



COMMONWEALTH of VIRGINIA

DEBRA FERGUSON, Ph.D.
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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November 7, 2014

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

Dear Governor McAuliffe:

I am pleased to forward to you the Department's annual report in response to Item 307.J. of the 2014 *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 "Debra Ferguson".

Debra Ferguson, Ph.D.

Attachment

Cc: Hon. William A. Hazel Jr., M.D.
Hon. Riley E. Ingram
Hon. Emmett W. Hanger, Jr.
Susan E. Massart
Mike Tweedy
Kathleen Drumwright



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The Honorable Walter A. Stosch, Co-Chair
The Honorable Charles Colgan, Co-Chair
Senate Finance Committee
10th Floor, General Assembly Building
910 Capitol Street
Richmond, VA 23219

Dear Senator Stosch and Senator Colgan:

I am pleased to forward to you the Department's annual report in response to Item 307.J. of the 2014 *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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November 7, 2014

The Honorable S. Chris Jones, Chair
House Appropriations Committee
General Assembly Building
P.O. Box 406
Richmond, VA 23218

Dear Delegate Jones:

I am pleased to forward to you the Department's annual report in response to Item 307.J. of the 2014 *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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Virginia Department of
Behavioral Health &
Developmental Services

Fiscal Year 2014 Annual Report (Item 307.J)

**To the Governor and the
Chairmen of the House Appropriations
and Senate Finance Committees**

December 1, 2014

Department of Behavioral Health and Developmental Services FY 2014 Annual Report

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Department of Behavioral Health and Developmental Services FY 2014 Annual Report

Introduction

Item 307.J of the 2014 Appropriation Act requires the Department (DBHDS) to submit an annual report to the Governor and the General Assembly.

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

DBHDS is pleased to submit its FY 2014 annual report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees. The first section briefly describes Virginia's public behavioral health and developmental services system. The following sections present data about numbers of individuals who received services, amounts of services they received, and service capacities, staffing, funds received, and expenditures. Final sections describe initiatives and accomplishments and present 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 DBHDS, 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 Virginia's 133 cities or counties 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. CSBs advocate for individuals who are receiving or are in need of services. CSBs also act as community educators, organizers, and planners and advise their local governments about behavioral health and developmental services and needs.

Section § 37.2-100 of the Code of Virginia defines three types of CSBs: operating, administrative policy, and policy-advisory to a local government department. Chapter 6 in Title 37.2 of the Code of Virginia authorizes behavioral health authorities (BHAs) in three localities. Operating and administrative policy CSBs and the Richmond BHA are guided and administered by boards of directors with statutory fiduciary and management authority and responsibilities. A local government department with a policy-advisory CSB is advised by that CSB.

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While not part of DBHDS, CSBs are key operational partners with DBHDS and its state facilities in Virginia’s public behavioral health and developmental services system. The Partnership Agreement, available at <http://www.dbhds.virginia.gov/library/document-library/15%20pc%20partnership%20agreement%20final.pdf>, describes this relationship. DBHDS’ relationships with all CSBs are based on the community services performance contract, provisions in Title 37.2 of the Code of Virginia, and State Board of Behavioral Health and Developmental Services policies and regulations. DBHDS 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, which is available at <http://www.dbhds.virginia.gov/library/document-library/occ-csb-overview.pdf>.

DBHDS operates eight state hospitals for adults: 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 and intensive inpatient services, including psychiatric, psychological, psychosocial rehabilitation, nursing, support, and ancillary services, and specialized programs for older adults, children and adolescents, and individuals with a forensic status. DBHDS operates Hiram Davis Medical Center (HDMC) in Petersburg to provide medical services for individuals in state facilities and the Virginia Center for Behavioral Rehabilitation (VCBR) in Burkeville to provide rehabilitation of sexually violent predators.

DBHDS operates four training centers to serve individuals with intellectual disability: Central Virginia Training Center (CVTC) in Lynchburg, Northern Virginia Training Center (NVTC) in Fairfax, Southeastern Virginia Training Center (SEVTC) in Chesapeake, and Southwestern Virginia Training Center (SWVTC) in Hillsville. Southside Virginia Training Center closed on June 30, 2014. 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. All training centers are certified by the U.S. Centers for Medicare and Medicaid (CMS) as meeting Medicaid intermediate care facility for individuals with intellectual disability (ICF/ID) standards of quality. The use of training centers has been declining for many years, and this trend led to the decision to close four centers by 2020. The following table displays this trend and closure dates for the training centers.

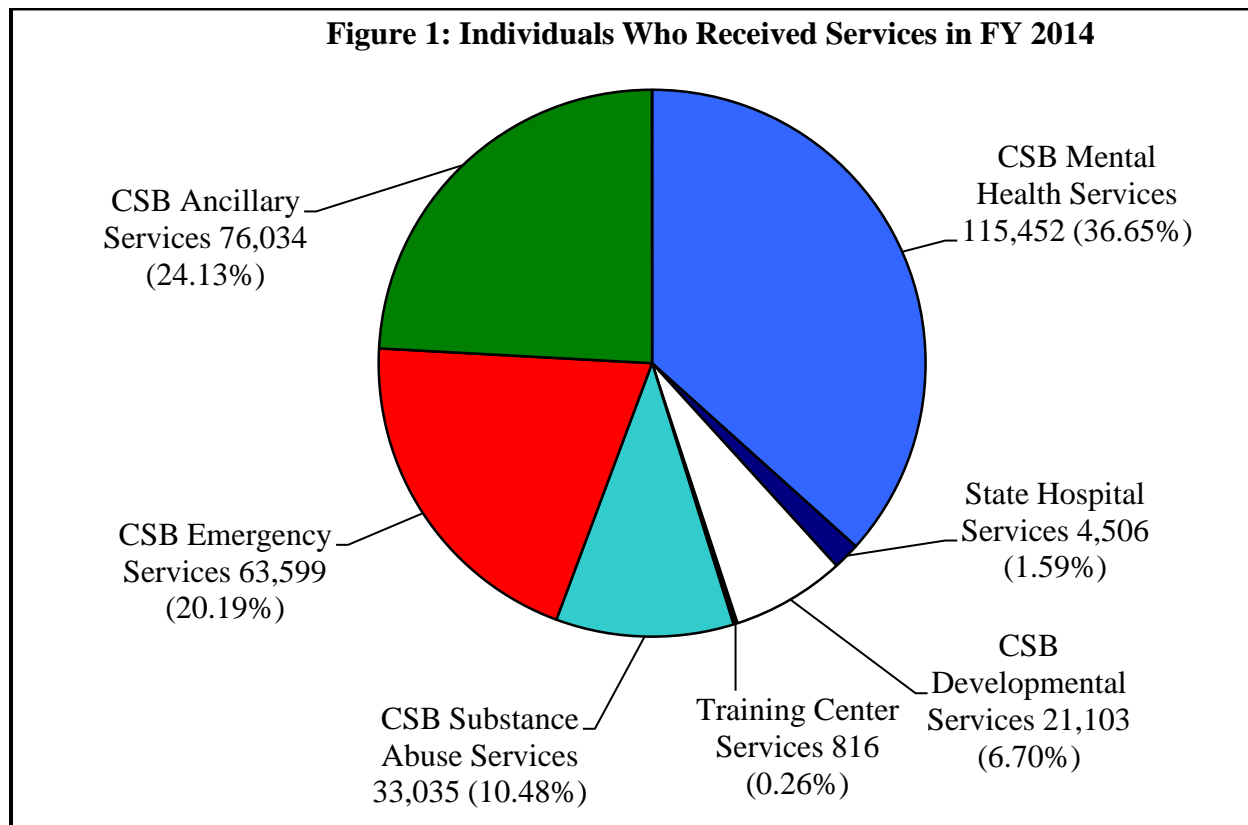
Training Center	Prior to the DOJ Settlement Agreement				July 1, 2012 Census	July 1, 2013 Census	June, 30 2014 Census	Decrease 2000 to Present
	Closure Date	2000 Census	2005 Census	2010 Census				
Southside	2014	465	371	267	201	114	0	100%
Northern	2016	189	182	170	153	135	106	44%
Southwestern	2018	218	214	192	173	156	144	34%
Central	2020	679	564	426	350	301	288	58%
Southeastern	Open	194	192	143	106	84	75	61%
Totals		1,745	1,523	1,198	983	790	613	65%

Department of Behavioral Health and Developmental Services FY 2014 Annual Report

Title 37.2 of the *Code of Virginia* establishes DBHDS as the state authority for Virginia's publicly funded behavioral health and developmental services system. The DBHDS 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 adhere to its licensing standards.

Individuals Who Received CSB or State Facility Services

In FY 2014, 228,236 individuals received services in the publicly operated behavioral health and developmental services system: 222,419 individuals received services from CSBs and 5,817 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 have received services from more than one CSB; between state facilities because an individual may have received services from more than one state hospital or training center; or between CSBs and state facilities because an individual may have received services from both. The chart below depicts the numbers of individuals who received mental health, developmental, substance abuse, emergency or ancillary (motivational treatment, consumer monitoring, early intervention, assessment and evaluation, and consumer-run) services from CSBs or state facilities in FY 2014 and the respective percentages.



Department of Behavioral Health and Developmental Services FY 2014 Annual Report

Individuals in figure 1 total more than the unduplicated number (228,236) because many received services in multiple areas such as mental health services and emergency or ancillary services. Table 1 displays total numbers of individuals who received services in each core services category from CSBs or state facilities in FY 2014. Numbers of individuals are displayed in five columns: emergency services and ancillary services; mental health (MH), developmental (DV), or substance abuse (SA) services program areas; and the total number of individuals receiving a core service across the three program areas. Appendix A contains more detailed information about the numbers of individuals who received services in each core services subcategory. Core services are defined in Core Services Taxonomy 7.3, available on DBHDS' website at <http://www.dbhds.virginia.gov/library/document-library/occ-2010-coreservicestaxonomy7-2v2.pdf>.

Table 1: Individuals Who Received CSB or State Facility Services in FY 2014				
Emergency Services	63,599	Total unduplicated number of individuals who received Ancillary Services: 76,034		
Ancillary Services	82,435			
Services Available in Program Area Categories	MH	DV	SA	Total
Community Inpatient Services ¹	2,631		311	2,942
State Facility Inpatient Services	5,717	846		6,563
Total Inpatient Services	8,348	846	311	9,505
Outpatient Services	96,413	649	29,167	126,229
Case Management Services	58,113	18,537	9,662	86,312
Day Support Services	11,899	3,056	665	15,620
Employment Services	1,321	2,622	61	4,004
Residential Services	12,047	3,023	5,135	20,205
Total Individuals Receiving All CSB Services ²	182,424	27,887	45,001	401,346
Total Individuals Receiving All Services ³	188,141	28,733	45,001	407,909
Unduplicated Individuals: CSB Services ⁴	115,452	21,103	33,035	309,223
Unduplicated Individuals: State Facilities ⁵	5,001	816		5,817

¹ All community inpatient psychiatric services are purchased from private providers.

² These are all individuals receiving any emergency or ancillary services (at top of table) and services in the three program areas, so figures on this line do not add across to the total column.

³ Figures are sums of figures on the State Facility Inpatient Services line and the previous line.

⁴ These are unique individuals receiving services in each program area, emergency services, and ancillary services, so figures on this line do not add across to the total column. Differences between figures on this line and the larger figures on the Total Individuals Receiving CSB Services line reflect individuals who received multiple core services. Also, individuals may receive services in more than one program area or emergency or ancillary services. The total number of unduplicated individuals receiving services at the CSB level (across program areas and emergency or ancillary services) is 222,419.

⁵ These are unique individuals receiving services in state hospitals or training centers. Differences between figures on this line and the larger figures on the State Facility Inpatient Services line reflect individuals who received services in more than one facility or program.

Department of Behavioral Health and Developmental Services FY 2014 Annual Report

The figures in the preceding table include 9,876 individuals who received Medicaid Intellectual Disability Home and Community-Based Waiver (ID Waiver) services, many of whom received some or all of their services from CSBs. During this same year, 80 percent of Medicaid payments for ID Waiver services were made to private providers, reflecting their extremely important role in delivering these services. While the number of individuals receiving services through the ID Waiver has grown, there are many other persons on waiting lists for these services. In FY 2014, 4,210 individuals were on the urgent waiting list for ID Waiver services, and 2,857 individuals were on the non-urgent waiting list for a total of 7,067 on the two 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 who received ID Waiver services received targeted case management services from CSBs. They are included in the 18,537 individuals who received developmental case management services from CSBs.

The figures in the preceding table also include 2,631 individuals who received acute, short term mental health psychiatric inpatient services through local inpatient purchase of services contracts in their communities. If these services had not been available, most of these individuals would have required inpatient treatment in state hospitals. This probably would have more than doubled the number of individuals (2,443) who received services in state hospital acute admission units in FY 2014.

The Community Consumer Submission 3 (CCS 3), the software application that transmits data about individuals and services from CSB information systems to DBHDS, provided data about the diagnoses, clinical and demographic characteristics, and living situations of individuals who received services from CSBs in FY 2014. A few examples follow.

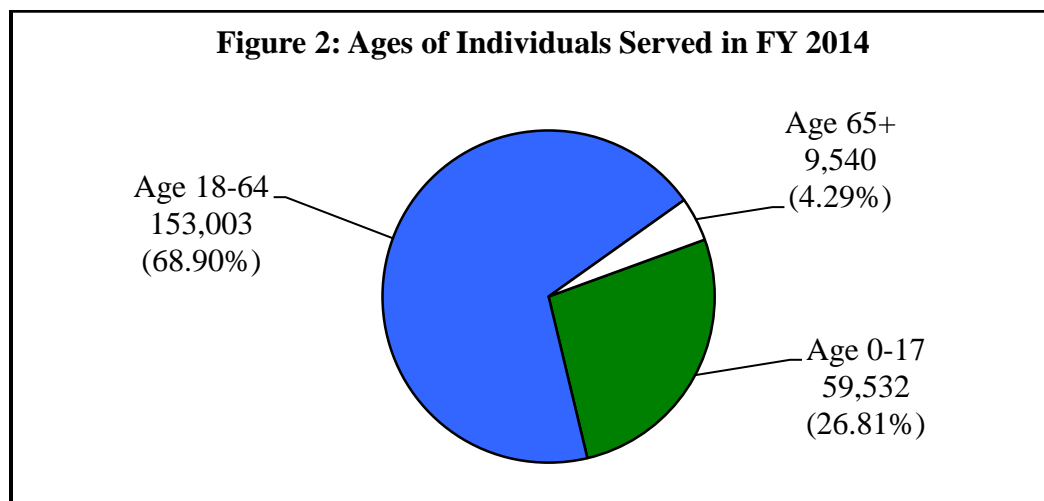


Table 2 provides more detail about the ages of individuals who received services from CSBs in FY 2014 in each program area, emergency services, and ancillary services. More detailed age data is contained in a table in Appendix A.

Department of Behavioral Health and Developmental Services FY 2014 Annual Report

Age Range	Mental Health Services	Developmental Services	Substance Abuse Services	Emergency Services	Ancillary Services
00 – 17	34,388 (30%)	4,243 (20%)	2,206 (7%)	10,481 (17%)	29,078 (38%)
18 – 64	76,221 (66%)	15,929 (76%)	30,526 (92%)	48,589 (76%)	45,597 (60%)
65+	4,825 (4%)	927 (4%)	301 (1%)	4,248 (7%)	1,307 (2%)
Unknown	18	4	2	281	52
Total	115,452 (100%)	21,103 (100%)	33,035 (100%)	63,599 (100%)	76,034 (100%)

Addressing the needs of individuals with Alzheimer’s Disease or related dementias is becoming increasingly important because of the significant growth in Virginia’s older adult population and in the numbers of individuals with these dementias. Table 3 displays information about the numbers of these individuals who received services from CSBs in FY 2014.

Diagnosis	CSB Mental Health Services	Total Unduplicated CSB Individuals	State Hospitals
Individuals 18 - 64	76,221	153,003	3,851
Other Dementias	32	50	11
Alzheimer’s	155	247	25
Dementia	149	249	17
Unduplicated Total	322	519	53
Percent of 18 - 64	0.42%	0.34%	1.38%
Individuals 65+	4,825	9,540	529
Other Dementias	78	166	80
Alzheimer’s	163	540	106
Dementia	228	826	24
Unduplicated Total	450	1,469	187
Percent of 65+	9.33%	15.40%	35.35%

- Of the 222,419 unduplicated individuals who received CSB services, 13,140 identified themselves as having a Hispanic origin, 5.9 percent of the total. Virginia’s Hispanic population is growing and meeting its needs will be important in future service development.

Puerto Rican	1,634	Other Hispanic	6,669
Mexican	1,559	Hispanic – Specific Origin Not Specified	3,006
Cuban	272	Total Number of Individuals	13,140

- 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 7.3, are displayed in Table 5.

Department of Behavioral Health and Developmental Services FY 2014 Annual Report

Table 5: Individuals Who Received CSB Mental Health Services in FY 2014

Total Adults	Adults with SMI	Percent of Total
81,046	50,842	62.73%
Total Children	Children with SED or At-Risk	Percent of Total
34,388	26,597	77.34%

- Twenty-three CSBs received state mental health funds in FY 2014 to provide mental health services in juvenile detention centers, and they served 2,974 children or adolescents.
- Of 222,419 unduplicated individuals who received CSB services, 51,542 had co-occurring mental health and substance use disorders, 23.17 percent of the total number of individuals.
- Of 21,103 individuals who received developmental services, 2,736 had a diagnosis of autism spectrum disorder, 12.96 percent of the total number of individuals and a 16 percent increase from FY 2013. Of all individuals who received any services, 6,949 had an autism spectrum disorder diagnosis, an 18.6 percent increase from FY 2013.
- Employment of individuals receiving services is a major focus of DBHDS. Table 6 displays employment status information for individuals who received services in the three program areas during FY 2014.

Table 6: Employment Status for Adults Who Received CSB Services in FY 2014

Employment Status	Mental Health	Developmental	Substance Abuse
Adults (18-64) Who Received Services	76,221	15,929	30,526
Adults Employed Full-Time (35+ hours)	6,399	314	6,186
Adults Employed Part-Time (<35 hours)	7,256	1,492	3,559
Adults Employed Full- or Part-Time	13,655	1,806	9,745
Adults in Supported Employment	527	1,271	44
Adults in Sheltered Employment	277	760	26
Supported+ Sheltered Employment	804	2,031	70
Total Adults Employed	14,459	3,837	9,815
Percent of Adults Who Received Services	18.97%	24.09%	32.15%
Adults Unemployed	17,908	1,059	10,385
Adults Not in Labor Force (NLF)	40,580	10,306	8,902
Unknown or Not Collected (UNK/NC)	3,274	727	1,424
Total Unemployed, NLF, UNK/NC	61,762	12,092	20,711
Percent of Adults Who Received Services	81.03%	75.91%	67.85%

CCS 3 Extract Specifications, available at <http://www.dbhds.virginia.gov/library/document-library/occcc%20extract%20specifications%20version%2072%20including%20rev%201%20oct%202014.pdf>, define employment statuses and types of residence.

- Housing for individuals receiving services in the behavioral health and developmental services system is another major focus of DBHDS. Table 7 displays type of residence information for individuals who received services in the three program areas during FY 2014.

Department of Behavioral Health and Developmental Services FY 2014 Annual Report

Table 7: Types of Residence for Individuals Who Received CSB Services in FY 2013

Type of Residence	Mental Health	Developmental	Substance Abuse	Total	%
Total Individuals	115,452	21,103	33,035	169,590	100.00
Private Residences	95,645	13,914	27,278	136,837	80.69
Community Placements ¹	8,779	5,309	1,322	15,410	9.09
Jails and Prisons	2,190	24	1,692	3,906	
Juvenile Detention Centers	977	3	97	1,077	
Inpatient Beds, Nursing Homes	768	191	30	989	
Other Institutions	384	388	96	868	
Total Institutional Settings	4,319	606	1,915	6,840	4.03
Homeless, Homeless Shelters	2,193	34	845	3,072	1.81
Unknown or Not Collected	4,516	1,240	1,675	7,431	4.38

¹ Community placements are boarding homes, foster and family sponsor homes, licensed adult living facilities, community residential programs, residential treatment centers, alcohol and drug treatment programs, and shelters.

Specialized Initiatives or Projects

DBHDS funds initiatives and CSBs use other resources to expand CSB capacity to serve particular populations. Table 8 displays numbers of individuals who received services in these initiatives during periods covered by the consumer designations, which are described in Core Services Taxonomy 7.3

Table 8: Individuals Who Received Services in Specialized Initiatives in FY 2014

Code	Consumer Designation	Individuals
905	Mental Health Mandatory Outpatient Treatment Orders	189
910	Discharge Assistance Program (DAP)	883
915	Mental Health Child and Adolescent Services Initiative	1,854
916	Mental Health Services for Children in Juvenile Detention Centers	2,887
918	Program of Assertive Community Treatment (PACT)	1,542
919	Projects for Assistance in Transition from Homelessness (PATH)	1,284
920	Medicaid Intellectual Disability Waiver Services	9,876
933	Substance Abuse Medication Assisted Treatment	662
935	Substance Abuse Recovery Support Services	1,226

Medicaid Coverage

In FY 2014, 97,960 unduplicated individuals who received services were enrolled in Medicaid; 44 percent of the unduplicated individuals who received any valid CSB service.

Table 9: Unduplicated Individuals With Medicaid Coverage in FY 2014

Services:	Mental Health	Developmental	Substance Abuse	Emergency	Ancillary
Total Individuals	115,452	21,103	33,035	63,599	76,034
On Medicaid	61,602	17,517	7,623	18,775	32,048
Percent of Total	53.36%	83.01%	23.08%	29.52%	42.15%

Department of Behavioral Health and Developmental Services FY 2014 Annual Report

Amounts of Services Provided by CSBs and State Facilities

Table 10 displays the amounts of services provided by CSBs and state facilities in core services categories for each program area and in emergency services and ancillary services in FY 2014. Appendix C contains the amounts of services for each core services subcategory.

Emergency Services Hours	360,621	Ancillary Service Hours		343,110
Services in Program Areas	Mental Health Services	Develop-mental	Substance Abuse Services	Total Services
Inpatient Bed Days	596,907	249,197	1,672	847,776
Outpatient Service Hours	968,369	10,014	564,219	1,542,602
Case Management Service Hours	861,605	516,881	113,122	1,491,608
Day Support Service Hours	5,454,415	2,495,823	58,612	8,008,850
Employment Days of Service	6,786	228,836		235,622
Employment Service Hours	30,369	68,072	814	99,255
Residential Bed Days	387,009	512,087	148,731	1,047,827
Residential Services Hours	552,508	428,351	4,015	984,874
Prevention Service Hours	3,447	0	1,085,923	1,089,370

Service Capacities of CSBs and State Facilities

Table 11 displays the service capacities for each category of core services. Core Services Taxonomy 7.3 defines three types of capacity: full time equivalents (FTEs), beds, and slots. Appendix C contains the service capacities for each core services subcategory.

Emergency Services: 398 FTEs	Ancillary Services: 294 FTEs			692 FTEs
Services in Program Areas	Mental Health Services	Develop-mental Services	Substance Abuse Services	Total Service Capacities
Inpatient Services	2,069 Beds	889 Beds ¹	5 Beds	2,963 Beds
Outpatient Services	931 FTEs	8 FTEs	356 FTEs	1,295 FTEs
Case Management Services	1,047 FTEs	532 FTEs	87 FTEs	1,666 FTEs
Day Support Services	5,442 Slots	2,228 Slots	108 Slots	7,778 Slots
Employment Services	46 Slots	1,207 Slots		1,253 Slots
Individual Supported Employment	22 FTEs	48 FTEs		70 FTEs
Residential Services	1,206 Beds	1,529 Beds	506 Beds	3,241 Beds
Supportive Residential Services	456 FTEs	215 FTEs	3 FTEs	674 FTEs
Prevention Services	4 FTEs	0 FTEs	177 FTEs	181 FTEs
Program Area Total FTEs ²	2,460 FTEs	803 FTEs	623 FTEs	4,578 FTEs
Program Area Total Beds	3,275 Beds	2,418 Beds	511 Beds	6,204 Beds
Program Area Total Slots	5,488 Slots	3,435 Slots	108 Slots	9,031 Slots

¹ Includes 96 beds at SVTC that were eliminated when it closed at the end of FY 2014.

² Includes 692 FTEs in Emergency Services and Ancillary Services in the total column.

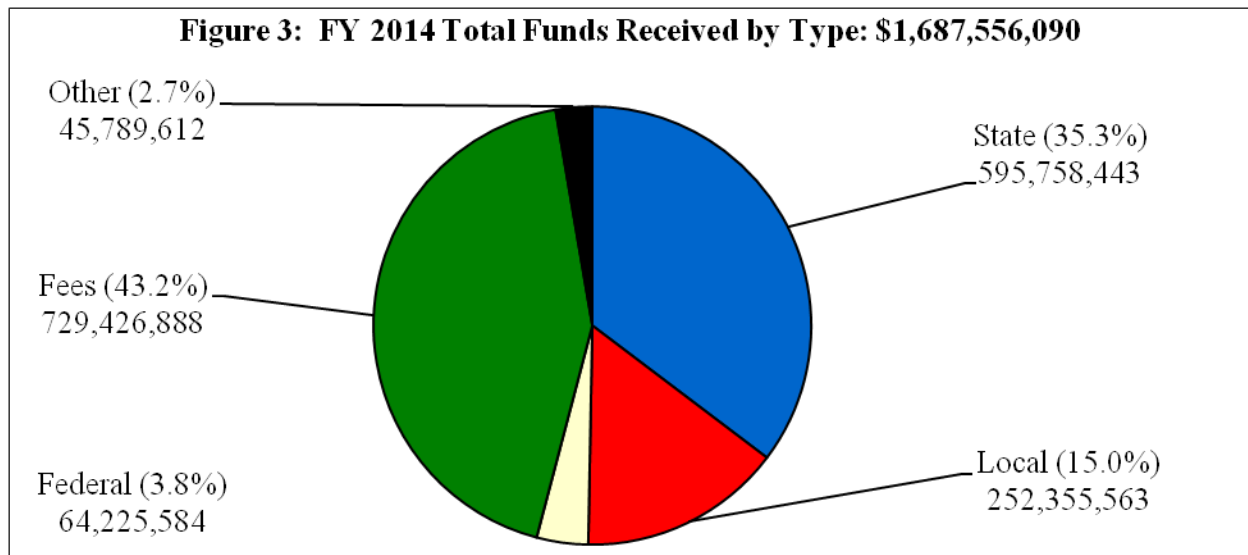
Department of Behavioral Health and Developmental Services FY 2014 Annual Report

Staffing of CSBs and State Facilities

Table 12 displays staffing information about CSBs, state facilities, and the central office, expressed as numbers of full time equivalents (FTEs). A full-time equivalent is not the same as a position; a part-time position staffed for 20 hours per week is one position but ½ of an FTE. FTEs are a more accurate indicator of personnel resources available to deliver services or provide administrative support for services. Peer staff reflects numbers of individuals who are receiving or have received services and are employed by CSBs as peers to deliver services CSB numbers include only FTEs in programs they directly operate. CSB contract agencies employ significant numbers of staff that are not included in the CSB figures.

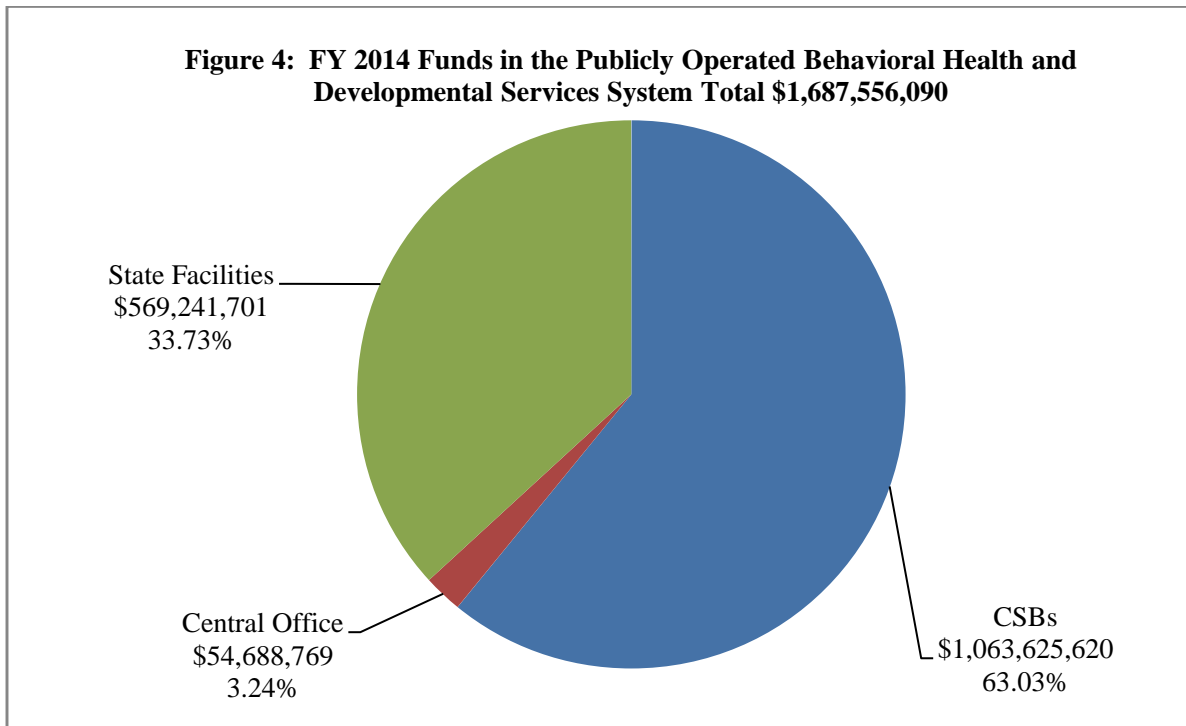
Table 12: FY 2014 CSB, State Facility, and DBHDS Central Office Staffing (FTEs)	Direct Care Staff	Peer Staff	Support Staff	Total FTEs
CSB Mental Health Services	4,583.07	67.21	901.74	5,552.02
State Hospitals	2,720.30	0.00	1,364.00	4,084.30
Total Mental Health Services FTEs	7,303.37	67.21	2,265.74	9,636.32
CSB Developmental Services	3,509.25	40.66	397.79	3,947.70
Training Centers	1,663.40	0.00	667.60	2,331.00
Total Developmental Services FTEs	5,172.65	40.66	1,065.39	6,278.70
Hiram Davis Medical Center	144.60	0.00	26.00	170.60
Virginia Center for Behavioral Rehabilitation	349.00	0.00	92.00	441.00
CSB Substance Abuse Services FTEs	1,049.89	17.09	280.33	1,347.31
CSB Emergency and Ancillary Services FTEs	689.37	14.55	94.49	798.41
CSB Administration	0.00	0.00	1,180.65	1,180.65
DBHDS Central Office (CO)	0.00	0.00	306.00	306.00
Total CSB Full-Time Equivalents	9,831.58	139.51	2,855.00	12,826.09
Total State Facility and CO FTEs	4,877.30	0.00	2,455.60	7,332.90
Total State and CSB Full-Time Equivalents	14,708.88	139.51	5,310.60	20,158.99

Funds Received by CSBs and State Facilities



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Figure 3 on the preceding page displays funds received in FY 2014 for CSBs, state facilities, and the central office by type (state funds, local matching funds, federal grants, fees, and other funds) and the respective percentages. Figure 4 depicts all of the FY 2014 funds in the publicly operated behavioral health and developmental services system, including funds for CSBs, state facility services, and the central office and the respective percentages. Figures 3 and 4 do not include direct Medicaid payments to private providers or Part C funds. DBHDS submits a separate report on Part C to the General Assembly.



CSBs reported \$1,063,625,620 of funds received from all sources in FY 2014; the amounts are displayed in Table 13. Local funds include local government appropriations, charitable donations, and in-kind contributions. The 133 cities or counties that established the 40 CSBs provide the overwhelming share of local funds. Fees include Medicaid, Medicare, private insurance reimbursements, and payments from individuals. Other funds include workshop sales, retained earnings, and one-time funds.

Funding Source	Mental Health Services	Developmental Services	Substance Abuse Services	Total Funds	Percent of Total
State Funds	\$193,994,926	\$21,958,319	\$47,271,548	\$263,224,793	24.75%
Local Funds	\$126,261,045	\$90,549,322	\$35,545,196	\$252,355,563	23.73%
Fees	\$237,634,347	\$211,451,458	\$13,963,682	\$463,049,487	43.53%
Federal Funds	\$12,059,760	\$0	\$41,514,129	\$53,573,889	5.04%
Other Funds	\$18,103,134	\$8,006,533	\$5,312,221	\$31,421,888	2.95%
Total Funds	\$588,053,212	\$331,965,632	\$143,606,776	\$1,063,625,620	100.00%
Percent of Total	55.29%	31.21%	13.50%	100.00%	

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State facilities reported \$569,241,701 of funds received from all sources in FY 2014; specific amounts are displayed in Table 14.

Funding Source	State Hospitals	Other State Facilities ¹	Training Centers	Total Revenues	Percent Of Total
State General Funds	\$229,081,704	\$34,315,605	\$30,936,493	\$294,333,802	51.71%
Federal Funds	\$63,891	\$0	\$39,919	\$103,810	0.02%
Medicaid	\$47,775,032	\$12,693,696	\$176,299,822	\$236,768,550	41.59%
Medicare	\$20,097,030	\$995,302	\$2,103,653	\$23,195,985	4.07%
Commercial Insurance	\$3,047,869	\$2,396	\$5,999	\$3,056,264	0.54%
Private Payments	\$2,692,277	\$83,335	\$580,990	\$3,356,602	0.59%
Other Revenues	\$2,049,695	\$305,322	\$6,071,671	\$8,426,688	1.48%
Total Revenues	\$304,807,498	\$48,395,656	\$216,038,547	\$569,241,701	100.00%
Percent of Total	53.55%	8.50%	37.95%	100.00%	

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

FY 2014 funds for the DBHDS central office totaled \$54,688,769, including \$38,199,848 of state funds, \$5,941,036 of special funds, and \$10,547,885 of federal funds.

Expenditures by CSBs and State Facilities

	Mental Health Services	Developmental Services	Substance Abuse Services	Total Expenditures ¹
CSB Services	\$569,723,560	\$324,445,097	\$141,462,860	\$1,035,631,517
Percent of Total	55.01%	31.33%	13.66%	100.00%

¹ This figure includes \$125,213,857 of CSB administrative expenses, 12.09 percent of the total expenditures.

	Expenses	Percent of Total
State Hospitals	\$298,597,200	47.93%
Other State Facilities ¹	\$45,559,199	7.30%
Training Centers	\$224,204,422	35.99%
Central Office	\$54,688,769	8.78%
Total Expenditures	\$623,049,590	100.00%

¹ Other State Facilities are HDMC and VCBR.

Department Initiatives and Accomplishments

A. Behavioral Health Services Initiatives and Accomplishments

- *Changes in Virginia's mental health involuntary admission statutes, including procedures making state hospitals facilities of last resort for individuals who need temporary detention for whom no other alternative can be found*
 - Conducted three regional trainings of several hundred attendees focused on new laws, medical screening and assessment, and implementation issues.
 - Co-sponsored the statewide VACSB Emergency Services conference.
 - Initiated a soft-launch of the new statutes and convened regular brown bag lunches with all emergency service partners to discuss operational and policy-related issues.
 - Led or supported other workshops on the new statutes and related issues for different stakeholders such as Virginia sheriffs, the National Alliance for Mental Illness - Virginia, and the Virginia Hospital and Healthcare Association.
 - Coordinated development and refinement of regional protocols for accessing public and private inpatient psychiatric treatment under the new statutes.
 - Disseminated the second edition of the *Medical Screening and Medical Assessment Guidance* document.
 - Implemented the online psychiatric bed registry in collaboration with the Virginia Hospital and Healthcare Association, CSBs, and Virginia Health Information. After considerable training and beta testing, the site went live across the state on March 3, 2014. Currently, 68 facilities update the registry, and over 1,669 mental health professionals in Virginia have access to it.
 - Developed and implemented comprehensive reporting of exceptional cases involving persons in need of temporary detention.
 - Developed a web page to support implementation of the new laws, including frequently asked questions and other relevant resources.
 - Provided ongoing local technical assistance and support to CSBs, the Secretary of Health and Human Resources, legislators, and others about these reforms and provided intervention and support to individuals and families who communicated with the Governor, the Secretary, legislators, and DBHDS regarding their experiences with Virginia's mental health services system.
- *Wellness and Prevention Efforts*
 - Trained 226 MHFA trainers who trained 1,739 community members that moved Virginia from 16th to 11th nationally in the number of MHFA trainers.
 - Trained 37 Applied Suicide Intervention Skills (ASIST) trainers for a total of 56 ASIST trainers in the state.
 - Completed the interagency *Virginia Suicide Prevention Across the Lifespan Plan*.

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- Awarded each region a \$125,000 non-competitive planning grant to support development of regional suicide prevention plans, utilization of evidence-based programs and strategies, and collaboration with community partners.
- Renamed the Mental Health Prevention Office the *Behavioral Health Wellness Office* to focus on prevention of substance abuse and suicide and promotion of mental health and wellness and adopted the Strategic Prevention Framework that involves evidence-based planning and performance and outcome measurement for all prevention activities.
- *Services for Individuals with Mental Illness*
 - Completed 1,064 PASRR cases (649 preadmission screenings, 218 resident reviews, 197 other cases processed) and expanded the focus of PASRR to decrease use of nursing homes by persons with developmental disabilities.
 - Worked with the Governor's Homeless Outcomes Initiative to reduce the number of homeless individuals with serious mental illness or substance use disorders by 12.4 percent since 2013.
 - Developed ongoing financial support for the Advance Directives Project with the University of Virginia to expand use of advance directives in routine behavioral health care statewide by providing training and site-specific consultation, completing the practitioner toolkit, and supporting the peer facilitator certification process. Also participated in the reconvened multi-stakeholder coordinating committee to promote use of advance directives in mental health care within and outside the public services system.
 - Staffed the Governor's Task Force on Improving Mental Health Services and Crisis Response, chairing the Crisis Response Workgroup and providing support to the Ongoing Treatment and Supports Workgroup, the Families and Loved Ones Subgroup and the Workforce Development Subgroup.
- *Mental Health Services for Children and Adolescents*
 - Awarded funding for child crisis response and psychiatry services to regions 2 and 5, building on funds awarded to regions 1, 3, and 4 in FY 2013, and 1,377 children received services in those regions in FY 2014. Now all regions are providing services that include crisis stabilization, crisis clinicians, child psychiatry, and other interventions to increase access to those services and avert admission to hospital or residential services. Child crisis response and child psychiatry services allow children to stay in their home communities to receive needed services. Data show that most children were living with their parents and attending school at the beginning and end of crisis services.
 - In fiscal year 2014, 2,189 children received child psychiatry services. Three types of child psychiatry interventions extended child psychiatry resources outside the office: face-to-face interventions received by 1,329 children, tele-psychiatry received by 592 children, and consultation received by 268 children.

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- *Mental Health Services for Individuals Involved With the Criminal Justice System*
 - Funded three new Crisis Intervention Team assessment sites at the Arlington County CSB, Richmond Behavioral Health Authority, and Piedmont Community Services.
 - Trained 160 CSB staff on how to provide services on an outpatient basis and developed tools for providers to use in restoring an individual's competency to stand trial.
 - Sponsored a statewide conference on forensic mental health issues on September 12-13, 2013 for judges, commonwealth attorneys, defense attorneys, and CSB forensic mental health staff. A total of 130 individuals attended the training that included presentations from national experts.

- *Substance Use Disorder Services*
 - Launched REVIVE!, the Commonwealth's Opioid Overdose Reversal Program. In 2013, 648 individuals died from opioid overdose, compared to 480 in 2008. The 2013 General Assembly enacted HB 1672, which charged DBHDS to work with the Department of Health Professions (DHP), the Department of Health (VDH), and key community members of the recovery community to develop a pilot program for lay rescuers to use naloxone to save the lives of individuals who are overdosing from opiates such as prescription pain medications or heroin. Naloxone has been used in injectable form by trained emergency rescue personnel to save the lives of individuals overdosing from heroin and other opioids for many years. The legislation allows prescribers to write non-patient specific prescriptions for naloxone to a friend or family member of a person at-risk for opioid overdose. To implement this legislation, staff worked closely with DHP and VDH and community stakeholders in the far southwestern Virginia and metropolitan Richmond pilot areas to design and implement pilots, including developing a training curriculum and designing and producing kit bags that include supplies. The REVIVE! program uses a device to spray naloxone into the nostrils of the overdosing person, avoiding the need to train individuals to inject the drug. By June 2014, train-the-trainer events had been conducted in both pilot regions.
 - Provided staff support to regional groups of representatives of CSBs, state hospitals, and consumer and peer-run organizations that met to develop and implement local systems plans to provide services that actively support recovery from mental illness and addiction. The statewide steering committee met five times during the year to hear from regional groups, coordinate and share resources, and identify larger systems issues. DBHDS sponsored its second statewide recovery forum in Richmond on May 29-30. Nanette V. Larson, Director of Recovery Support Services at the Illinois DHS/Division of Mental Health and Addiction Recovery Services, addressed a core group of stakeholders on June 19 to help DBHDS further define its recovery-oriented mission. This effort continues DBHDS' involvement in a federal Substance Abuse and Mental Health Services Administration initiative called Bringing Recovery Supports to Scale - Technical Assistance Center Strategy (BRSS-TACS).
 - Worked closely with the Department of Criminal Justice Services to design and execute a survey of local and regional jails to determine which jails were providing

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substance abuse services for inmates in their custody. The survey collected data from 37 of 73 jails about the types of services provided and organizations providing them. Thirty-four jails indicated they provide some type of substance abuse service, ranging from 12-step groups such as Alcoholics Anonymous (27 jails) or Narcotics Anonymous (18 jails) to professionally staffed treatment services (six jails). The survey collected information about how inmates are selected for participation and how many inmates participated in substance abuse services. Jails that offered substance abuse services reported waiting lists for those services, even for 12-step meetings, often due to space limitations. Funding resources for services varied according to the type of substance abuse service. The survey also collected information about other types of rehabilitation services offered. Other types of services included vocational training or educational services, services focused on reducing the effects of prior trauma, batterer intervention and anger management classes, life skills classes, parenting classes, and mental health services. The report is available at: <https://www.dcjs.virginia.gov/research/documents/Jails%20SA%20survey%20FINAL%20REPORT.pdf>.

- Sponsored two five-day training events with the Department of Juvenile Justice (DJJ) over a two month period for 57 clinical supervisors from CSBs and DJJ. The trainings were focused on recognizing the role of expert clinical supervision in the provision of high quality clinical care.
- Attended a national training event sponsored by SAMHSA's Addiction Technology Transfer Center on providing services to individuals of Hispanic ethnicity. Staff then offered this same curriculum to 50 CSB staff in two events, enabling participants to become trainers in their local communities.
- Sponsored a one-day training on trauma-informed care for adolescents with substance abuse problems. Participants learned about the impact of trauma on adolescent substance abuse, specific clinical assessment tools designed to identify the impact of traumatic events, and treatment strategies. The event was held in Richmond on April 22, 2014 and was attended by 128 human service workers, including school social workers, juvenile probation and parole officers, CSB clinicians and clinical supervisors, and social service foster care workers.
- *Effective and High Quality Operations in Virginia's State Mental Health Hospitals*
 - Developed and published the Discharge Assistance Program (DAP) Administrative Manual. The manual establishes uniform practices for the utilization, monitoring, and reporting of DAP funds and services. DBHDS allocated \$1.5 million of FY 2014 state mental health DAP funds using a cross disciplinary team from the central office, state hospitals, and regional CSB management staff.
 - Revised the *Collaborative Discharge Protocols for Community Services Boards and State Hospitals* to create separate protocols for adults and older adults and for children and adolescents. The protocols provide consistent direction for and coordination of CSB and state hospital discharge planning activities required by the Code of Virginia. The protocols are at <http://www.dbhds.virginia.gov/library/document-library/omh->

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[dischargeprotocols.pdf](#), and <http://www.dbhds.virginia.gov/library/document-library/child-adol%20discharge%20protocol%20-%208-14%20final.pdf>.

- Conducted annual consultative audits at four state hospitals. These audits 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.
- Continued efforts on the following projects:
 - Revision of the individual DAP plan form, instructions, and reporting process;
 - Monitoring the state hospital extraordinary barriers to discharge list; and
 - Working with the Department of Criminal Justice Services to identify the level of security appropriate for state facilities and developing a Departmental Instruction to provide consistency related to safety and security across all state facilities.
- *Integration of Behavioral and Primary Health Care to Improve Overall Outcomes for Individuals Receiving Services*
 - The 20 CSBs listed below partnered with federally qualified health centers (FQHCs), free clinics, or local health departments in FY 2014:

Alexandria CSB	Henrico Area MH & Developmental Services
Alleghany Highlands CSB	Horizon Behavioral Health
Arlington County CSB	Middle Peninsula-Northern Neck CSB
Chesterfield CSB	Norfolk CSB
Colonial Behavioral Health	Northwestern Community Services
Crossroads CSB	Piedmont Community Services
Danville-Pittsylvania Community Services	Prince William County CSB
Eastern Shore CSB	Region Ten CSB
Fairfax-Falls Church CSB	Richmond Behavioral Health Authority
Hampton-Newport News CSB	Rockbridge Area Community Services

The following tables describe partnering organizations and locations of health care:

Table 17: Organizations With Which CSBs Partnered in FY 2014			
FQHCs	8 CSBs	Local Health Department	1 CSB
Free Clinics	9 CSBs	Other Organizations	2 CSBs

Table 18: Location of Services	Primary Health Care	Behavioral Health Care
On-Site at CSB	9	12
On-Site at Primary Health Care	10	7
On-Site at Another Organization	1	1

B. Developmental Services Initiatives and Accomplishments

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- *Implementation of the Terms of the Settlement Agreement with the U.S. Department of Justice*
 - Virginia entered into a 10-year Settlement Agreement with the U.S. Department of Justice (DOJ) in 2012 to expand and improve services and supports for individuals with intellectual or developmental disabilities. DBHDS provides various reports on the implementation of the Settlement Agreement. More information about the Settlement Agreement and DBHDS' implementation of it is available on the DBHDS website at <http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement>.
 - In FY 2014, 1,363 individuals received Individual Family Supports Program (IFSP) supports. The IFSP provides a minimal level of support to individuals who do not have alternative services through a waiver, typically individuals on waiver wait lists. Family supports include respite services, environmental modifications, dental services, professional consultative services, or other supports that enable people to remain in their own homes or their family's homes.
 - The State Board of Behavioral Health and Developmental Services adopted Policy 1044 (SYS) Employment First in December 2013. The policy directs support coordinators and case managers to offer integrated employment opportunities as the first and preferred day activity for individuals they serve. The community services performance contract between DBHDS and CSBs now requires CSB compliance with the policy. In March 2013, DBHDS established targets for increasing the number of new individuals starting in individual supported employment by 20 percent in the first year. In April 2014, the targets were revised to be more aggressive and are now set to increase the total number of individuals in the DOJ Settlement Agreement population engaged in individual supported employment by five percent per year for five years.
 - In FY 2014, its first full year in operation, the five Regional Educational, Assessment, Crisis Response, and Habilitation (REACH) programs enrolled over 1,000 individuals. Throughout the year, approximately 75 percent of these individuals received active crisis prevention or crisis intervention services. The remaining individuals continue to be enrolled and monitored, but they no longer needed active crisis prevention or intervention services. DBHDS also provided funds to each of the five regions to begin development of a children's crisis system in collaboration with other child-serving agencies in the region.
- *Continuing to Transition Individuals from Training Centers to New Community Homes*
 - A total of 405 individuals moved from training centers to the community between November 2011 and June 2014.
 - Southside Virginia Training Center (SVTC) closed on June 30, 2014. This is the first closure of a training center in the Commonwealth. The census of the training centers dramatically decreased from 983 on July 1, 2012 to 613 on June 30, 2014, a 37.64 percent decrease.
 - Implemented bridge funding for SVTC and NVTC to facilitate the closure process. Although the process was lengthy and encountered multiple barriers, DBHDS was able

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to address those challenges, resulting in a very successful effort from which many lessons have been learned that will be used in future training center closures.

- *Medicaid Waiver Services for Individuals with Intellectual Disability and Developmental Disabilities.*
 - DBHDS allocated the following waiver slots in FY 2014:
 - 575 community intellectual disability waiver slots;
 - 160 institutional waiver slots; and
 - 135 developmental disability waiver slots.
 - DBHDS and the Department of Medical Assistance Services (DMAS) retained Human Services Research Institute (HSRI) in July 2013 to study the existing Medicaid waivers supporting individuals with intellectual or developmental disabilities and make recommendations about redesign of these waivers. The project's name, *My Life, My Community*, was chosen to highlight the importance of focusing on supporting an individual's right to the choice, opportunity, and supports to be able to live a regular life. The study is being conducted in two phases:
 - Phase one concluded in December 2013, and it provided recommendations for transforming Virginia's waivers to better support individuals. These recommendations were based on extensive input from over 1,000 stakeholders statewide.
 - Phase two is the Medicaid waiver redesign and rate study that began in January 2014. As a result of the recommendations submitted by HSRI, DBHDS leadership established the Waiver Design Advisory Committee and five related subcommittees to provide input on the new waiver design and how to enhance system processes.
 - Eligibility Subcommittee
 - Waiting List Subcommittee
 - Case Management Subcommittee
 - Services Array Subcommittee
 - Provider Advisory Subcommittee
 - The Supports Intensity Scale™ (SIS) is a tool designed to measure the relative intensity of support each individual with developmental disabilities needs to participate fully in community life. The SIS is intended to be used in conjunction with person-centered planning processes to assist planning teams in developing person-centered support plans that are responsive to the needs and choices of individuals with disabilities. In February of 2014, DBHDS implemented the SIS pilot project with the following activities:
 - Completion of 1,467 SIS assessments to provide a statistically significant sample to be used in the Medicaid rate methodology and rate analysis and the development of resource allocations, and
 - Revising SIS procedures to assure a conflict-free and reliable assessment process.

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- Emergency regulations were submitted and approved and will be effective November 1, 2014 for the intellectual disability waiver congregate residential services exceptional supports rate that will be available to qualifying individuals currently residing in training centers or nursing facilities who are unable to transition to the community without exceptional supports.
- *Rental Assistance Resources and the Availability of Affordable and Accessible Housing Options for Individuals with an Intellectual or Developmental Disability (I/DD):*
 - On May 9, 2014, the Department of Housing and Community Development and Virginia Housing Development Authority (VHDA), in partnership with DBHDS and the Department of Medical Assistance Services, submitted an application for over \$7 million of federal Department of Housing and Urban Development (HUD) Section 811 Project Rental Assistance Program funding. If awarded, these funds will provide project-based rental assistance for 130 individuals with an intellectual disability, developmental disability, serious mental illness, or a combination of these conditions, but a priority population for this application is individuals with I/DD. The target regions are northern and Tidewater Virginia.
 - Continued to work with the Fairfax-Falls Church and Virginia Beach CSBs to fully utilize the 18 rental assistance slots available under the Rental Choice VA pilot. To date, eight individuals have applied to the program, and eight other individuals are pulling together application materials and required documentation. The goal is have all of the slots utilized in the coming months.
 - Continued to work with VHDA to establish a tenant selection preference for 32 persons with I/DD. HUD's Office of Fair Housing granted VHDA approval to establish a tenant selection preference. VHDA is awaiting final approval from the HUD office in Richmond, which should be forthcoming.
 - Issued a request for information On March 21, 2014 seeking innovative proposals that would create integrated independent living options, and received 21 responses on April 25. DBHDS requested that \$1.4 million be carried forward to FY 2015 and FY 2016 to fund a request for proposal (RFP) that would solicit responses from organizations or companies interested in developing, providing, or increasing access to integrated independent housing options or integrated day activities for individuals with I/DD.
 - Developed the template for an independent housing interest list. This list will produce a more accurate baseline of the number of individuals who would choose to live in independent housing. DBHDS staff is currently working on a document to educate individuals about the interest list and how they can get their names on the list.
- *Early Intervention Services for Infants and Toddlers*
 - Virginia received a determination of "meets requirements" from the U.S. Department of Education Office of Special Education Programs (OSEP) for the second year in a row. This is the highest rating granted. OSEP has mandated a new approach to reporting outcomes for infants and toddlers served by the Early Intervention (Part C) program. Virginia must develop and submit a State Systemic Improvement Plan (SSIP). The plan is being developed and will be completed in 2015. The plan will be

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implemented over the following four years. The SSIP is focused on evidence-based practices and improving results for children and families. This new federal initiative complements Virginia's current efforts to utilize coaching strategies and interventions that are based on the normal routines of children and families.

C. Administrative Initiatives and Accomplishments

- OneMind, DBHDS' new electronic health record system, was used successfully to attest for meaningful use in three pilot state hospitals (WSH, ESH, and SWVMHI) and earn \$8.5 million in federal ARRA incentive payments.
 - OneMind functionality was expanded over the course of the year to address specialized care delivery requirements for behavioral healthcare and was successfully deployed for all beds in the Dogwood Ward at WSH on September 9.
 - Clinical user satisfaction is high and planning for deployment to all beds in all mental health hospitals is in progress.
 - DBHDS is scheduled to deploy OneMind in 14 state facilities over three years.

Through deployment and use of OneMind, DBHDS will transform from operating as 15 self-contained state facilities using disparate paper-based care delivery, charting, and reporting and analysis processes and tools to operating as a network of collaborating facilities sharing care delivery processes, common electronic information capture, and healthcare outcome improvement navigated by network-wide empirical data.

- DBHDS launched a project to construct a data warehouse with self service reporting capabilities for use across its multiple application systems and data sources.
 - A data governance committee consisting of executive and technical staff has been established and is overseeing strategic and technical decisions regarding the evolution of this critical new resource.
 - The data warehouse went into production service on July 25 and is meeting all development and deployment targets.
- The Office of Information Services and Technology engaged a consultant firm to establish and staff a model Project Management Office (PMO) to:
 - Oversee critical category 1 information technology projects (greater than \$1million budget) in progress and planned;
 - Teach and instill industry-best practices for project management across all DBHDS information technology projects;
 - Organize work and document progress for 19 critical Department of Justice Settlement Agreement projects; and
 - Establish an executive level Project Management Oversight Committee to align project funding and work with organizational priorities.

Leadership of the new PMO transitioned to DBHDS internal staff, and the PMO is emerging as the organizational entity to lead implementation of transformational change.

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- Office of Administration Services accomplishments included the following achievements.
 - Worked with Developmental Services staff to negotiate and award a contract for completion of up to 4,500 Supports Intensity Scale (SIS) assessments per year;
 - Awarded contracts to local community hospitals for the provision of inpatient psychiatric hospital services to supplement services at state hospitals; and
 - Awarded System of Care grant funds to local providers through a competitive process.

- Office of Architectural and Engineering Services accomplishments included the following achievements.
 - WSH replacement facility was completed and is now occupied;
 - Planning and design for the VCBR expansion has begun; and
 - Downsizing of SEVTC continues and will be completed in December, 2014.

- Office of Budget Development and Analytics accomplishments included the following achievements.
 - Created and implemented the financial model that forecasts and helps track DOJ Settlement Agreement-related activities and costs and produces financial data;
 - Assisted in development of DBHDS's cost allocation plan to generate Medicaid reimbursement for Medicaid-related central office activities;
 - Helped craft budget proposals and mental health amendments to the state budget related to make significant improvements to Virginia's mental health system; and
 - Developed a study of the cost efficiencies and quality improvement of services related to the new WSH.

- The Office of Budget Execution and Financial Reporting began the implementation process for the Cardinal financial information system that will replace the current FMS.

- The Office of Cultural and Linguistic Competence (OCLC) and Virginia Commonwealth University's School of Social Work collaborated on a groundbreaking program to increase the cultural competency, social adjustment, and positive mental health outcomes of refugee communities in the greater Richmond area. The Trauma Informed Psycho education Adjustment Groups (TIPAG) pilot is designed to deliver trauma-informed interventions through the use of psycho-educational modules that are culturally responsive to refugees' unique needs upon resettlement. TIPAG is intended to build capacity for mental health and psychosocial support in refugees and host communities while assisting new refugees to adapt to cultural changes and provide equal access to refugee resources. Efforts include TIPAG curricula that will serve as a primary resource to mental health support, prevention of substance abuse, and promotion of healthy acculturation focusing on basic coping skills, cultural adjustment, and organization of recreational activities within diverse communities. The pilot included training nine refugee leaders who in turn have held eight workshops for 30 refugee community members in the Richmond area. The curriculum is designed for dissemination across the state.

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- Publically funded behavioral health and developmental services agencies are required to provide meaningful access for all individuals receiving services and their authorized representatives or legal guardians to allow them to make informed decisions and to ensure equal access to services provided by those agencies in compliance with §51.5-40 of the Code of Virginia, Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, and other federal and state regulations. Qualified bilingual staff (QBS) represents a critical link to providing effective communication and quality care to limited-English proficient (LEP) communities and individuals. QBS is a program that allows for in the moment interpretation from someone who has been certified competent in their ability to assist in communication with someone who has LEP when an interpreter is not available or while arrangements for an interpreter are being made. The QBS model can be a key strategic initiative with the goal of ensuring meaningful language access in the organization, managing costs, and reducing liability. The model leverages and invests in internal expertise. The OCLC reached its 200th certified QBS-trained staff in 2014. Bilingual staff has been training in 79 different behavioral health and developmental services agencies and community partners, including state facilities, CSBs, private providers, and non-profit social service partners in all areas of the state.
- Thirty individuals from CSBs, state facilities, licensed private providers, and consumer organizations from around the state who demonstrated emerging or mature intercultural development skills were trained in the spring of 2014 as certified cultural and linguistic competence workshop facilitators. Participants agreed to provide at least two trainings a year on cultural and linguistic competence in their regions over the next three years. In partnership with Virginia Tech's Institute of Language and Culture, the OCLC developed a six-part curriculum that focused on preparing trainees to present the foundations of cultural and linguistic competence, explore the nexus between individual intercultural development and the provision of culturally competent services, and introduce strategies for organizational implementation of the National Standards for Culturally and Linguistically Appropriate Services. Trainers have held eight workshops and trained over 140 individuals working in the behavioral health and developmental services field.
- Skilled direct-service workers are essential to quality services delivered to individuals and families served by DBHDS. To improve services, reduce high vacancy and turnover rates, and create an improved learning environment for direct-service workers in its facilities, DBHDS offers the Direct Service Professionals Career Pathway Program, which is a training, competency building, and advancement pathway. It is structured in three tiers based on experience and documented competencies leading to designation as a direct support professional. The pathway includes partnerships with Wytheville Community College and the College of Direct Support. The pathway supports motivated, experienced, and competency-driven direct-service staff who provide quality care and services in state facilities. Since 2008, 1,189 employees have completed level I and received \$870,372 in bonuses, and 263 have completed level II and received bonuses totaling \$251,977. Currently, 279 employees are enrolled in Wytheville Community College courses working to complete Level III criteria.

Systemic Outcome and Performance Measures

Performance Contract Exhibit B Measure: Statewide CSB performance on this measure of follow up after discharge from inpatient psychiatric services is shown in the following table.

Table 19: FY 2014 Performance Measure	Data	FY2014 Data Reported
I.A.1. Percentage of individuals referred to CSBs who kept face-to-face (non-emergency) service visits within seven business days after having been discharged from state hospitals, private psychiatric hospitals, or psychiatric units in public or private hospitals following involvement in the civil involuntary admission process. This includes all individuals referred to CSBs upon discharge from those hospitals or psychiatric units in public or private hospitals who were under temporary detention orders or involuntary commitment orders or who were admitted voluntarily from commitment hearings.	7,201	Number of individuals who kept scheduled face-to-face (non-emergency) service visits within seven business days of discharge from hospitals or psychiatric units.
	9,184	Number of individuals discharged to CSBs from hospitals or psychiatric units.
	78.41%	Statewide percentage of individuals referred to CSBs who kept face-to-face (non-emergency) service visits within seven business days.

FY 2014 Appointments of Individuals Receiving Services and Family Members to CSBs

Section 37.2-501 of the Code of Virginia requires one-third of the appointments to CSB boards to be individuals who are receiving or who have received services or family members of individuals who are receiving or who have received services individuals, at least one of whom is an individual receiving services. In FY 1991, soon after this requirement was established, CSBs reported two individuals and 54 family members out of 490 appointed board members or 11.43 percent of all appointments. Over the intervening 23 years, the number of individual and family member appointments to CSBs has increased by 314 percent. In FY 2014, CSBs reported 78 individuals who are receiving (33) or who have received (45) services and 154 family members out of 488 appointed board members. The 232 individuals or family members appointed to CSBs represented 48 percent of all filled appointments. However, appointments to five CSBs did not meet the requirement for one-third of the members being individuals receiving services or family members, and 16 CSBs had no individuals currently receiving services appointed as board members. It is important to note that board members are appointed by the city councils or boards of supervisors that established the CSBs, and some CSBs may have little ability to affect the numbers of individuals and family members appointed to their boards.

FY 2014 Quality Improvement Measures

DBHDS developed and is implementing a quality improvement process that focuses on CSB and state facility progress in advancing the vision of a life of possibilities for all Virginians and the mission of supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life. As part of producing the behavioral health and developmental services section of a data dashboard for the Secretary of Health and Human Resources, DBHDS developed the following 21 measures, which are at <http://www.dbhds.virginia.gov/professionals-and-service-providers/data%20and%20financial%20information>.

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BEHAVIORAL HEALTH SERVICES

CSB Quality Measures

1. Employment status of adults (18-64) admitted to the mental health services program area and receiving mental health case management services
2. Intensity of engagement in mental health case management services by individuals admitted to the mental health services program area during the previous 12 months
3. Intensity of engagement in substance abuse outpatient services by individuals admitted to the substance abuse services program area during the previous 12 months
4. Intensity of engagement in child mental health outpatient services by children (0 through 17) admitted to the mental health services program area during the previous 12 months
5. Retention in community substance abuse services for individuals admitted to the substance abuse services program area during the previous 12 months

CSB Bed Utilization Measures

6. Adult civil temporary detention order (TDO) admissions to state hospitals per 100,000 population
7. Adult forensic TDO admissions to state hospitals per 100,000 population
8. Adult civil TDO state hospital bed day utilization per 100,000 population
9. Adult forensic TDO state hospital bed day utilization per 100,000 population
10. Adult civil state hospital bed day utilization per 100,000
11. Adult forensic state hospital bed day utilization per 100,000

State Hospital Measure

12. Forensic state hospital bed utilization: percent of state hospital bed days occupied by individuals with a forensic status

DEVELOPMENTAL SERVICES

CSB Quality Measures

13. Developmental services transformation: percent of individuals receiving developmental services during the fiscal year who are enrolled in ID and DD waivers
14. Percent of individuals who meet the criteria for enhanced developmental case management services who received at least one face-to-face case management services contact per month
15. Percent of individuals who meet the criteria for enhanced developmental case management services who received at least one face-to-face case management contact per month and received one of those contacts every other month in their place of residence
16. Health and well being goal measure: number of individuals on the ID waiver where the individual received a developmental case management service within the prior 90 days and the health and well-being goal measure was fully or partially met

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17. Community inclusion goal measure: number of individuals on the ID waiver where the individual received a developmental case management service within the prior 90 days and the community inclusion goal measure was fully or partially met
18. Choice and self-determination goal measure: number of individuals on the ID waiver where the individual received a developmental case management service within the prior 90 days and the choice and self-determination goal measure was fully or partially met
19. Living arrangement stability measure: number of individuals on the ID waiver where the individual received a developmental case management service within the prior 90 days and the living arrangement stability measure was fully or partially met
20. Day activity stability measure: number of individuals on the ID waiver where the individual received a developmental case management service within the prior 90 days and the day activity stability measure was fully or partially met

Training Center Measure

21. Training center census: percent change in training center census monthly

Central Office Oversight: CSB Reviews

DBHDS conducts on-site reviews of selected CSBs each year that involve staff from the Offices of Mental Health, Developmental, Child and Family, and Substance Abuse Services; Behavioral Health Wellness; Grants Management; Internal Audit; Human Resources Management; and Community Contracting. DBHDS selects CSBs based on a comprehensive risk analysis. Reviews examine financial management and accountability operations, compliance with federal block grant financial and programmatic requirements, service delivery, and personnel management. After reports are issued, DBHDS staff conducts follow up reviews one year later to determine whether CSBs implemented recommendations. Five CSBs were reviewed and three follow up reviews were conducted in FY 2014.

Central Office Oversight: Licensing Service Providers

DBHDS licenses providers of behavioral health, developmental, developmental disability waiver, and residential brain injury services. The Office of Licensing ensures providers adhere to regulatory standards for health, safety, service provision, and individual rights; conducts annual unannounced inspections; investigates complaints and reports of serious injuries and deaths in licensed services; and initiates actions such as sanctions and license revocations when necessary. The office has experienced a tremendous workload increase with the significant expansion in Medicaid providers, particularly for children's mental health services and developmental services. DBHDS licensed 917 providers in FY 2014. Many providers offer more than one licensed service, often at several different licensed locations. The office's activities and the significant increase in its workload are depicted in the following tables. The change column in Table 20 shows increases from FY 2012 to FY 2014.

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Statistic	FY 2012	FY 2013	FY 2014	Change
Licensed Providers	744	844	917	+23.3%
Licensed Services	1,860	2,038	2,218	+19.2%
Licensed Locations	6,302	7,063	7,519	+19.3%

Services	Number	Services	Number
Inpatient Services	1	Crisis Stabilization Services	22
Methadone/Inpatient Detox Services	8	Residential Treatment Services	6
Intensive Outpatient Services	34	Children’s Residential Services	13
Intensive In-Home Services	10	Group Home Services	58
Intensive Community Treatment Services	1	Supervised Living Services	2
Therapeutic Day Treatment Services	22	Sponsored Home Services	28
Psychosocial Rehabilitation Services	3	In-Home Support Services	10
Day Support Services	17	Autism Services	7
Mental Health Support Services	64	Total Conditional Licenses	306

All new providers receive conditional licenses.

Type of Visit	Number
Unannounced Complaint Investigation	166
Consultation	248
Department of Justice Unannounced Visit/Consultation	376
Unannounced Visit	2,291
Total Licensing Inspections	3,081

Central Office Oversight: Human Rights

DBHDS operates an internal human rights system for its state facilities and for 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 Regulations To Assure The Rights Of Individuals Receiving Services From Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services (12VAC35-115). More detailed information about human rights activities is available on the DBHDS website at: <http://www.dbhds.virginia.gov/individuals-and-families/human-rights>.

In FY 2014, 222,419 individuals received services from CSBs. Thousands of additional individuals received services from other community providers licensed by DBHDS and subject to the human rights regulations. There were 1,133 human rights complaints filed in community programs, and 262 complaints (23 percent of the total) resulted in violations being determined. Over 99 percent of complaints filed were resolved at or below the program director level. There were 5,981 allegations of abuse, neglect, or exploitation filed in community programs, and 943

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(16 percent of the total) were determined to be founded. Over 99 percent of founded allegations were resolved at or below the program director level. Additional information is contained in the following table.

Total Number of Human Rights Complaints				1,133
Numbers of Complaints Finally Resolved at the Following Levels				
Director and Below	1,130	State Human Rights Committee	0	
Local Human Rights Committee	3	DBHDS Commissioner	0	
Number of Complaints That Did Not Result in a Violation Being Determined				871
Number of Complaints That Resulted in a Violation Being Determined				262
Total Number of Allegations of Abuse, Neglect, or Exploitation				5,981
Total Number of Founded Allegations of Abuse, Neglect, or Exploitation				943
Numbers of Founded Allegations Resolved at the Following Levels				
Director and Below	941	State Human Rights Committee	0	
Local Human Rights Committee	2	DBHDS Commissioner	0	
Numbers of Founded Allegations by Type				
Physical Abuse	201	Exploitation	26	
Verbal Abuse	64	Neglect	555	
Sexual	16	Other	81	

In FY 2014, 5,817 individuals received services in state facilities. There were 2,549 human rights complaints filed in state facilities, and 65 percent were resolved informally. Over 96 percent of complaints filed were resolved at or below the director level. There were 1,033 allegations of abuse, neglect, or exploitation filed in state facilities, and 135 (13 percent of the total) were determined to be founded. All of founded allegations were resolved at or below the director level. Additional information is contained in the following table.

Total Number of Human Rights Complaints				2,549
Numbers of Complaints Resolved at The Following Levels				
Director and Below	2,468	State Human Rights Committee	51	
Local Human Rights Committee	30	DBHDS Commissioner	0	
Number of Complaints Processed Informally				1,668
Number of Complaints Processed Formally				881
Total Number of Allegations of Abuse, Neglect, or Exploitation				1,033
Total Number of Founded Allegations of Abuse, Neglect, or Exploitation				135
Numbers of Founded Allegations Resolved at the Following Levels				
Director and Below	135	State Human Rights Committee	0	
Local Human Rights Committee	0	DBHDS Commissioner	0	
Numbers of Founded Allegations by Type				
Physical Abuse	38	Exploitation	1	
Verbal Abuse	21	Neglect	68	
Sexual	2	Other	5	

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Conclusion

In response to Item 307.J of the 2014 Appropriation Act, DBHDS is pleased to submit its fifth annual report, which presents a broad overview of information and data about the public behavioral health and developmental services system, including major initiatives and accomplishments and systemic outcome and performance measures. The efforts of DBHDS and CSBs to improve the quality of data so that it is as meaningful and accurate as possible have been successful and will continue.

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Appendix A: Individuals Who Received CSB or State Facility Services in FY 2014				
100 Emergency Services	63,599	Consumer-Run Programs (730) are not included in this table because individuals participating in them are not reported in CCS 3 data. In this fiscal year, 7,519 individuals participated in these programs.		
318 Motivational Treatment Services	5,331			
390 Consumer Monitoring Services	11,724			
620 Early Intervention Services	2,375			
720 Assessment and Evaluation Services	63,005			
Total Ancillary Services	82,435			
Services Available in Program Areas	MH	DV	SA	Total
410 State Hospital Medical/Surgical Care	42			42
420 Training Center Skilled Nursing Services		79		79
510 Training Center ICF/ID Services		767		767
440 State Hospital ICF/Geriatric Services	574			574
250 CSB Acute Psychiatric or SA Inpatient	2,631		21	2,652
260 CSB Substance Abuse Inpatient Med Detox			290	290
455 State Hospital Acute Psychiatric Inpatient	2,443			2,443
480 State Hospital Ext. Rehabilitation Services	2,163 ¹			2,163
Hiram Davis Medical Center	124			124
491 Virginia Center for Behavioral Rehabilitation	371			371
Total Community Inpatient Services	2,631		311	2,942
Total State Facility Inpatient Services	5,717	846		6,563
Total Inpatient Services	8,348	846	311	9,505
310 Outpatient Services	94,629 ²	649	25,616	120,894
313 Intensive Outpatient Services			1,592	1,592
335 Medication Assisted Treatment			1,959	1,959
350 Assertive Community Treatment	1,784			1,784
Total Outpatient Services	96,413	649	29,167	126,229
320 Case Management Services	58,113	18,537	9,662	86,312
410 Day Treatment or Partial Hospitalization	5,306		665	5,971
420 Ambulatory Crisis Stabilization	2,042	427		2,469
425 Rehabilitation or Habilitation Services	4,551	2,629		7,180
Total Day Support Services	11,899	3,056	665	15,620
430 Sheltered Employment Services	30	724		754
460 Individual Supported Employment	1,263	1,197	61	2,521
465 Group Supported Employment	28	701		729
Total Employment Services	1,321	2,622	61	4,004
501 Highly Intensive Residential Services	106	228	2,127	2,461
510 Residential Crisis Stabilization	4,875	175	423	5,473
521 Intensive Residential Services	586	960	2,112	3,658
551 Supervised Residential Services	981	472	314	1,767
581 Supportive Residential Services	5,499	1,188	159	6,846
Total Residential Services	12,047	3,023	5,135	20,205

¹ Includes 955 individuals who received services in medium or maximum security forensic beds.

² This includes 12,633 individuals who received pharmacy medication supports.

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Appendix A Notes: The Appendix A table displays more detailed information about the numbers of individuals who received services in each core service category and subcategory from CSBs or state facilities in FY 2014. Numbers of individuals are displayed in five columns: emergency and ancillary services; mental health (MH), developmental (DV), or substance abuse (SA) services program areas; and the total number of individuals receiving a category or subcategory of core service across the three program areas. Numbers before service names are service codes in the CCS 3 or state facility cost center codes. Total numbers of individuals who received each category of core services are shown on the bolded total lines in the table. Core services categories and subcategories are defined in Core Services Taxonomy 7.3, available at <http://www.dbhds.virginia.gov/library/document-library/occ-2010-coreservicestaxonomy7-2v2.pdf>.

The following table contains more detailed age breakouts for Table 2 in the report.

Appendix A: Age Detail for Individuals Who Received Services From CSBs in FY 2014							
Age Range	Mental Health	Age Range	Developmental Services	Age Range	Substance Abuse	Age Range	Emergency Services
00 – 12	19,198	00 - 03	886	00 - 12	66	00 - 12	3,286
13 – 17	15,190	04 - 05	524	13 - 17	2,140	13 - 17	7,195
		06-17	2,833				
		18-21	1,831				
		21-64	14,098				

Appendix B Notes: The Appendix B table displays more detailed information about amounts of services provided by CSBs and state facilities in each core service category and subcategory in FY 2014. Amounts of services are displayed in five columns: emergency and ancillary services; mental health (MH), developmental (DV), or substance abuse (SA) services program areas; and total amounts of services by core services category or subcategory across the three program areas. Numbers before the service names are service codes in the CCS 3 or state facility cost center codes. Total amounts of services in each category of core services are shown on the bolded total lines in the table. Core Services Taxonomy 7.3 defines services categories and subcategories and four types of service units: service hours, bed days, day support hours, and days or service.

Appendix C Notes: The Appendix C table displays more detailed information about service capacities in CSBs and state facilities in each core service category and subcategory in FY 2014. Service capacities are displayed in five columns: emergency and ancillary services; mental health (MH), developmental (DV), or substance abuse (SA) services program areas; and total capacities by core services category or subcategory across the three program areas. Numbers before the service names are service codes in the CCS 3 or state facility cost center codes. Total services capacities in each category of core services are shown on the bolded total lines in the table. Core Services Taxonomy 7.3 defines services categories and subcategories and three types of service capacity: full time equivalents (FTEs), beds, and slots.

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Appendix B: Amounts of Services Provided by CSBs and State Facilities in FY 2014				
Services Available Outside of a Program Area		Core Services Taxonomy 7.3 defines four units of services: service hour, bed day, day support hour, and day of service. The type of service unit for each core service category is listed on the bolded category total lines.		
100 Emergency Service Hours	360,621			
318 Motivational Treatment Services	26,737			
390 Consumer Monitoring Services	48,639			
620 Early Intervention Services	12,899			
720 Assessment and Evaluation Services	254,835			
Total Ancillary Service Hours Received	343,110			
Services Available in Program Areas	MH	DV	SA	Total
410 State Hospital Medical/Surgical Care	572			572
420 Training Center Skilled Nursing Services		24,313		24,313
510 Training Center ICF/ID Services		224,884		224,884
440 State Hospital ICF/Geriatric Services	99,162			99,162
250 CSB Acute Psychiatric or SA Inpatient	14,615		181	14,796
260 CSB Substance Abuse Inpatient Med Detox			1,491	1,491
455 State Hospital Acute Psychiatric Inpatient	143,801			143,801
480 State Hospital Ext. Rehabilitation Services ¹	200,539			200,539
Hiram Davis Medical Center (State Facility)	22,739			22,739
491 Virginia Center for Behavioral Rehabilitation	115,479			115,479
Total State Facility Bed Days Received	582,292	249,197		831,489
Total CSB Inpatient Bed Days Received	14,615		1,672	16,287
Total Inpatient Bed Days Received	596,907	249,197	1,672	847,776
310 Outpatient Services	774,022	10,014	414,822	1,198,858
313 Intensive Outpatient Services			61,970	61,970
335 Medication Assisted Treatment			87,427	87,427
350 Assertive Community Treatment	194,347			194,347
Total Outpatient Service Hours Received	968,369	10,014	564,219	1,542,602
320 Case Management Service Hours	861,605	516,881	113,122	1,491,608
410 Day Treatment or Partial Hospitalization	2,861,177		58,612	2,919,789
420 Ambulatory Crisis Stabilization	56,019	11,542		67,561
425 Rehabilitation or Habilitation Services	2,537,219	2,484,281		5,021,500
Total Day Support Service Hours	5,454,415	2,495,823	58,612	8,008,850
430 Sheltered Employment Services	4,265	105,113		109,378
465 Group Supported Employment	2,521	123,723		126,244
Total Employment Days of Service Received	6,786	228,836		235,622
460 Employment Service Hours Received	30,369	68,072	814	99,255
501 Highly Intensive Residential Services	20,109	75,143	19,711	114,963
510 Residential Crisis Stabilization	44,352	3,045	2,191	49,588
521 Intensive Residential Services	71,860	284,075	100,476	456,411
551 Supervised Residential Services	250,688	149,824	26,353	426,865
Total Residential Bed Days Received	387,009	512,087	148,731	1,047,827
581 Supportive Residential Services Hours	552,508	428,351	4,015	984,874
610 Prevention Service Hours Received	3,447	0	1,085,923	1,089,370

¹ Includes 84,401 bed days in medium or maximum security forensic beds.

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Appendix C: Service Capacities of CSBs and State Facilities in FY 2014			
100 Emergency Services FTEs	398 FTEs		
318 Motivational Treatment Services	15 FTEs		
390 Consumer Monitoring Services	55 FTEs		
620 Early Intervention Services	11 FTEs		
720 Assessment and Evaluation Services	213 FTEs		
Total Ancillary Full-Time Equivalents (FTEs)	294 FTEs		
Services Available in Program Areas	MH	DV	SA
410 State Hospital Medical/Surgical Care	11 Beds		
420 Training Center Skilled Nursing Services		84 Beds	
510 Training Center ICF/ID Services ¹		805 Beds	
440 State Hospital ICF/Geriatric Services	295 Beds		
250 CSB Acute Psychiatric or SA Inpatient Services	47 Beds		1 Bed
260 CSB Substance Abuse Inpatient Medical Detox			4 Beds
455 State Hospital Acute Psychiatric Inpatient Services	443 Beds		
480 State Hospital Extended Rehabilitation Services ²	736 Beds		
Hiram Davis Medical Center (State Facility)	87 Beds		
491 Virginia Center for Behavioral Rehabilitation	450 Beds		
Total Community Inpatient Services (250, 260)	47 Beds		5 Beds
Total State Facility Inpatient Services ³	2,022 Beds	889 Beds	
Total Inpatient Beds	2,069 Beds	889 Beds	5 Beds
310 Outpatient Services	714 FTEs	8 FTEs	304 FTEs
313 Intensive Outpatient Services			23 FTEs
335 Medication Assisted Treatment			29 FTEs
350 Assertive Community Treatment	217 FTEs		
Total Outpatient Service FTEs	931 FTEs	8 FTEs	356 FTEs
320 Case Management Service FTEs	1,047 FTEs	532 FTEs	87 FTEs
410 Day Treatment or Partial Hospitalization	3,091 Slots		108 Slots
420 Ambulatory Crisis Stabilization	70 Slots	18 Slots	
425 Rehabilitation or Habilitation Services	2,281 Slots	2,210 Slots	
Total Day Support Service Slots	5,442 Slots	2,228 Slots	108 Slots
430 Sheltered Employment Services	30 Slots	591 Slots	
465 Group Supported Employment	16 Slots	616 Slots	
Total Employment Slots	46 Slots	1,207 Slots	
460 Individual Supported Employment FTEs	22 FTEs	48 FTEs	
501 Highly Intensive Residential Services	64 Beds	216 Beds	79 Beds
510 Residential Crisis Stabilization	159 Beds	23 Beds	8 Beds
521 Intensive Residential Services	217 Beds	855 Beds	328 Beds
551 Supervised Residential Services	766 Beds	435 Beds	91 Beds
Total Residential Beds	1,206 Beds	1,529 Beds	506 Beds
581 Supportive Residential Service FTEs	456 FTEs	215 FTEs	3 FTEs
610 Prevention Service FTEs	4 FTEs	0 FTEs	177 FTEs

¹ Includes 96 beds at SVTC that were eliminated when it closed at the end of FY 2014.

² Includes 356 forensic beds. ³ Source: 6/26/2014 weekly census report for all state facility beds.