Services for Older Adults with Mental Illnesses, Mental Retardation, or Substance Use Disorders*
- Revised: Policy 1035(SYS)05-2 *Single Point of Entry and Case Management Services*
- Updated: Policy 1039(SYS)06-2 *Availability of Minimum Core Services*
- Updated: Policy 1040(SYS)06-3 *Consumer and Family Member Involvement and Participation*
- Updated: Policy 1041(SYS)06-4 *Services for Individuals with Mental Illnesses, Mental Retardation, or Substance Use Disorders Who Are or Are at Imminent Risk of Becoming Involved with the Criminal Justice System*
- Updated: Policy 1038(SYS)06-1 *The Safety Net of Public Services*
- Updated: Policy 1042(SYS)07-1 *Primary Health Care*
- Rescinded: Policy 1025 (SYS) 89-3 *Services Accessibility for Persons With Physical or Sensory Disabilities*

In December 2012, the committee and Board approved a revised six-year review schedule for all policies.

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. On July 22, 2013, the Board held its biennial planning retreat and compiled a list of budget priorities, resulting in a letter to Governor McDonnell outlining each one (Appendix E). The Board's budget priorities are listed below:

1. Providing for more adequate mental health outpatient assessment and treatment capacity so individuals receive services in a more timely manner;
2. Continuing implementation of the DOJ settlement agreement;
3. Renewing the ID and DD Waivers based on the outcomes of the DBHDS study of waiver structures and rates;
4. Providing ongoing funding for exceptional rates for qualifying community placements (higher congregate care rates in the Medicaid ID waiver for individuals with high needs coming out of state facilities or at imminent risk of institutionalization);
5. Expanding housing assistance to support individuals in more integrated settings in the community;
6. Adding Program for Assertive Community Treatment (PACT) teams; and
7. Expanding substance abuse services.

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. Members also have representation on the Prevention and Promotion Advisory Council (PPAC), State Human Rights Committee (SHRC), Behavioral Health Planning Council, and System Leadership Council (SLC; note one member serves as a representative for a professional association; and one for an advocacy organization).

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.

Appendix A: List of Current State Board Policies (December 2013)

December 2013 –Six Year Review Schedule

Policy Number	Policy Name	Last Review Date	Next Scheduled Review Due
#1000 (SYS) --- SYSTEM MISSION AND DIRECTION			
1004(SYS)83-7	Prevention Services	4/3/07	April 2014
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	7/23/2013	Summer 2019
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	April 2014
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
1030(SYS)90-3	Consistent Collection and Utilization of Data in State Facilities and Community Services Boards	4/9/2013	Spring 2019
1034(SYS)05-1	Partnership Agreement	12/4/12	Fall 2018
1035(SYS)05-2	Single Point of Entry and Case Management Services	7/23/13	Summer 2019
1036(SYS)05-3	Vision Statement	12/4/12	Fall 2018
1038(SYS)06-1	The Safety Net of Public Services	12/6/13	Fall 2019
1039(SYS)06-2	Availability of Minimum Core Services	7/23/2013	Summer 2019
1040(SYS)06-3	Consumer and Family Member Involvement and Participation	7/23/2013	Summer 2019
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	12/6/13	Fall 2019
1042(SYS)07-1	Primary Health Care	12/6/13	Fall 2019
1043(SYS)08-1	Disaster and Terrorism Preparedness	6/3/08	Summer 2014
1044(SYS)12-1	Employment First	12/4/12	Fall 2018

Table continued next page….

#2000 (ADM ST BD) --- ADMINISTRATION			
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	April 2014
2011(ADM)88-3	Naming of Buildings, Rooms and Other Areas at State Facilities	12/6/11	Fall 2017
#3000 (C O) --- CENTRAL OFFICE			
3000(CO)74-10	Department Employee Appointments to Community Services Boards	12/6/11	Fall 2017
#4000 (CSB) --- COMMUNITY SERVICES BOARDS/COMMUNITY PROGRAMS			
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
#5000 (FAC) --- STATE MENTAL HEALTH AND MENTAL RETARDATION FACILITIES			
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
#6000 (FIN) --- FINANCIAL MANAGEMENT			
6005(FIN)94-2	Retention of Unspent State Funds by Community Services Boards	7/26/11	Summer 2017

Appendix B: 2013 Annual Regulatory Status Report (December 2013)

2013 ACTION TAKEN

VAC NUMBER	Title	Purpose	Regulations in Process	
			Stage	*Status*
12VAC 35-46	***Children's Residential Facilities*** Regulations for Children's Residential Facilities	To conduct a comprehensive review of current regulations to assess the need for regulatory change.	Periodic Review	Comment period ends January 22, 2013. In April, the Board completed the review with a decision to take no action.
12 VAC 35-105	***Licensing Regulations*** 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.	Periodic Review	Comment period ends January 22, 2013. In April, the Board completed the review with a decision to take no action.
12 VAC 35-115	***Human Rights Regulations*** Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services	To streamline administrative process, improve program efficiencies, and eliminate redundancies.	NOIRA	Comment period ends March 18, 2013.
12VAC 35-180	***Human Research*** 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.	Periodic Review	Comment period ends January 22, 2013. In April, the Board completed the review with a decision to take no action.
12 VAC 35-230	***Operation of the Individual and Family Support Program*** 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.	Emergency & Fast Track	Emergency regulations are extended to 1/16/2014 when permanent regulations become effective. The fast-track notice appeared in the 12/3/13 Virginia Register.

Appendix C: 2014 Meeting Schedule

State Board of Behavioral Health and Developmental Services

2014 MEETING SCHEDULE

DATE	**Location**
APRIL: **Thursday, April 24**	Southern Virginia Mental Health Institute **Danville**
JULY: **Wednesday, July 23**	TBA **Richmond**
OCTOBER: **Thursday, October 9**	TBA **Fairfax**
DECEMBER: **Friday, December 5**	DBHDS Central Office **Richmond**

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: Accomplishments (June 2013)***

DBHDS
Virginia Department of Behavioral Health and Developmental Services

Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia

Creating Opportunities Initiatives Accomplishments

June 2013

This semi-annual implementation report outlines DBHDS and services system stakeholder accomplishments in implementing the initiatives included in "**CREATING OPPORTUNITIES,**" the agency's strategic plan to improve 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
- **Project implementation teams** established to meet Settlement Agreement program implementation plan requirements
- **Funding** - $60 million total appropriated by the General Assembly is supporting initial Agreement implementation

Creation of New Medicaid Waiver Slots

Accomplishments

- **1,775 Community Intellectual Disability (ID) waiver slots** authorized
  - 250 slots for FY 2011 and 275 slots for FY 2012
  - 300 slots for FY 2013 and 575 slots authorized for FY 2014 distribution (200 additional slots new created in 2013)
- **410 Facility Intellectual Disability (ID) waiver slots** authorized
  - 30 slots for SEVTC [and 220 MFP slots] for FY 2012 and 60 slots for FY 2012
  - 160 slots for FY 2013 and 160 slots for FY 2014
- **330 Individual and Family Developmental Disabilities (IFDD) waiver slots** authorized
  - 150 slots for FY 2012
  - 50 slots for FY 2013 and 130 slots for FY 2014 (50 additional slots created in FY 2013)

Transitioning Children in Nursing Homes to Community Settings

Accomplishments

- Developed strategies to move **children in nursing homes to community settings** using a collaborative work group process

- Moved 11 children from nursing facilities or community ICFs to community settings, using 2 regular community ID waiver slots and 9 MFP slots

- **New Medicaid Waiver**

  Accomplishments

  - DBHDS and the Department of Medical Assistance Services (DMAS) are seeking solutions to enhance statewide ASD and DD services and supports capacity through a **combined waiver** when that is needs-based rather than diagnosis-based
  - Distributed a request for proposals (RFP) nationwide for a vendor to assist with a **waiver rate study and new waiver development**
    - Received and reviewed six proposals - a selection will be made and a contract awarded by July 1, 2013

- **Individual and Family Support Program (IFSP)** – 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

  - **IFSP emergency regulations** are effective from January 15, 2013 through January 14, 2014, when permanent IFSP regulations will become effective
  - IFSP met its first year goal of providing support and services to **708 individuals and families** as of June 7, 2013
    - Received 1,744 applications between March 22 - May 1, 2013
    - 185 applications are pending awaiting additional information - all should be approved or denied by June 30, 2013
    - Individuals whose applications were received after April 10, 2013 were sent a denial "due to lack of funds" letter

  Milestones

  - Second year (FY 2014) goal is to serve up to **1,000 individuals and families on ID/DD waiver wait lists**
    - Improvements to application process will address first year issues arising from the initial rush of "first come first serve" applications, including adding phone numbers and separate directions specifying documentation requirements
  - Next funding cycle date is projected to begin in late summer or early fall 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

  - Opened three therapeutic respite homes by February 2013
  - Full implementation of mobile supports by all teams by May 2013
  - START program had 475 active individuals statewide by June 2013
  - 24/7 mobile supports in all regions by September 30, 2012
  - Provided additional training to CSB emergency services personnel on emergency services personnel on persons with intellectual and developmental disability
  - Secured $1.25 M in funding for **children's crisis services**

  Milestones

  - Remaining two therapeutic respite homes to open during the summer of 2013
  - 24/7 teams available within 1 hour (urban)/2 hours (rural) by FY 2014
  - Medicaid reimbursement pursued for all covered services
  - Implementation of at least one regional children's crisis program in FY2014

- **Training Center Discharge Planning and Transition**

  Accomplishments

  - New **standardized discharge and transition planning process** has been functioning for one year at all training centers
    - Process continues to be improved based on regular internal and external stakeholder feedback

- Virginia has received positive feedback from the DOJ Independent Reviewer and several states have requested information on how to implement the move process based on the success Virginia is having

- Over the past four years, **387 individuals** residing in training centers longer than 21 days **transitioned to the community**
  - 86 in FY 2010 (July 1, 2009-June 30, 2010)
  - 68 in FY 2011 (July 1, 2010-June 30, 2011)
  - 101 in FY 2012 (July 1, 2011-June 30, 2012)
  - 132 so far in FY 2013 (July 1, 2012-June 5, 2013)
- On June 5, 2013, **discharge plans** were in place for all individuals residing at training centers - as of June 12, 2013, the training center census was 809
  - 191 individuals or families have agreed to move from the training center
  - 156 individuals or authorized representatives are already involved in the move process or have already chosen a home
- Implemented **post move discharge processes** involving strong and consistent collaboration with CSBs, which require that each individual who moves from a training center will receive at least the following within the first year of discharge:
  - Intensive post move monitoring supports, including monitoring visits at 3,10, 17 days post move
  - Human Rights post move monitoring occurring within 30 days and 6 months post-move
  - Office of Licensing monitoring within 45 days post move and ongoing based on the type of supports individual is receiving, their Supports Intensity Score (SIS), and provider standing
  - DBHDS Community Resource Consultants within 90 days post move
  - CSB Support Coordinators within 30 days post move and monthly thereafter
  - Additional visits from any of the above offices or agencies based on need
- Implemented a plan to provide **increased support to authorized representatives** at all training centers
  - Resource list provided at each annual meeting and at the initial pre-move meeting
  - Monthly calls to discuss community options and develop plans to address any family concerns
  - Offered referral to a family resource consultant and family mentor whose family member has similar needs and is living successfully in the community
  - Formalized steps to provide additional support to authorized representative desiring continued training center placement
  - Work by SVTC and NVTC with providers to explore potential supports for individuals who would like to move together
- Established **Regional Support Teams**
  - Began implementation in February 2013 – teams in all five regions in March 2013
  - Teams are meeting monthly

Quality Assurance and Oversight

Accomplishments

- Established **DOJ Settlement Agreement quality 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 (QSRs) using individual, family, and provider surveys to evaluate quality of services at the individual, provider and statewide basis
- Convened the DBHDS **Quality Improvement Committee** to:
  - Begin planning for the Regional Quality Councils

- Review data and trends in key areas such as serious injuries and deaths, training center discharges, and case management and licensing enhanced visits as required under the settlement agreement

- Developed draft **Licensing Enhanced Visit Protocols** and interpretive guidance
- Implemented web-based **Critical Incidents Information System** (CHRIS) for all providers
- Developed **Risk Triggers and Thresholds** guidance and draft training documents
- Finalized **Quality Survey Review** individual and family survey instruments for first year implementation
- Developed **Data Dashboard** to include new case management measures, effective March 6, 2013

Milestones

- Regional Quality Councils will be established during the summer of 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) completed in July 2011
- DBHDS **Crisis Specialist** position filled May 7, 2012
  - Provides ongoing consultation to all **CSB residential crisis stabilization units** (CSU) to improve program operations
- Trained **CSB and community partners** to effectively implement **Virginia's mandatory outpatient treatment statutes**
  - Ten community teams trained on December 6, 2012
  - Ten additional teams will receive training August 5, 2013
- Provided training in mandatory outpatient treatment and related statutes to **Virginia Special Justices** (June 4, 2013)
- **VCU Geriatric Training and Education Webinar** presentation with Colonial CSB (May 29, 2013) to 415 nursing facility and ALF staff, long-term care providers, and geriatric service specialists on Virginia's emergency response and temporary detention process to familiarize them with behavioral health clinical and legal issues in handling emergencies involving elderly persons

Milestones

- Updated **Medical Screening and Assessment** protocols for CSBs, public and private facilities, and emergency departments, which is scheduled for September 2013 publication

Suicide Prevention

Accomplishments

- Received appropriations of $500,000 GF to increase Virginia's **suicide prevention** effort and $600,000 to initiate a statewide **Mental Health First Aid** program
  - Recruitment for coordinator position for these initiatives is underway
  - Developed draft interagency **Suicide Prevention Plan for the Commonwealth** in partnership with the Virginia Commonwealth University Department of Epidemiology; state agencies including the Virginia Department of Health (VDH), Department of Veterans Services (DVS), Department of Aging and Rehabilitative Services (DARS), and

Department of Education (DOE); behavioral health service providers; suicide survivors; and advocates – Projected completion date is November 2013

- Continued growth in the number of trainers certified in April 2012 to provide **Applied Suicide Intervention Skills Training** (ASIST) throughout the Commonwealth
  - To date, the 22 certified trainers have provided 23 ASIST workshops and trained 436 participants.
  - Five additional workshops with 89 enrollees are scheduled for June 2013
- April 2012 completion of five **Applied Suicide Skills Training** (ASIST) training-of-trainers event - 20 CSB staff, two state facility staff, and two DVS staff certified to provide ASIST training to their communities

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 residential CSUs are using certified Peer Specialists and are working towards having more peer run programming as part of the curriculum offered as more certified Peer Specialists are trained.
  - Components of the SAMHSA Practice Guidelines provided to Emergency Service Managers and discussed at the Virginia Association of Community Services Boards (VACSB) Emergency Services Council Meeting
    - Being considered as part of the Emergency Services conference planned for FY 2015
  - Continued promotion of practice guidelines by Crisis Community Support Specialist at regional Emergency Service managers meetings and the Emergency Services Council
- Funded Spanish, Arabic, and Amharic versions of NAMI's "**Helping an Individual through a Psychiatric Crisis**" guide
- **Advance Directives** facilitation project:
  - Continues to support Virginia Advance Directives website (www.virginiaadvancedirectives.org)
  - Expanded CSB Advance Directive vanguard sites from four to five (with potential sixth site to join later this year)
  - Acquired federal grant to support the Advance Directive project, including hiring a state coordinator in January 2013 to collaborate with researchers at the University of Virginia Institute of Law, Psychiatry and Public Policy (ILPPP)
  - Finalizing Advance Directive facilitator training curriculum and CSB resource manual with expected completion date of September 2013 - Pilot testing will occur during the summer 2013 with peers at one CSB vanguard site
  - Provided exposure trainings on Advance Directives, Virginia statutes, and the facilitation project at several CSBs, one state hospital, and at the VACSB May 2013 training conference

Criminal Justice-Behavioral Health Partnership

Accomplishments

- **Police Reception/ Drop-off Centers**
  - FY 2013 budget provided $600,000 for **therapeutic drop off capability for law enforcement**
  - Funded three Receiving Center/Drop Off programs - Chesapeake/Portsmouth, Henrico, and New River Valley:
    - 224 individuals were seen at the three assessment sites from December 2012 – March 2013
    - 92% of calls involved no physical injury to the officer, individual, or bystanders
    - 198 individuals were brought to the site by a CIT officer - 68% of officer involved time was less than two hours
    - 2 were arrested and the remaining individuals were referred to community treatment or medically admitted
    - 142 individuals required involuntary inpatient treatment
  - FY 2014 budget provides an additional $900,000 for **therapeutic drop off capability for law enforcement** for a total allocation of $1.5 million
  - Funded three additional Receiving Center/Drop Off programs – Chesterfield/Richmond, Piedmont, and Arlington
- **Statewide Crisis Intervention Teams** (CIT) – 40 hour training for law officers to reduce use of force and divert individuals
  - CIT initiatives expanded to 31 teams in FY 2013

- 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
- Over 300 participants attended the September 2012 Annual Statewide CIT conference (over 100 workshops)

- Funded 10 CSBs to provide **jail diversion and jail treatment** - Alexandria, Arlington, Chesterfield, Fairfax-Falls Church, Hampton-Newport News, Middle Peninsula-Northern Neck, New River Valley, Portsmouth, Rappahannock Area, and Virginia Beach
  - Screened 5,670 persons in FY 2012, of whom 674 were enrolled into services
- **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
    - Sites noted 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%)
  - Held 8 mapping workshops in 25 jurisdictions as of May, 2013 with 240 participants including officers, mental health providers, individuals receiving services, and other first responders
    - Since 2009, over 48 workshops have been held

Diversion of Juveniles from Criminal Justice Involvement

Accomplishments

- Participated with the Department of Juvenile Justice, Horizon 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 Horizon CSB service area to **divert juveniles with co-occurring mental health and substance use disorders** at intake

CSB Operational Reviews to Improve Service Quality and Monitor SAMHSA Block Grant Compliance

Accomplishments

- Completed five **operational reviews** and conducted nine follow-up reviews at CSBs in FY 2013
  - Operational review teams, comprised of DBHDS internal audit, finance, human resource and mental health program staff, examined fiscal internal controls, human resource processes as well as program services
  - Process satisfies the federal government's sub-recipient monitoring requirement and provides an effective process by which DBHDS can provide technical assistance to CSBs

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)
- Received funding to implement Children's **Crisis Response and Child Psychiatry Services** in all five health planning regions
  - Regional programs funded in FY 2013 ($1.5 M GF appropriation):
    - **Region IV** – Richmond Behavioral Health Authority for a six bed crisis stabilization service, mobile crisis outreach and child psychiatry available via face-to-face and telepsychiatry services across the region

- **Region I** – Central Virginia CSB for mobile crisis outreach, regional consultation and training to all other CSBs in the regional and child psychiatry available via face-to-face and telepsychiatry services across the region
- **Region III** – Mount Rogers CSB to add child-specific crisis counselors in three CSBs and to improve access to psychiatry services using telepsychiatry and consultation to pediatricians in this rural medically underserved area

▪ Regional programs funded in FY 2014 ($3.65 M GF appropriation) – Funds were awarded on June 7, 2013 for implementation beginning July 1, 2013

- **Region II** – Arlington CSB to lead the program with crisis stabilization beds at Leland House and Grafton, mobile crisis services headquartered in Arlington and Chantilly (western Fairfax) and administratively managed by the Arlington CSB, and face-to-face child psychiatry telepsychiatry services across the region
- **Region V** – Virginia Beach to lead the program with crisis stabilization beds at Bon Secours Maryview Medical Center, mobile crisis teams in four CSBs, and face-to-face child psychiatry telepsychiatry services across the region

System of Care Expansion Initiative

Accomplishments

- Successfully implemented a SAMHSA **Systems of Care Expansion Planning Grant**, which supported training and technical assistance to advance the systems of care philosophy on a statewide basis and in four pilot CSBs – Colonial Behavioral Health, Fairfax-Falls Church, Rappahannock Area, and Valley
  - The $500,000 planning award officially ended in September 2012 but a no-cost extension was received to continue workforce development activities for the balance of FFY 2013
  - The grant supports a System of Care Expansion Planning Team of state agency, service provider, family, youth and advocacy members that is working to fill gaps and build community capacity
- Building on the Planning Grant and in close cooperation with the Office of Comprehensive Services, Virginia was awarded a four-year **System of Care Implementation Grant** to further advance system of care principles in Virginia communities through:
  - A Wraparound Center of Excellence that is training Intensive Care Coordinators with the assistance of the University of Maryland Center for Innovation and Implementation - the Center hosted the first training in March 2013
  - A competitive opportunity for local providers to receive mini-grants to enhance their local system of care
  - A youth component added to the federal block grant-funded Virginia Family Network at NAMI that is doing outreach and education for youth affected by behavioral health problems.
- A **Youth Coordinator** hired at Virginia Family Network in January 2013 with System of Care Implementation Grant funds is expanding the scope of family support activities. Family support activities have included:
  - Family Network Kickoff - 70 participants
  - Two Family Forum Leadership/Network training events during the spring of 2012 – 47 participants
  - Family education workshops – November 3, 2012, December 3, 2012, and March 2, 2013 – 91 participants.
  - First Annual Virginia Family Network Conference – held on a Saturday and attended by 70 family members and youth
  - Two family substance abuse trainings -"The Impact of Substance abuse on the Family" and "Adolescent Substance Abuse: When is it a Problem?"- 40 participants.

Children's Behavioral Health Workforce Initiative

Accomplishments

- Circulated draft **Workforce Development Plan** for stakeholder input through the Systems of Care Expansion Planning Team
- Collaborated with **CSA Training Committee** to gain cross-agency integration of workforce development
- Provided **training on key system of care topics** to 719 (October 2012-present) persons, including:
  - Trauma-Informed Care (two events) – Alexandria and Virginia Beach
  - Children's Mental Health Awareness Day event at the Diamond and a series of 15 events across Virginia

- Education and Support Events for Families (nine events with another planned for late summer)
- Cultural and Linguistic Competence – (three events) Alexandria, Virginia Beach and Richmond

Each participant receives a continuing education certificate signed by the Commissioner to help licensed professionals document their continuing education hours

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

- Case management core competencies are included in the Case Management Strategic Initiative Report (www.dbhds.virginia.gov/CreatingOpportunities/CMReport.pdf)

Basic Case Management Curriculum

Accomplishments

- Adopted **basic case management curriculum** and completed protocols to **track case manager module completion** in May 2012 and completed the **six basic case management curricula modules** below in June 2012. Established a data workgroup to address the process for data collection of number, type, and frequency of case management visits in June 2012
  (1) Overview, (2) Disabilities Defined and Importance of the Integration of Healthcare, (3) Developing and Maintaining Relationships, (4) Assessment, (5) Planning, (6) Services
- Implemented the **basic case management curriculum**, which provides a written certificate upon completion, on the web-based Knowledge Center in July 2012
- Stakeholder workgroup designed a seventh module, "**Case Management Accountability**" and released it on the web-based Knowledge Center in February 2013
- By May 30, 2013, over 4,100 individuals from CSBs and other organizations had started the case management training, 3,800 had completed the six module curriculum, and 3,100 had completed the new seventh module
- Began the tracking of case management module completion for **DD case managers** in partnership with DMAS
  - Of the 78 DD case managers, 17 had completed all portions of the training modules as of June 1, 2013
- Staff is implementing a protocol to identify Knowledge Center users not expected to complete all of the modules due to their status as non-case management or staff who are no longer employed

DOJ Settlement Agreement Case Management Requirements

Accomplishments

- Established a **Case Management Workgroup** to meet DOJ settlement agreement requirement for face-to-face visits at least every 30 days for individuals in specific categories in April 2012 and a **Case Management Data Work Group** to address case management visit number, type, and frequency data requirements in June 2012
- Issued **core-competency based training curriculum for case managers** in May 2012 (see preceding section)
- Issued **new case management standards** developed by a case management stakeholder workgroup in October 2012
- Re-convened the **Case Management Workgroup** to meet DOJ settlement agreement Phase II measures and requirements in March 2013
- Implemented new **case management standards and reporting requirements for CSBs** (30 day face to face visits and every other visit being in the individual's residence) in March 2013

- Completed **meetings with 40 CSBs** to collect data and review DOJ case management criteria in May 2013
- Began **data collection and analysis** of case management services in CSBs across Virginia
- Mapped **currently collected data elements** related to individuals health and safety, community integration and choice as they related to DOJ settlement

Milestones

- Establish the capability to collect and assess key health/safety, community integration and choice indicators from **case manager visits** – March 2014
- Ensure that **reliable case management data** is routinely being collected and analyzed – March 2014

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 by November 2011
    - First year ACA experience led to a concerted focus to completely revamp facility assessment and treatment planning processes and documents to make them uniform across all facilities
    - This involved training conducted at all MH facilities and preparations for implementing the standard treatment planning module in One Mind, the new DBHDS electronic health record
  - Incorporated discussion of ACA audit feedback issues as a part of **facility directors' performance reviews**
  - Completed **second year audits** at seven of the nine state MH facilities by November 2012
    - Implemented ACA instrument and process improvements based on input received from first-year ACA participants, including a new consumer peer review component
    - Last two audits for ACA round two remain to be completed as scheduled audits were postponed due to scheduling conflicts and competing project priorities related to One Mind development and implementation
  - Compiled proposal to **streamline and refine the current ACA process** so that it may be completed in a one day audit developed by state MH facility leadership teams under central office direction. This process will be for 2013 only to accommodate EHR implementation.
    - Proposed audit process will decrease required time requirement and reduce required overnight travel time and costs

- **Discharge Assistance Program (DAP)**

  Accomplishments

  - Instituted a comprehensive **DAP program review** in response to HRJ 18 (Delegate O'Bannon, 2012 General Assembly) that resulted in publication of a report "Analysis of Barriers to Discharge for State Hospitals and Potential Solutions" in June 2013
  - Developed new procedures for CSBs' submission of **individualized discharge assistance program plans** (IDAPPs) to discharge approximately 30 individuals from the Extraordinary Barriers to Discharge list, utilizing $1.5 M approved by the 2013 General Assembly – with IDAPPs due on July 31, 2013 and funding decisions by August 30, 2013

- **Northern Virginia Mental Health Institute (NVMHI) Study**

  Accomplishments

- 2012 Appropriation Act (Item 319.A.2) required study of **inpatient psychiatric access and need in Northern Virginia**
- November 20, 2012 report to the General Assembly found that the original **NVMHI 129 bed capacity** was justified
- Received $700,000 GF to allow **NVMHI to restore and operate 123 beds** until funding is available to fully staff 129 beds

Hospital Forensic Procedures and Forensic Patient Management

Accomplishments

- Diverted seven new NGRIs from CSH-Maximum Security to other state hospital units for **Temporary Custody Evaluation** in FY 2013 (to date)
  - Saved approximately 700 maximum security bed days
  - Also allowed CSH to admit other patients in need of maximum security placement, significantly reducing its "waitlist" for individuals in jails awaiting inpatient admission to receive services to restore their competency to stand trial
- Significantly decreased the **number** of individuals waiting for state hospital admission for **competency restoration** treatment
  - By May 2013, the waitlist had dropped to 21 individuals, down from 111 waiting in July 2007 and 48 waiting in July 2012
- Dramatically decreased the **length of time** individuals have to wait for admission for **competency restoration** treatment
  - In August 2011, on average individuals had waited 60 days for admission
  - By May 2013, average wait times had dropped to 15 days for admission
- Virtually eliminated the CSH **Not Guilty by Reason of Insanity (NGRI) waitlist** of individuals approved for transfer to ESH
  - In July 2012 there were 9 individuals awaiting transfer, with the longest wait time being 132 days
  - There are no individuals awaiting transfer as of June 5, 2013

Diversion and Safe Reduction in Forensic Admissions to State Hospitals

Accomplishments

- Provided funding for **CSB provision of adult outpatient competency restoration services** in either the community or jail
  - Reimbursed CSBs for 117 clients for whom they provided Competency Restoration Services in FY 2013 (to date)
- Provided **pre-trial evaluator training** through the University of Virginia ILPPP
  - Collaborating with the ILPPP to improve forensic evaluator training to include a mentorship program for new evaluators
- Established three workgroups in May 2013 focused on increasing and improving access to outpatient competency restoration services, jail based mental health services, and community based mental health services for NGRI individuals
  - Workgroups will continue over the Summer with reports projected to be published in the Fall of 2013

Forensic Training for Courts and Attorneys

Accomplishments

- Provided training to CSH staff in all seven regions of Virginia on the provision of competency restoration services on an outpatient basis
  - Negotiating with UVA-ILPPP to provide more comprehensive training to competency restoration providers
- Received a National Association of State Mental Health Program Development (NASMHPD) Transformation Transfer Initiative grant in Dec. 2012 to develop and implement a training program for lawyers and judges about forensic mental health issues
  - Training that includes information on what judges/lawyers should look for in professional evaluations and reminds them of the preference in the Code of Virginia for outpatient evaluation/restoration services is underway

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 Policy developed and approved by the State Board** calling upon service coordinators and case managers to ensure that individuals had the option of integrated employment opportunities offered as the first and priority service option for day habilitation and rehabilitation activity
  - Requirement added to the CSB performance contract requiring that case managers and service coordinators offer integrated employment option to individuals they serve
- **Executive Order 55 (2012)** directing government agencies to work together to promote increased access to employment opportunities for individuals with disabilities
  - Participated in Executive Order 55 workgroup to develop written plan to address increasing the opportunity of integrated employment for people with disabilities as directed by EO 55, the Governor's response to the National Governors Association initiative on employment for people with disabilities
  - Submitted Interagency Employment Workgroup agency self evaluation questions to participating departments
- Initiated the formation of **Interagency Employment Workgroup**, with participation by department heads
  - Membership includes state agencies involved in employment for people with disabilities, including DBHDS, DARS, VDOE, DDHH, DBVI, DMAS, and VBPD
  - Developed common statement, common talking points, and test questions to be used by all participating agencies
- **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 Area Council on Transition, Employment Development Initiative/Program Navigator Executive Committee a partnership of VEC, WIB and DARS, 12th Annual Autism Conference, Alleghany Highlands CSB Employment Event, Beyond Barriers Workshop" to Employers in Martinsville, total - about 170 participants
- Goals of the **Employment First implementation plan**, published in September 2012, focus on:
  - Increasing enrollment in integrated work settings
  - Increasing integrated day opportunities, including supported employment
- Membership in the **State Employment Leadership Network** (SELN) to understand practices in other Employment First states and receive technical assistance
- Employment First ongoing **technical assistance to CSBs and Employment Service Organizations** (ESOs), including Mount Rogers CSB, Rappahannock Area CSB, Arc of Southside, Alleghany Highlands CSB and community partners, Arc of Augusta, Piedmont CSB and community partners, and Stand UP
- Initiated **employment performance measurement data collection** resulting in baseline and annual target setting to increase integrated employment for individuals with ID/DD
  - Updating data quarterly – increased the number of individuals enrolled in supportive employment from 79 to 150 individuals between the 1st and 2nd reporting periods (October-December 2012 – January-March 2013)

Expansion of Employment Opportunities

Accomplishments

- Developed and integrated training components promoting employment into **case manager training modules**
- Provided Individual Placement and Support employment program financial support to 10 individuals at the Region 10 CSB, Danville-Pittsylvania CSB, Hanover CSB, Middle Peninsula Northern Neck CSB, and Rappahannock Area CSB

- Provided mental health supported employment training to CSBs, DARS, and ESOs on-line and on-site through a SAMHSA-funded **Supported Employment Initiative grant**
- 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
- Updated **Resource Guide to Implementing and Funding Supported Employment Services** with input from CSBs and employment services organizations - publication planned for late June 2013.
- Provided financial support for **SSI and SSDI work incentives and benefits assistance planning training** and for the WorkWorld decision software
- Exploring options to support and replicate the **Community Recovery Program** model, implemented successfully with community foundation funds by the Piedmont Community Services, to:
  - Focus on individuals who have achieved at least six months of sobriety and
  - Provide employment coaching, job finding, and ongoing supports for maintaining sobriety and strengthening family and community relationships

  External evaluation of the Piedmont Community Services Community Recovery Program is underway to document implementation progress

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

- Completed **Virginia's Plan to Increase Independent Living Options**; to meet the requirements of Section III.D.3 of the Settlement Agreement with the U.S. Department of Justice
- Continued to convene and lead an **interagency team** composed of representatives from DBHDS, DMAS, DARS, Department of Housing and Community Development (DHCD), Virginia Housing Development Authority (VHDA), VBPD, and local stakeholder organizations to develop and implement the housing plan
- Completed draft of rental assistance pilot project concept paper
- Completed draft of **Interagency MOU** that delineates roles and responsibilities in relationship to the implementation of the housing plan
- Engaged local housing and services partners in the Northern VA and the Hampton Roads areas, in discussion relating to the design and implementation of a **rental assistance pilot project** funded with the $800,000 appropriated in connection with the settlement agreement

Milestones

- Begin implementation of the $800,000 rental assistance pilot project in HPR II and HPR V by the end of the 4th quarter of 2013
- DBHDS and DMAS will track Medicaid expenditures for individuals participating in the rental assistance pilot to determine if there are sufficient GF cost savings to support the program beyond the 3-year period, and if so, if there are options to continue/ expand the project

Expansion of Permanent Supportive Housing

Accomplishments

- Filled DBHDS **Housing Specialist position** March 12, 2012

- Supported implementation of the **DHCD proposal to expand permanent supportive housing** for individuals with disabilities experiencing chronic homelessness
  - Awarded the first round of DHCD permanent supportive housing grants totaling $1 M to create 19 housing units for individuals with disabilities experiencing chronic homelessness to two CSBs (Hampton-Newport News and Middle Peninsula-Northern Neck) and one non-profit/CSB partnership (Pathway Homes, Inc. with Fairfax-Falls Church CSB)
- Provided one-time SAMHSA 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)
- 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
- 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

- By March 2014, the VACSB Data Management Committee's Technical Workgroup plans to
  - Establish a housing stability measure to document and report the number of moves (i.e., changes in residence) occurring each quarter among individuals receiving CSB behavioral health case management services
  - Revise the collection and reporting of the current "private residence" category of housing types for adults to include a measure of the individual's level of self-care or dependency on others for daily living assistance

Connection of Individuals to SSI/SSDI Benefits

Accomplishments

- **Virginia's SSI Outreach and Recovery (SOAR)** outcomes compare favorably to the project's national-level outcomes, with 69% and 66% SSI/SSDI approval rates, respectively. (The Social Security Administration estimates that for persons who are homeless and do not receive assistance to apply, the approval rate is only 10% to 15%).
  - SOAR project coordinator trained new providers in Loudoun, Wytheville, Alleghany, Arlington, Martinsville, and Charlottesville and provided ongoing technical assistance to projects in the Southwest, Central, Northern, and Tidewater regions
  - New SOAR project is being created in the Harrisonburg area

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-InteragencySAReport.pdf)
- Collaborating with community substance abuse providers to **reduce wait limes to access treatment services**
  - *Same Day Access to Treatment Services* two-day workshop co-sponsored with VACSB, August 2012 – 135 participants
  - Continue to monitor access as a quality measure and provide technical assistance
  - Average wait time has been reduced by one full day since the report was issued, from 19 to 18 days

- Provided leadership to the Training and Education Committee of the **state's National Governor's Association Prescription Drug Abuse Reduction Workgroup**
  - Draft report forthcoming by the end of June 2013 from the Department of Health Professions (DHP)
- Collaborating with DHP and the VDH to plan and initiate implementation of a **naloxone pilot** (HB1672) in September 2013
- Completed **Detoxification Guidance** document to support implementation of community-based residential medical detoxification services and distributed to providers
- 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)
  - Initiative focusing on **educating prescribers about addiction and pain management** will likely be included in the state's report on its National Governors' Association Policy Conference Report on Preventing Prescription Drug Abuse, through the Department of Health Professions
- Completed evaluation of current model for funding five existing substance abuse **peer-run support services**, compiled findings, and prepared recommendations for program improvement
- 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

Milestones

- Working with DOC to compile **interagency training opportunities** for community clinical staff
- Survey substance abuse services providers to compile **adolescent intensive outpatient evidence-based practices**

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

- Statewide survey of **uniform screening and assessment tools** in planning stages

CSB Operational Reviews to Improve Service Quality and Monitor SAMHSA Block Grant Compliance

Accomplishments

- Completed five **operational reviews** and conducted nine follow-up reviews at CSBs in FY 2013
  - Operational review teams, comprised of DBHDS internal audit, finance, human resource and substance abuse program staff, examined fiscal internal controls, human resource processes as well as program services
  - Process satisfies the federal government's sub-recipient monitoring requirement and provides an effective process by which DBHDS can provide technical assistance to CSBs

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**
- Added peer services providers to **state hospital Annual Consultative Audit (ACA) teams**
- 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
- Hosted **BRSS TACS Recovery Forum**, held at the Hotel Roanoke Conference Center from June 9-11, 2013
  - Recovery forum focused on essential elements of a recovery oriented system of care, including person centered care and trauma informed care
    - Dr. Kevin Ann Huckshorn, Director of Delaware Division of Substance Abuse and Mental Health, provided the keynote and guidance for implementing a recovery oriented system of care
  - 116 participants included leaders from all state mental health facilities, the majority of CSBs, independent peer and advocacy organizations, peers who work in CSBs or facilities, family representatives, and DBHDS and DMAS staff
  - Participants established recovery oriented goals and action steps to implement a recovery oriented system of care within and between various parts of Virginia's public behavioral health services system

Milestones

- **BRSS TCS process with continue to** unfold for the next few years and will require support from leadership at all stages
  - DBHDS will continue to monitor and report on these goals and plan to reconvene another meeting with forum representatives and other key partners in about six months
- CSB and state mental health facility proposed **survey of peer-provided services and recovery oriented care** instrument will be updated after the June forum to assure that it speaks to themes from the forum – to be disseminated in the Summer of 2013

Peer Service Expansion

Accomplishments

- Proposed standards for **credentialing integrated SA and MH peer services providers** (age, experience, training, grandfathering process, code of ethics) and approaches for implementing a peer specialist certification process developed by a committee of peers and other stakeholders presented to DBHDS executive leadership in May 2013
- Final credentialing committee report to be submitted to DBHDS by the end of June 2013
- Consultation on potential implementation requirements and options underway

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

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

Objectives

- Successfully implement an integrated electronic health record system for clinical treatment, patient medical records, and services billing that supports:

- Improved quality of care, safety, efficiency, and reduced health disparities
- Engaged patients and family
- Improved care coordination, population health, and public health
- Privacy and security of patient health information

- Sunset multiple stand-alone systems and manual processes that currently support clinical treatment, patient records, and services billing

Accomplishments and Milestones

EHR Implementation

Accomplishments

- Finalized **DBHDS EHR system end-user requirements** – November 2011
- Completed **Hospital Readiness Preparations at first six facilities** – November 2012
- Executed **EHR system contract with vendor** – December 2012
- Initiated **EHR system implementation project (OneMind)** – January 2013
  - OneMind implementation will take place over a three-year period
  - Three hospitals, ESH, WSH, and SWVMHI, will begin using OneMind during calendar year 2013 and 11 will begin using the system during calendar 2014
  - Revenue cycle (billing and reimbursement) components will deploy to all 14 facilities in calendar year 2015

Milestones

- Go-live for Medical/Surgical beds in 3 pilot facilities – June 2013
- Go-live for all beds in three pilot facilities – November 2013
- Initiate EHR rollout to 1st non-pilot facility – March 2014
- Sunset redundant pharmacy systems – July 2014
- Complete EHR rollout to all DBHDS facilities – December 2014
- Initiate services billing system migration – March 2015
- Complete services billing system migration – December 2015

Address SEXUALLY VIOLENT PREDATOR SERVICE CAPACITY 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. Previously, no residents were in vocational training or working
  - The VCBR work program currently has 135 jobs - 124 residents are currently working in these jobs
  - 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 May 2013, 73% of resident workers are employed 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 to be used for internal annual survey - results of last year's survey were positive in facility operations and treatment
  - Next annual survey will be conducted in November 2013
- Increased pre-release support mechanism **data capture, storage, and retrieval efficiency** for VCBR residents eligible for SVP conditional release

Increased Use of Conditional Release

Accomplishments

- Started **pre-release groups** at VCBR in 2011 to help residents develop viable home plans. In 2012 VCBR discharged 14 residents who completed the program
  - At the present rate of discharge, VCBR should discharge 24 residents, a 72% increase
- Created position at VCBR to assist with developing **SVP conditional release plans**
- Increased use of regional visits to secure housing, work, and initiate contacts with supervising probation offices
- Continuing **partnerships with the Attorney General and Probation and Parole offices** to support and expand use of SVP conditional release
  - Resulted in improved approaches to developing conditional release plans and few interagency conflicts
  - Helped VCBR census management by preventing more individuals' conditional release from being revoked to VCBR

Management of Increasing VCBR Capacity

Accomplishments

- Implemented resident **double-bunking**, 34 rooms are currently double-booked

Milestones

- SVP forecast projects VCBR census increasing to 481 in FY 2015 and 528 in FY 2017

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COMMONWEALTH of VIRGINIA

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

October 18, 2013

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

Dear Governor McDonnell:

I am writing on behalf of the State Board of Behavioral Health and Developmental Services. In accordance with subsection 5 of § 37.2-203 of the Code of Virginia, the purpose of this letter is to communicate the board's priorities for the behavioral health and developmental services system in the 2014-2016 budget. We are hopeful that you will receive this information in a manner that is timely for your consideration as you develop your budget document.

The membership of the board includes individuals who have received services, family members of people with disabilities, a local elected official, a psychiatrist and citizens at large. We feel it is important to make the case that, of all the demands presented each year for state support, the needs of Virginians with mental health or substance use disorders or intellectual or developmental disabilities and their families are particularly important and deserving of increased resources.

At its biennial planning meeting in July, the board was pleased to receive a detailed update from Commissioner Stewart on the progress of the department's strategic initiatives included in the *Creating Opportunities Plan*. The participation by the broad spectrum of stakeholders who worked with department staff over the course of this Administration gives weight and credibility to the importance of successfully implementing the strategies developed for each of the plan's key initiatives. The board also received a detailed update on the implementation of the settlement agreement between Virginia and the US Department of Justice. We look forward to seeing the continued implementation of the requirements in the agreement, and hope that any corresponding funding or policy requests by the department will be approved by you and the legislature during the 2014 Session of the General Assembly to ensure efforts stay on track to transition individuals from training centers to the community and to expand needed capacity in the community greatly for individuals on the waiver wait list. The members of the board appreciate the leadership by the department during this Administration.

For the coming biennium, the board endorsed as its own priorities the following areas:

1. Providing for more adequate mental health outpatient assessment and treatment capacity so individuals receive services in a more timely manner;
2. Continuing implementation of the DOJ settlement agreement;
3. Renewing the ID and DD Waivers based on the outcomes of the DBHDS study of waiver structures and rates;
4. Providing ongoing funding for exceptional rates for qualifying community placements (higher congregate care rates in the Medicaid ID waiver for individuals with high needs coming out of state facilities or at imminent risk of institutionalization);
5. Expanding housing assistance to support individuals in more integrated settings in the community;
6. Adding Program for Assertive Community Treatment (PACT) teams; and
7. Expanding substance abuse services.

Further, across all services we support policies that are individual- and family- centered. Also, as services have increasingly been supported by Medicaid and other funds targeted to specific services, we feel it is important to express concern about the increasing lack of flexibility localities have to manage their core responsibilities to provide behavioral health and developmental services and supports that are not covered by these resources.

The board urges that these priorities remain in the forefront of all those issues before the legislature as we move into the new biennium. If there are helpful ways we might highlight the need for these services, we are eager to support such efforts.

Sincerely,

Ananda Pandurangi

Ananda K. Pandurangi, MD
Chair

Cc: The Honorable Walter A. Stosch
The Honorable Lacey E. Putney
The Honorable William A. Hazel Jr., MD
Members, State Board of Behavioral Health and Developmental Services
Matt Cobb
James W. Stewart, III