

DBHDS

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

Fiscal Year 2013 Annual Report (Item 314.K)

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

January 10, 2014



COMMONWEALTH of VIRGINIA

JAMES W. STEWART, III
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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January 10, 2014

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

Dear Governor McDonnell:

I am pleased to forward to you the Department's annual report in response to Item 314.K. of the 2013 *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 the department if you or your staff has any questions about this annual report.

Sincerely,

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

James W. Stewart, III

Attachment

pc: Hon. William A. Hazel Jr., M.D.
Matt Cobb
Olivia J. Garland, Ph.D.
Kathy Drumwright
Paul Gilding
Ruth Anne Walker



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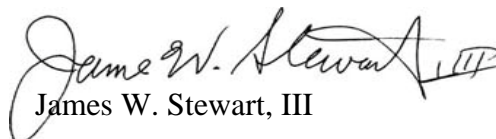
The Honorable Walter A. Stosch, Chairman
Senate Finance Committee
General Assembly Building, Room 626
P.O. Box 396
Richmond, Virginia 23218

Dear Senator Stosch:

I am pleased to forward to you the Department's annual report in response to Item 314.K. of the 2013 *Appropriation Act*. This report presents a broad review of data and information about the public behavioral health and developmental services system, including the numbers of individuals served, type of services provided, systemic outcome and performance measures, and major accomplishments during the past year.

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Sincerely,


James W. Stewart, III

Attachment

pc: The Hon. William A. Hazel Jr., M.D.
The Hon. Emmett W. Hanger, Jr.
Olivia J. Garland, Ph.D.
Joe Flores
Kathy Drumwright
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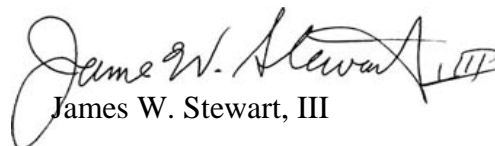
The Honorable Lacey E. Putney, Chairman
House Appropriations Committee
General Assembly Building, Room 947
P.O. Box 406
Richmond, Virginia 23218

Dear Delegate Putney:

I am pleased to forward to you the Department's annual report in response to Item 314.K. of the 2013 *Appropriation Act*. This report presents a broad review of data and information about the public behavioral health and developmental services system, including the numbers of individuals served, type of services provided, systemic outcome and performance measures, and major accomplishments during the past year.

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Sincerely,


James W. Stewart, III

Attachment

pc: The Hon. William A. Hazel Jr., M.D.
The Hon. Riley E. Ingram
Olivia J. Garland, Ph.D.
Susan E. Massart
Kathy Drumwright
Paul Gilding
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Department of Behavioral Health and Developmental Services FY 2013 Annual Report

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Department of Behavioral Health and Developmental Services FY 2013 Annual Report

Introduction

Item 314.K of the 2013 Appropriation Act requires the Department to submit an annual report to the Governor and the General Assembly.

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

The Department is pleased to submit its FY 2013 annual report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees. The first section briefly describes Virginia's public behavioral health and developmental services system. Following sections present data about numbers of individuals who received services, amounts of services they received, and service capacities, staffing, revenues, 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 the Department, hereafter referred to as state facilities, and 39 community services boards and one behavioral health authority, hereafter referred to as CSBs. CSBs were established by Virginia's 134 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.

Department of Behavioral Health and Developmental Services FY 2013 Annual Report

While not part of the Department, CSBs are key operational partners with the Department and its state facilities in Virginia's public behavioral health and developmental services system. The Partnership Agreement, available at www.dbhds.virginia.gov/OCC-default.htm, describes this relationship. The Department's 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. The Department contracts with, funds, monitors, licenses, regulates, and provides leadership, guidance, and direction to CSBs. More information about CSBs is available in the Overview of Community Services in Virginia at www.dbhds.virginia.gov/OCC-default.htm.

The Department 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 intensive inpatient services, including psychiatric, psychological, psychosocial rehabilitation, nursing, support, ancillary services, and specialized programs for older adults, children and adolescents, and individuals with a forensic status. The Department 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.

The Department operates five training centers to serve individuals with intellectual disability: Central Virginia Training Center (CVTC) in Lynchburg, Northern Virginia Training Center (NVTC) in Fairfax, Southside Virginia Training Center (SVTC) in Petersburg, Southeastern Virginia Training Center (SEVTC) in Chesapeake, and Southwestern Virginia Training Center (SWVTC) in Hillsville. Training centers provide highly structured habilitation services, including residential care and training in areas such as language, self-care, independent living, socialization, academic skills, and motor development for individuals with intellectual disability. All training centers are certified by the U.S. Centers for Medicare and Medicaid (CMS) as meeting Medicaid intermediate care facility for individuals with intellectual disability (ICF/ID) standards of quality. More information is available at www.dbhds.virginia.gov/SVC-StateFacilities.htm. Historically, 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 centers. Southeastern will remain open with 75 beds.

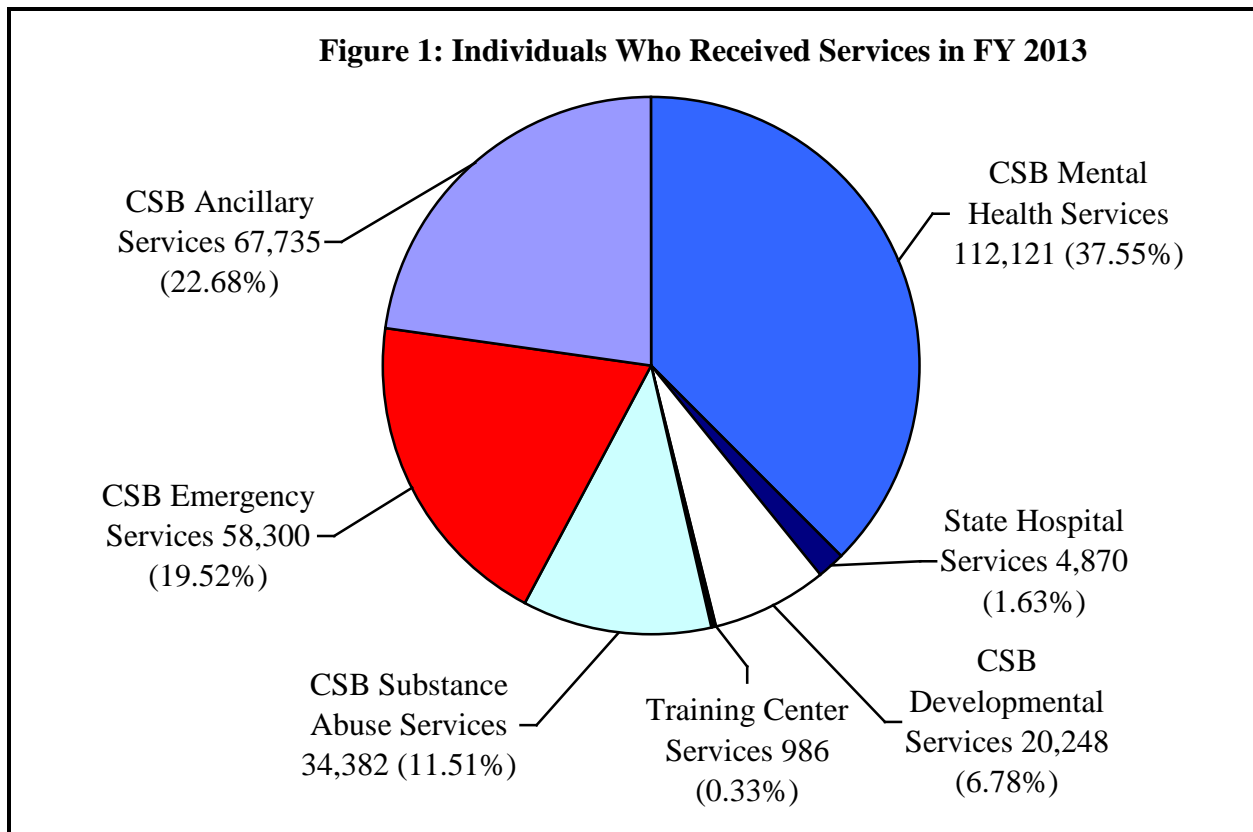
Training Center	Closure Date	2000 Census	March 2010	June 2011	June 2012	October 2013	Decrease 2000-Present
Southside	2014	465	267	242	197	87	81%
Northern	2015	189	170	157	153	126	33%
Southwestern	2018	218	192	181	173	152	30%
Central	2020	679	426	381	342	295	57%
Southeastern	Open	194	143	124	104	81	58%
Totals		1,745	1,198	1,085	969	741	58%

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

Individuals Who Received CSB or State Facility Services

In FY 2013, 219,674 individuals received services in the publicly operated behavioral health and developmental services system: 213,902 individuals received services from CSBs and 5,772 individuals received services from state facilities. These figures are unduplicated within each CSB or state facility, but they are not unduplicated across CSBs because an individual may receive services from more than one CSB; between state facilities because an individual may receive services from more than one state hospital or training center; or between CSBs and state facilities because an individual may receive services from both. The chart below depicts the numbers of individuals receiving mental health or substance abuse (behavioral health) or developmental services from CSBs or state facilities in FY 2013 and the respective percentages.



Individuals total more than the unduplicated number (219,674) because many receive services in multiple areas such as mental health services and emergency or ancillary services.

Department of Behavioral Health and Developmental Services FY 2013 Annual Report

In addition to the mental health, substance abuse, and developmental services program areas, two other categories of services exist, emergency services and ancillary services. Ancillary services are motivational treatment, consumer monitoring, early intervention, assessment and evaluation, and consumer-run services.

Table 1 displays total numbers of individuals who received services in each core services category from CSBs or state facilities in FY 2013. Numbers of individuals are displayed in five columns: emergency and ancillary services; mental health, developmental, or substance abuse 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 categories are defined in Core Services Taxonomy 7.2, which is available on the Department's web site at www.dbhds.virginia.gov/documents/reports/OCC-2010-CoreServicesTaxonomy7-2v2.pdf.

Emergency Services	58,300	Total Unduplicated Individuals received emergency or ancillary services; some received both.		
Unduplicated Individuals: Ancillary Services	67,735			
Total Unduplicated Individuals	113,692			
	Mental Health	Develop- Mental	Substance Abuse	Total Individuals
Services Available in Program Areas				
Community Inpatient Services ¹	2,002		276	2,278
State Facility Inpatient Services	5,489	995		6,484
Total Inpatient Services	7,491	995	276	8,762
Outpatient Services	96,556	645	28,679	125,880
Case Management Services	57,341	18,466	10,166	85,973
Day Support Services	10,779	2,624	767	14,170
Employment Services	1,282	1,955	53	3,290
Residential Services	12,216	2,709	6,691	21,616
Total Individuals Receiving CSB Services ²	180,176	26,399	46,632	383,359
Total Individuals Receiving All Services ³	185,665	27,394	46,632	389,843
Unduplicated Individuals: CSB Services ⁴	112,121	20,248	34,382	280,443
Unduplicated Individuals: State Facilities ⁵	4,870	986		5,772

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

² These are all individuals receiving Emergency Services, Ancillary Services, and the three program areas, so figures on this line do not add across to the figure in 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, and Emergency Services or Ancillary Services, so figures on this line do not add across to the figure in the total column. Differences between figures on this line and the larger figures on the Total Individuals Receiving CSB Services line reflect individuals who received multiple core services.

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 state facility.

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The figures in the preceding table include 3,840 individuals who received some or all of their Medicaid Intellectual Disability Home and Community-Based Waiver (ID Waiver) services from CSBs. In addition, 5,640 individuals received all of their ID Waiver services directly from other providers for a total of 9,480 individuals who received ID Waiver services in FY 2013. 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 individuals on waiting lists for these services. In FY 2013, 3,813 individuals were on the urgent waiting list for ID Waiver services, and 2,701 individuals were on the non-urgent waiting list for a total of 6,514 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 18,466 individuals who received developmental case management services from CSBs.

The figures in the preceding table also include 2,278 individuals who received acute, short term mental health psychiatric or substance abuse inpatient services through local inpatient purchase of services contracts in their communities. If these services had not been available, most of these individuals would have required inpatient treatment in state hospitals. This probably would have doubled the number of individuals (2,346) receiving services in state hospital acute admission units in FY 2013.

The Community Consumer Submission 3 (CCS 3), the software application that transmits data about individuals and services from CSB information systems to the Department, provided data about the diagnoses, clinical and demographic characteristics, and living situations of individuals who received services from CSBs in FY 2013. A few examples follow.

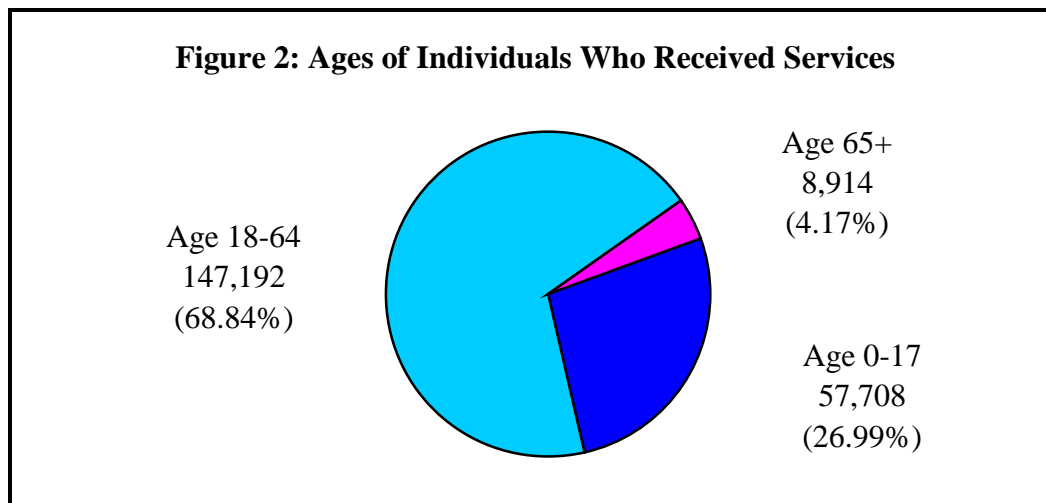


Table 2 provides more detail about the ages of individuals who received services from CSBs in FY 2013 by program area and emergency and ancillary services. More detailed age data is contained in a table in Appendix A.

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Age Range	Mental Health Services	Developmental Services	Substance Abuse Services	Emergency Services	Ancillary Services
00 – 17	32,688	4,594	2,816	9,556	27,467
18 – 64	74,711	14,839	31,304	44,872	39,373
65+	4,716	814	260	3,804	881
Unknown	6	1	2	68	14
Total	112,121	20,248	34,382	58,300	67,735

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 in FY 2013.

Diagnosis	CSB Mental Health Services	Total Unduplicated CSB Individuals	State Hospitals
Individuals 18 – 64	74,711	147,192	3,357
Other Dementias	41	56	7
Alzheimer’s	138	195	19
Dementia	138	236	23
Unduplicated Total	304	473	49
Percent of 18-64	0.41%	0.32%	1.46%
Individuals 65+	4,716	8,914	465
Other Dementias	79	150	81
Alzheimer’s	160	468	102
Dementia	215	735	34
Unduplicated Total	435	1,318	217
Percent of 65+	9.22%	14.79%	46.67%

- Of the 213,902 unduplicated individuals who received CSB services, 12,138 identified themselves as having a Hispanic origin, 5.7 percent of the total. Virginia’s Hispanic population is growing and meeting its needs will be important in future service development.

Puerto Rican	1,620	Other Hispanic	6,326
Mexican	1,530	Hispanic – Specific Origin Not Specified	2,398
Cuban	264	Total Number of Individuals	12,138

- Data about adults or children and adolescents who received mental health services and have serious mental illness (SMI) or have or are at risk of serious emotional disturbance (SED), defined in Core Services Taxonomy 7.2, are displayed in Table 5.

Department of Behavioral Health and Developmental Services FY 2013 Annual Report

Total Adults	Adults with SMI	Percent of Total
79,427	49,471	62.28%
Total Children	Children with SED or At-Risk	Percent of Total
32,688	25,931	79.33%

- Of 213,902 unduplicated individuals who received CSB services, 50,894 had co-occurring mental health and substance use disorders, 23.79 percent of the total number of individuals.
- Of 20,248 individuals who received developmental services, 2,358 had a diagnosis of autism spectrum disorder, 11.65 percent of the total number of individuals. Of all individuals who received services, 5,860 had an autism spectrum disorder diagnosis.
- Employment of individuals receiving services is a major focus of the Department. Table 6 displays employment status information for individuals who received services in FY 2013.

Employment Status	Mental Health	Developmental	Substance Abuse	Emergency + Ancillary	Total ¹
Adults (18-64) Who Received Services	74,711	14,839	31,304	84,245	147,192
Adults Employed Full-Time (35+ hours)	6,405	292	6,303	9,496	17,033
Adults Employed Part-Time (<35 hours)	7,074	1,451	3,591	6,665	13,389
Adults Employed Full- or Part-Time	13,479	1,743	9,894	16,161	30,422
Adults in Supported Employment	546	1,277	54	322	1,632
Adults in Sheltered Employment	202	537	13	96	611
Supported+ Sheltered Employment	748	1,814	67	418	2,243
Total Adults Employed	14,227	3,557	9,967	16,579	32,665
Percent of Adults Who Received Services	19.04%	23.97%	31.82%	19.68%	22.19%
Adults Unemployed	18,174	1,028	10,813	20,181	32,976
Adults Not in Labor Force (NLF)	39,263	9,650	9,436	33,302	65,498
Unknown or Not Collected (UNK/NC)	3,047	604	1,094	14,183	16,053
Total Unemployed, NLF, UNK/NC	60,484	11,282	21,343	67,666	114,527
Percent of Adults Who Received Services	80.96%	76.03%	68.18%	80.32%	77.81%

¹ Figures in this column are unduplicated across the three program areas and emergency and ancillary services, rather than the sum of the preceding columns on each line. Some individuals received emergency or ancillary services and services in one or more program areas.

CCS 3 Extract Specifications, available at www.dbhds.virginia.gov/documents/occ-2010-CCS3-ExtrSpec-V7-2.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 the Department. Table 7 displays type of residence information for individuals who received services in FY 2013.

Department of Behavioral Health and Developmental Services FY 2013 Annual Report

Type of Residence	Mental Health	Developmental	Substance Abuse	Emerg. Services	Ancillary Services	Total ¹	%
Total Individuals	112,121	20,248	34,382	58,300	67,735	213,902	100.00
Private Residences	92,085	13,622	27,267	36,210	45,148	153,880	71.94
Community Placements ²	8,887	4,884	1,432	2,881	2,756	14,368	6.72
Jails and Prisons	2,340	23	2,410	1,993	4,161	7,979	
Juvenile Detention Centers	705	2	275	353	816	1,431	
Inpatient Beds, Nursing Homes	713	175	23	675	210	1,355	
Other Institutions	283	397	73	216	238	905	
Total Institutional Settings	4,041	597	2,787	1,244	5,425	11,670	
Homeless, Homeless Shelters	2,006	27	845	1,701	1,615	3,586	1.68
Unknown or Not Collected	5,102	1,118	2,057	14,271	12,791	30,398	14.21

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

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

Specialized Initiatives or Projects

The Department has funded initiatives to expand the capacity of CSBs to serve particular populations. Table 8 displays numbers of individuals who received services in these initiatives anytime during FY 2013. Consumer designations are described in Core Services Taxonomy 7.2.

Code	Consumer Designation	Individuals
905	Mental Health Mandatory Outpatient Treatment Orders	130
910	Discharge Assistance Program (DAP)	925
915	Mental Health Child and Adolescent Services Initiative	1,613
916	Mental Health Services for Children in Juvenile Detention Centers	3,035
918	Program of Assertive Community Treatment (PACT)	1,470
919	Projects for Assistance in Transition from Homelessness (PATH)	1,340
920	Medicaid Intellectual Disability Waiver Services	3,840
933	Substance Abuse Medication Assisted Treatment	321
935	Substance Abuse Recovery Support Services	1,106

Medicaid Coverage

In FY 2013, 98,390 unduplicated individuals who received services were enrolled in Medicaid. This is 46 percent of the total unduplicated individuals who received any valid CSB service. Table 9 displays this data.

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Services:	Mental Health	Developmental	Substance Abuse	Emergency	Ancillary
Total Individuals	112,121	20,248	34,382	58,300	67,735
Medicaid	63,070	17,097	7,753	18,763	30,094
Percent of Total	56.25%	84.44%	22.55%	32.18%	44.29%

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 2013. Appendix C contains the amounts of services for each core services subcategory.

Emergency Services Hours	442,205			Ancillary Service Hours	289,888
Services in Program Areas	Mental Health	Developmental	Substance Abuse	Total Services	
Total Inpatient Bed Days	590,343	317,003	1,587	908,933	
Total Outpatient Service Hours	1,043,921	10,818	591,084	1,645,823	
Case Management Service Hours	907,592	485,637	77,510	1,470,739	
Total Day Support Service Hours	5,276,403	2,512,246	62,984	7,851,633	
Total Employment Days of Service	7,977	160,958		168,935	
Employment Service Hours	31,377	61,610	322	93,309	
Total Residential Bed Days	345,173	456,395	254,858	1,056,426	
Residential Services Hours	657,441	801,435	2,942	1,461,818	
Prevention Service Hours	4,815	2,170	275,448	282,433	

Service Capacities of CSBs and State Facilities

Table 11 displays the service capacities for each category of core services. Core Services Taxonomy 7.2 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	391 FTEs		
Total Ancillary Services	312 FTEs		
Services in Program Areas	Mental Health	Developmental	Substance Abuse
Total Inpatient Services	2,064 Beds	790 Beds	5 Beds
Total Outpatient Services	1,105 FTEs	21 FTEs	385 FTEs
Case Management Services	1,015 FTEs	534 FTEs	98 FTEs
Total Day Support Services	5,526 Slots	2,246 Slots	120 Slots
Total Employment Services	85 Slots	1,234 Slots	
Individual Supported Employment	19 FTEs	68 FTEs	
Total Residential Services	1,102 Beds	1,488 Beds	819 Beds
Supportive Residential Services	549 FTEs	235 FTEs	4 FTEs
Prevention Services	4 FTEs	0 FTEs	184 FTEs

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Section 37.2-308 of the Code of Virginia requires the Department to collect data on inpatient psychiatric and residential treatment beds for children. This data is shown in Table 12. Most of these beds are not included in Table 11 because CSBs do not purchase them.

Inpatient Acute Care Psychiatric Beds (14 Facilities)			
	Under Age 14	Ages 14-17	Total Beds
Licensed Beds	36	253	289
Staffed Beds	24	222	246
Residential Treatment Beds (23 Facilities)			
	Under Age 14	Ages 14-17	Total Beds
Licensed Beds	140	1,358	1,498
Staffed Beds	130	1,211	1,341

Staffing of CSBs and State Facilities

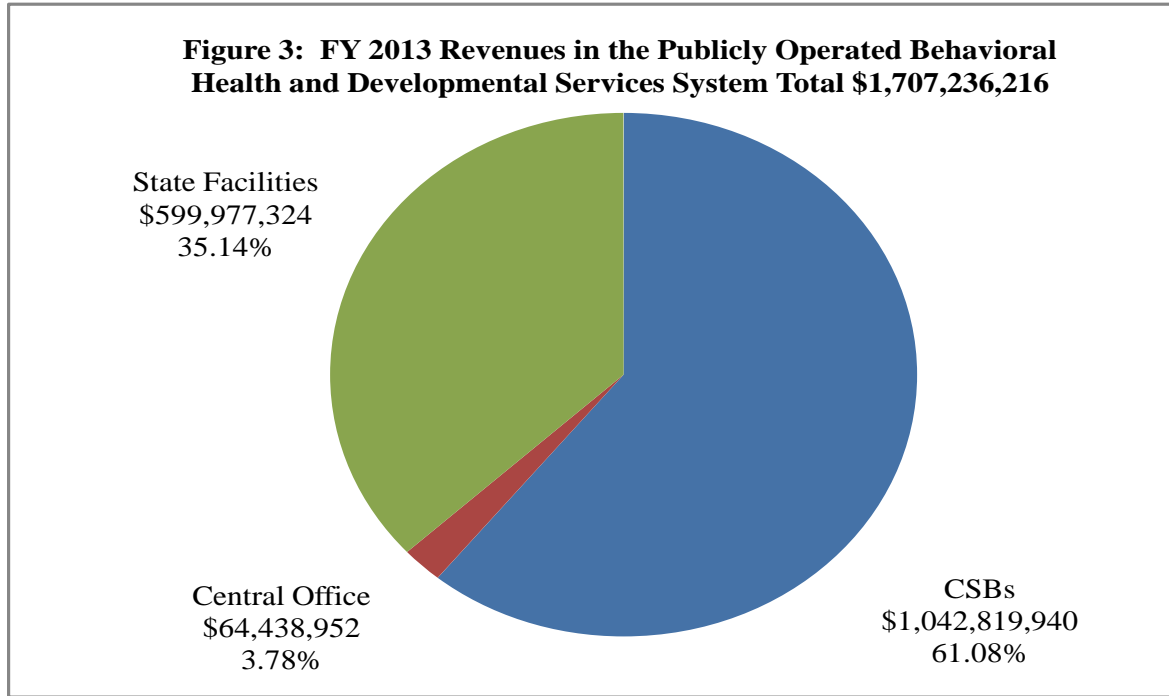
Table 13 displays staffing information about CSBs, state facilities, and the Department's central office, expressed as numbers of full time equivalents (FTEs). A full-time equivalent is not the same as a position; a part-time position staffed for 20 hours per week is one position but ½ of an FTE. FTEs 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. It is important to note that CSB numbers include only FTEs in programs directly operated by CSBs. Agencies with which CSBs contract for many services employ significant numbers of staff that are not included in the CSB figures.

	Direct Care Staff	Peer Staff	Support Staff	Total FTEs
CSB Mental Health Services	4,640.92	74.56	975.55	5,691.03
State Hospitals	2,689.30	0.00	1,103.00	3,792.30
Total Mental Health Services FTEs	7,330.22	74.56	2,078.55	9,483.33
CSB Developmental Services	3,445.41	35.66	440.07	3,921.14
Training Centers	2,234.40	0.00	1,093.90	3,328.30
Total Developmental Services FTEs	5,679.81	35.66	1,503.97	7,249.44
Hiram Davis Medical Center	150.00	0.00	23.00	173.00
Virginia Center for Behavioral Rehabilitation	334.00	0.00	90.00	424.00
CSB Substance Abuse Services FTEs	1,084.91	11.40	285.47	1,381.78
CSB Emergency and Ancillary Services FTEs	676.97	11.00	87.50	775.47
CSB Administration	0.00	0.00	1,171.61	1,171.61
Department Central Office (CO)	0.00	0.00	271.00	271.00
Total CSB Full-Time Equivalents	9,848.21	132.62	2,960.20	12,941.03
Total State Facility and CO FTEs	5,407.70	0.00	2,309.90	7,717.60
Total State and CSB Full-Time Equivalents	15,255.91	132.62	5,270.10	20,658.63

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Revenues Received by CSBs and State Facilities

The following chart depicts all of the FY 2013 revenues in the publicly operated behavioral health and developmental services system, including funds for CSBs, state facility services, and the Department’s central office and the respective percentages. The chart does not include direct Medicaid payments to private providers or Part C revenues.



CSBs reported revenues of \$1,042,819,940 from all sources in FY 2013; these are displayed in Table 14. Local funds include local government appropriations, charitable donations, and in-kind contributions. The 134 cities or counties that established the 40 CSBs provide the overwhelming share of local funds. Fees include Medicaid, Medicare, and private insurance reimbursements and payments from individuals. Other funds include workshop sales, retained earnings, and one-time funds.

Table 14: FY 2013 Community Services Board Revenues by Program Area

Revenue Source	Mental Health Services	Developmental Services	Substance Abuse Services	Total Revenues	Percent of Total
State Funds	\$184,874,064	\$17,127,472	\$46,627,210	\$248,628,746	23.84%
Local Funds	\$117,418,474	\$85,788,920	\$40,155,891	\$243,363,285	23.34%
Fees	\$250,437,575	\$201,329,150	\$14,437,296	\$466,204,021	44.71%
Federal Funds	\$11,939,959	\$1,000	\$42,603,810	\$54,544,769	5.23%
Other Funds	\$18,775,782	\$6,938,808	\$4,364,529	\$30,079,119	2.88%
Total Revenues	\$583,445,854	\$311,185,350	\$148,188,736	\$1,042,819,940	100.00%
Percent of Total	55.95%	29.84%	14.21%	100.00%	

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State facilities reported revenues of \$599,977,324 from all sources in FY 2013. Detailed revenues are displayed in Table 15.

Revenue Source	State Hospitals	Other State Facilities ¹	Training Centers	Total Revenues	Percent Of Total
State General Funds	\$229,030,258	\$32,876,769	\$14,853,321	\$276,760,348	46.13%
Federal Funds	\$58,663	\$0	\$24,438	\$83,101	0.01%
Medicaid	\$41,650,387	\$9,825,904	\$234,563,197	\$286,039,488	47.68%
Medicare	\$17,146,797	\$1,125,540	\$1,738,463	\$20,010,800	3.33%
Commercial Insurance	\$2,819,913	\$0	\$5,909	\$2,825,822	0.47%
Private Payments	\$3,040,775	\$3,783	\$766,049	\$3,810,607	0.64%
Other Revenues	\$3,010,589	\$222,064	\$7,214,505	\$10,447,158	1.74%
Total Revenues	\$296,757,382	\$44,054,060	\$259,165,882	\$599,977,324	100.00%
Percent of Total	49.46%	7.34%	43.20%	100.00%	

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

FY 2013 funds for the Department's Central Office totaled \$64,438,952, including \$35,738,002 of state funds, \$17,838,517 of special funds, and \$10,862,433 of federal funds.

Expenditures by CSBs and State Facilities

	Mental Health Services	Developmental Services	Substance Abuse Services	Total Expenditures ¹
CSB Services	\$564,424,696	\$304,723,303	\$143,182,835	\$1,012,330,834
Percent of Total	55.76%	30.10%	14.14%	100.00%

¹ Includes \$109,968,086 of CSB administrative expenses, 10.86% of the total.

	Expenses	Percent of Total
State Hospitals	\$298,022,579	46.70%
Other State Facilities ¹	\$43,161,922	6.76%
Training Centers	\$246,895,653	38.69%
Central Office	\$50,117,686	7.85%
Total Expenditures	\$638,197,840	100.00%

¹ Other State Facilities are HDMC and VCBR.

Part C Infant and Toddler Early Intervention Services

The Department also funds and monitors the early intervention services system established pursuant to Chapter 35 of Title 2.2 of the Code of Virginia for infants and toddlers eligible for services under Part C of the federal Individuals with Disabilities Education Act. The

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Department is the Part C state lead agency, pursuant to § 2.2-5304 of the Code of Virginia, and disburses federal Department of Education and state funds to and contracts with 40 local lead agencies (LLAs) for these services; 30 LLAs are CSBs. LLAs, 202 private agencies, and 120 individuals provided the following services in FY 2013 to 15,523 infants and toddlers. All eligible children receive service coordination. In addition, 9,305 children received evaluations to determine eligibility for services or an assessment for service planning.

Early Intervention Service	Children Served	Early Intervention Service	Children Served
Assistive Technology	16	Psychological Services	5
Audiology	78	Service Coordination	15,523
Counseling	16	Sign and Cued Language Services	16
Developmental Services	2,717	Social Work Services	16
Health Services	0	Speech-Language Pathology	5,076
Nursing Services	0	Transportation	5
Nutrition Services	5	Vision Services	109
Occupational Therapy	2,266	Other Entitled Early Intervention Services	155
Physical Therapy	3,943		

Federal Part C Funds	\$8,251,515	Targeted Case Management Fees	\$5,665,674
State Part C Funds	\$9,602,586	Private Insurance Fees	\$5,283,510
Other State General Funds	\$1,194,843	Grants/Gifts/Donations	\$149,087
Local Funds	\$7,970,999	In-Kind Contributions	\$54,259
Family Fees	\$1,040,757	Other Revenues	\$1,223,915
Medicaid Fees	\$19,733,600	Total Revenues	\$60,170,745

Assessment for Service Planning	\$2,337,794	Physical Therapy	\$2,585,505
Assistive Technology	\$21,453	Service Coordination	\$11,304,694
Audiology	\$4,631	Social Work Services	\$45,047
Counseling	\$59,702	Speech Pathology Services	\$8,452,672
Developmental Services	\$3,732,217	Transportation	\$102,799
Evaluation for Eligibility Determination	\$971,012	Vision Services	\$31,815
Health Services	\$68,254	Other Entitled Services	\$638,183
Nursing Services	\$7,203	Private Provider Services	\$14,441,988
Nutrition Services	\$41,408	System Components ¹	\$6,983,744
Occupational Therapy	\$1,890,873	Total Part C Expenditures	\$53,720,994

¹ System Component expenditures support administration, system management, data collection, and training activities critical to the provision of direct services.

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Department Initiatives and Accomplishments

A. *Creating Opportunities Plan Initiative*

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

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

Creating Opportunities initiatives have been developed in the following areas.

1. Strengthen the responsiveness of behavioral health emergency response services and maximize the consistency, availability, and accessibility of services for individuals in crisis.
2. Increase peer services and supports by expanding peer support specialists in direct service roles and expand recovery support services.
3. Increase the statewide availability of substance abuse treatment services.
4. Enhance the effectiveness and efficiency of state hospital services.
5. Develop a child and adolescent mental health services plan to enhance access to the full comprehensive array of child and adolescent behavioral health services as the goal and standard in every community. The plan was submitted to the General Assembly in 2011 and is available at www.dbhds.virginia.gov/documents/CFS/cfs-Community-Based-BH-Plan.pdf.
6. Build community developmental services and supports capacity that will enable individuals, including those with multiple disabilities, to live a life fully integrated in the community.
7. Incorporate services and supports for individuals with autism spectrum disorder or developmental disabilities in Virginia's developmental services delivery system.
8. Address the housing needs of individuals with mental health or substance use disorders or developmental disabilities.
9. Create employment opportunities for individuals with mental health or substance use disorders or developmental disabilities.
10. Strengthen the capability of the case management system to support individuals receiving behavioral health or developmental services.

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11. Complete the phased implementation of a department electronic health record and health information exchange across the state facility system.
12. Address sexually violent predator (SVP) service capacity in order to appropriately and safely operate the VCBR and provide appropriate SVP rehabilitation and treatment services.

The most recent update on progress in implementing *Creating Opportunities* initiatives is available on the Department's web site at www.dbhds.virginia.gov/CreatingOpportunities.htm.

B. Behavioral Health Services Initiatives and Accomplishments

- Construction of the replacement facility for WSH in Staunton was substantially completed. The new hospital is scheduled to be completed by September 2013. The facility contains 355,000 square feet with 246 beds, expandable to 302 beds. The new 66-acre site for WSH was acquired from Staunton, and the old site was sold to the city for economic development.
- Mental health services staff chaired the Suicide Prevention Interagency Committee to update the *Virginia Suicide Prevention Across the Lifespan Plan*. An initial draft was completed in October 2012 and is now being updated to reflect the new Mental Health First Aid and Suicide Prevention initiatives from the Governor's Task Force on School and Campus Safety.
- In April 2012, the Department provided training to 24 individuals to be Applied Suicide Intervention Skills Training (ASIST) trainers. Twenty individuals are CSB treatment or prevention staff, two are state hospital staff, and two are Virginia Department of Veterans Services (Wounded Warrior) staff. In addition, 97 individuals participated in a two-day ASIST training for suicide prevention. In FY 2013, ASIST trainers trained 796 CSB personnel or local community members.
- Prevention staff participated in the Governor's Substance Abuse Awareness Vital for Virginia Youth Schools and Communities Recognition Program. This program was designed to identify schools throughout the Commonwealth providing substance abuse prevention programs to students. Programs were rated on the level of evidence to promote best practices and community responsiveness that lead to enhanced student health, school engagement, and academic and personal achievement.
- Prevention staff piloted the *Off-Site Supervision Program* from November 2012 to April 2013. This workforce development initiative addresses the supervision requirement for the internationally certified prevention specialist designation for persons without a certified supervisor on-site. The certification is approved by the certified state office personnel supervising the initiative and the Substance Abuse Certification Alliance of Virginia board.
- As part of its goal to improve the state's behavioral health crisis response system, during FY 2013, the Department continued to expand the use of advance health care directives among individuals in the public behavioral health system. Research demonstrated that the use of advance directives improved individuals' participation in services, strengthened relationships with treatment providers, and decreased the need for more costly and restrictive services. In

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the fall of 2012, the Department used a \$221,000 grant from the National Association of State Mental Health Program Directors to fund part of the advance directives implementation project. FY 2013 outcomes of this project include:

- an advance directives facilitator curriculum to train peers and staff to provide assistance to consumers in developing an advance directive;
 - a certified legal education curriculum on mental health advance directives for attorneys;
 - advance directives training and technical assistance to staff and individuals receiving services at multiple CSBs and two state hospitals;
 - worked with attorneys in private practice to develop a network of attorneys to provide pro bono legal assistance in advance planning for psychiatric care;
 - collaborated with staff at UVA Institute for Law, Psychiatry, and Public Policy and Duke University's National Technical Assistance Center on Psychiatric Advance Directives to implement research on advance directives at five CSBs, and
 - worked with the Region Ten CSB and its crisis intervention team to identify best practices for collaborating with crisis and emergency services on the use of advance directives.
- The Department developed a seventh case management training module, *Case Management Accountability*, which was released in February 2013. As of June 2013, more than 4,200 individuals from CSBs and other organizations started the case management training, 3,936 completed the six module curriculum, and 3,264 completed the new seventh module.
 - Mental health staff collaborated with the Riverside Center for Excellence in Aging and Lifelong Health, the Virginia Geriatric Mental Health Partnership, and the VCU Department of Gerontology to deliver a second set of three webinars on key topics in geriatric mental health for staff in long term care and behavioral health settings, including facility and home-based services. Over 1,300 senior service providers and long term care staff participated. Webinar topics included:
 - Behavioral Disturbances of Dementia: Interventions to Reduce the Use of Psychotropic Medications;
 - Best Practices in Geriatric Psychiatric and Long Term Care; and
 - The Temporary Detention Order Process: What Staff Needs to Know.
 - Mental health staff joined the Department of Medical Assistance Services (DMAS) and the Department of Aging and Rehabilitative Services to create a State Advisory Team in collaboration with the Older Americans Behavioral Health Technical Assistance Center of the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) and the Administration on Aging. The State Advisory Team developed top priority strategy issues that address *Behavioral Health Challenges Facing Older Americans in Virginia*.
 - The Department completed a study of the Discharge Assistance Program (DAP). The study identified improvements in service delivery and administration, and they have been implemented. In FY 2013, 925 individuals received services supported with DAP funds.

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- In December 2012, the Department convened teams from 10 communities to learn about and implement mandatory outpatient treatment in their communities. Teams included CSB staff, judicial officials, hospital personnel, family members, and individuals receiving services.
- Mental health and substance abuse staff collaborated with community stakeholders to implement a new strategic planning process to enhance the recovery orientation of Virginia's public behavioral health system. The initiative, Bringing Recovery Supports to Scale Technical Assistance Collaborative (BRSS-TACS), supported in part by a grant from the SAMHSA, aims to advance recovery oriented systems, practices, and supports for persons with mental health or substance use disorders. These practices include integrating individuals with the lived experience of recovery into policy development, program design and delivery, improving access to services, removing practical barriers to service, and reducing stigma. As one of eight states selected to participate, Virginia sent a team of 12 persons including representatives of the Department, CSBs, state hospitals, peer and advocacy organizations, and the DMAS to a national meeting with other state teams where they focused on developing a detailed state strategy and received technical assistance from national experts. As a result, the project sponsored a statewide Recovery Forum in Roanoke on June 9-11, 2013 attended by 110 system leaders representing CSBs, state hospitals, and substance abuse and mental health peer and advocacy services communities. Regional groups developed goals for furthering recovery oriented systems of care in their communities. A steering committee representing all regions and the attending stakeholders has been developed to continue work on these goals and to plan a second Recovery Forum.
- The General Assembly appropriated \$1,500,000 in FY 2013 for children's behavioral health crisis response and child psychiatry. The Department awarded funds to three regions: Horizon Behavioral Health in Region 1, Mount Rogers CSB in Region 3, and Richmond Behavioral Health Authority in Region 4. The regions:
 - achieved good outcomes in keeping children with their parents and attending school;
 - expanded access to child psychiatry, serving 520 children through face-to-face visits, tele-psychiatry, or consultation to pediatricians and primary care practitioners; and
 - reduced their utilization of the CCCA with fewer admissions and bed days used.
- Early Intervention (Part C) Services
 - Virginia's annual determination from the federal Office of Special Education Services (OSEP) was Meets Requirements. This is the highest level and depended on meeting compliance targets set by OSEP. Virginia had been in the Needs Assistance, the second of four categories, since 2009. Achieving Meets Requirements represented substantial efforts by the Department and local lead agencies to meet rigorous OSEP standards. This was a challenge due to funding shortfalls while the number of children served had grown 52 percent since 2007.
 - Responding to concerns about shortfalls, the General Assembly appropriated an additional \$2,250,000 for the Early Intervention Part C system in FY 2013 and \$6,000,000 for FY2014. The Department has allocated the funds to the 40 local systems to help them serve children in a timely fashion and meet all of their early intervention service needs.

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- Following the recommendation to the General Assembly in A Plan for Children’s Behavioral Health Services, the Department provided the following workforce development training opportunities for children’s behavioral health professionals:
 - Trauma-Informed Care - 338 individuals attended five training events;
 - Cultural and Linguistic Competency - 263 individuals attended three regional Cultural Competency in System of Care events;
 - Family educational events - 73 individuals attended a Supported Voices/NAMI Family event, “Co-Occurring Disorders and the Impact on the Family, or Adolescent Substance Abuse: When is it a Problem?”

In total 1,099 individuals benefitted from the Department’s children’s behavioral health workforce development initiative.

- Section 19.2-169.2 of the Code of Virginia states that if a defendant is found to be incompetent to stand trial, the court shall order the defendant to receive services in order to attempt to restore his or her competency to stand trial. While the Code specifies a preference for such services to be provided on an outpatient basis, there is no funding for them. In FY 2013, the Department re-allocated some existing funds and reimbursed CSBs for 117 individuals for whom they provided competency restoration services. CSBs were able to restore competency for 32 percent of these individuals. Another 15 percent were found by the court to be unrestorably incompetent to stand trial and charges were dismissed. Thus, 47 percent received some form of outpatient treatment and were successfully diverted from state hospital admission. Approximately 40 percent of the individuals were found to be in need of more intensive treatment; so they were referred for inpatient admission to a state hospital. The Department intends to continue funding in FY 2014 so that CSBs can continue to provide outpatient services for those individuals for whom outpatient services are indicated, thus diverting expensive and restrictive state hospital admissions.
- In FY 2013, seven new individuals who had been found not guilty by reason of insanity (NGRI) were diverted from the CSH maximum security unit to other state hospital units for temporary custody evaluations. This saved 700 maximum security bed days for savings of \$189, 700 due to the reduced cost of care in non-maximum security units. This practice also allowed CSH to admit other individuals in need of maximum security placement, which helped decrease the length of the admission waiting list.
- The General Assembly appropriated \$750,000 for additional Crisis Intervention Team (CIT) Triage and Assessment Sites. These sites provide secure clinical alternatives to arrest for persons in mental health crisis. Three sites were funded:
 - New River Valley CIT Program, which includes 14 law enforcement agencies, New River Valley Community Services, and HCA Montgomery Regional Hospital;
 - Henrico County CIT Program, a partnership among the police department, sheriff’s office, fire and rescue, Henrico Area Mental Health and Developmental Services, and Henrico Doctors Hospital; and

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- Chesapeake and Portsmouth CIT Programs, a partnership between two CIT programs representing police and sheriff departments in both jurisdictions, both CSBs, and Maryview Hospital.
- The Department conducted the first annual CIT Inventory in August to establish the baseline for ongoing growth of CIT programs. Based on the inventory, the Department published a status report in January 2013. The report noted that in the 30 active CIT initiatives:
 - 172 of 374 law enforcement and corrections agencies participate in a CIT program,
 - 8 programs have a full or part time assessment site, and
 - 4,337 law enforcement and 246 mental health providers completed 40-hour CIT training.
- Abuse of prescription drugs continues to be a problem in Virginia. The Office of the Chief Medical Examiner indicated that 818 people died from drug poisoning in 2011. Over 60 percent of those deaths were related to opiate use, and most were drugs available only by prescription. In the fall of 2012, Virginia was selected with six other states to participate in the first National Governors Association (NGA) Policy Conference focusing on the prevention of prescription drug abuse. The Department of Health Professions was the lead agency, joined by the Secretary of Public Safety and the Secretary of Health and Human Resources, the Department of State Police, and the Department.

After this conference, the Virginia team established four workgroups: training and education, enforcement, disposal, and monitoring. Each workgroup included representatives from stakeholder organizations, including state and federal agencies and state legislators. State agencies included the Departments of Health, Environmental Quality, Forensic Science, Criminal Justice Services, Aging and Rehabilitation Services, and Veterans Services and the National Guard. Federal agencies included the Drug Enforcement Agency and the Office of U.S. Attorney - Western District. Other organizations included the Pharmacist Association, Association of Commonwealth's Attorneys, Dental Association, Sheriffs Association, Association of Chiefs of Police, Medical Society of Virginia, University of Virginia Medical School, Association of Community Services Boards (VACSB), Hospital and Healthcare Association, Association of Community Health Care, and Association of Free Clinics and Connect Virginia, OneCare of Southwest Virginia, and SAFE of Chesterfield County.

The workgroups met multiple times to identify goal statements and develop objectives and strategies. In March 2013, the Virginia team hosted a public day-long meeting that was attended by stakeholders and interested members of the public. Facilitated by staff from the NGA, each workgroup presented its draft plan and received public input. At the second national meeting, state teams received additional information and shared their draft strategies. The Virginia team finalized its plan, which has been accepted by the Governor and forwarded to the NGA.

- In the fall of 2012, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the MacArthur Foundation selected Virginia to participate in a policy academy. The academy focused on developing strategies to divert youth with mental health or substance use issues from engagement with the juvenile justice system. State agency partners included the Department, the Department of Juvenile Justice, and the Office of

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Comprehensive Services. Community partners included Horizon Behavioral Health (the CSB in the Lynchburg area) and the 24th District Court Services Unit. Virginia's team developed a pilot project in which the court service unit used an evidence-based behavioral screening instrument to identify children who would benefit from behavioral health services whose caretakers were seeking petitions for Children in Need of Services (CHINS) or domestic violence. Based on factors identified in the screening, children were referred to the CSB for services instead of further engaging with the juvenile justice system.

The project engaged local stakeholders and trained local juvenile justice professionals in five juvenile justice service sites to administer the screening instrument. The approach was unique in that the instrument was computer-based and self-administered under professional supervision. This reduced youth resistance to being assessed and increased the objectivity of the screening. Youth became calmer during the screening and more receptive to accepting professional assistance to address their behavior issues. From the beginning of the pilot period until August 31, 2013, 58 screenings were conducted, resulting in 43 referrals to the CSB, while only 15 petitions were filed. This contrasts with 113 CHINS petitions filed during the same period in the previous year. Anecdotes indicated many more families sought help from the CSB as an alternative to a petition simply from hearing about this program.

- The Department, using federal substance abuse block grant funds, sponsored training to develop workforce skills in providing services to adolescents who have experienced trauma. Research indicates a significant proportion of individuals with behavioral health problems experienced serious traumatic events that were not addressed. These events include being the victim of a violent crime or witnessing a loved one be violently assaulted. The longer events remain unaddressed, the more emotional damage occurs, often leading to substance abuse, depression, poor emotional control, and other serious behavioral issues. Training focused on adolescents with co-occurring substance abuse and mental health issues and provided knowledge and skills in assessment and treatment. The 105 participants came from the Department of Juvenile Justice, Departments of Social Services, CSBs, and private providers.
- The Department collaborated with the UVA Medical School and VACSB to offer training for psychiatrists, doctors, and other health providers in state hospitals and CSBs to improve their knowledge of addiction and treating individuals who may have co-occurring mental health disorders. The Department collaborated with the Virginia Health Practitioners Monitoring Program to offer training for health care providers that included pain management for people who are recovering from addiction. The UVA Medical School provided CMEs, and 81 persons from 27 CSBs and six state hospitals participated.
- In response to an increasing recognition of the value of integrating behavioral and primary health care to improve overall outcomes for individuals, the 19 CSBs listed below partnered with federally qualified health centers (FQHCs), free clinics, or local health departments.

Alexandria CSB

Alleghany Highlands CSB

Arlington County CSB

Chesterfield CSB

Colonial Behavioral Health

Danville-Pittsylvania CSB

Middle Peninsula-Northern Neck CSB

Norfolk CSB

Northwestern Community Services

Piedmont Community Services

Portsmouth Department of Behavioral Healthcare

Prince William County CSB

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Eastern Shore CSB	Region Ten CSB
Fairfax-Falls Church CSB	Richmond Behavioral Health Authority
Henrico Area Mental Health and Developmental Services	
Horizon Behavioral Health	Rockbridge Area Community Services

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

Table 21: Organizations With Which CSBs Partnered			
FQHC	6 CSBs	Local Health Department	2 CSBs
Free Clinic	9 CSBs	Other Organization	2 CSBs

Table 22: Location of Services	Primary Health Care	Behavioral Health Care
On-Site at CSB	9	11
On-Site at Primary Health Care	9	7
On-Site at Another Organization	1	1

C. Developmental Services Initiatives and Accomplishments

- In 2012, Virginia entered into a Settlement Agreement with the U.S. Department of Justice to improve services and supports for individuals with intellectual or developmental disabilities. The Department is one of the lead agencies responsible for implementing the terms of the 10-year agreement. The following activities occurred in FY 2013 related to the agreement. More information about the agreement is available on the Department’s web site at www.dbhds.virginia.gov/Settlement.htm.
- The Department completed construction of 15 five-bed homes on the site of the replacement facility for SEVTC and constructed 13 homes in the community; this reduced the capacity of the training center from almost 200 beds to 75 beds.
- Discharge Planning and Progress
 - 155 individuals transitioned to the community from training centers in FY 2013.
 - 350 families were actively discussing discharge planning by July 2013.
 - Total training center census decreased to 788 by July 2013; this represents a 57 percent decrease since FY 2000.
- Regional Support Teams (RSTs)
 - RSTs have been established to help resolve barriers to the most integrated community setting consistent with the individual’s needs and informed choice.
 - RST members include individuals with diverse ID/DD experience such as medical professionals, human rights advocates, and licensing specialists.
 - Referrals are made to RSTs for individuals who have difficulty finding a placement, move into congregate settings of five or more individuals, live in intermediate care or nursing facilities, or have a history of being removed from placements.

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- In six months of operation in FY 2013, there were 22 community referrals and 67 training center referrals to RSTs.
- **Crisis Services**
 - Three regions opened crisis respite homes; the other two regions are developing them.
 - Systemic Therapeutic Assessment, Respite, and Treatment (START) enrolled 571 individuals.
- **Medicaid Waiver Transformation Initiative**
 - The Department awarded a contract to the Human Services Research Institute to conduct an in-depth study of the current Medicaid Intellectual Disability Home and Community-Based Waiver and reimbursement methodology and rates and make recommendations for changes leading to a comprehensive, unified, developmental disability waiver system. The study will be completed by the fall of 2014.
 - The Department and the DMAS are working together to develop a CMS-approved implementation of the exceptional rate reimbursement methodology for individuals receiving waiver services who have medical or behavioral needs that are greater than the supports that can be offered with current waiver rates. This is scheduled to be implemented soon after the beginning of calendar year 2014.
- **Employment**
 - The Department, working with partners in the State Employment Leadership Network (SELN), produced a strategic plan for Employment First for the Settlement Agreement. The plan outlines a process to increase integrated employment opportunities for people receiving disability services, and it is consistently evaluated for effectiveness and updated.
 - In October 2012, Virginia held its second annual Employment First summit. Individuals with disabilities and representatives from employment service organizations, advocacy groups, CSBs, and state agencies discussed programs and efforts to provide integrated employment. Attendees identified steps to move the employment system for people with disabilities in toward Employment First.
 - In December 2012, the State Board of Behavioral Health and Developmental Services adopted Policy 1044 (SYS) 12-1 Employment First. The policy states that CSBs shall ensure case managers and support coordinators offer community-based individual supported employment in integrated settings as the first and priority service option to individuals receiving day support or employment services and shall expand access to integrated, community-based employment opportunities for individuals receiving services.
 - The Department is developing data collection procedures to improve employment service options and has signed memoranda of understanding with several state agencies to share and develop baseline data to evaluate progress on the Employment First initiative.
- The Department completed Virginia's Plan to Increase Independent Living Options. This meets requirements in Section III.D.3 of the Settlement Agreement. The Department worked with local housing and services partners in northern Virginia and Hampton Roads to design

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and implement an \$800,000 rental assistance pilot project funded with Settlement Agreement funds. The Department and the DMAS will track Medicaid expenditures for individuals participating in the pilot who will be transitioning from congregate to independent settings to determine whether there are sufficient state fund savings to support the program beyond the three-year pilot period. If there are sufficient savings, the Department plans to seek approval to continue and expand the project.

- The Individual and Family Support Program (IFSP) exceeded its first year goal of assisting 700 individuals and families on the ID or DD Waiver waitlists by providing up to \$3,000 to each of 825 individuals for supports and services. The IFSP received 1,744 applications between March 22 and May 1. Primary funding requests were for respite services, summer camps, assistance with utilities, assistive technology, dental services, and environmental modifications. Applications were reviewed on an individual need basis, and approvals were based on documentation received from the individuals and families.
- The Department received a \$52,000 grant from the Virginia Board for People with Disabilities to develop a peer education and mentoring program for individuals leaving training centers or those who left in recent years. The grant funds a joint project between the Department, Arc of Virginia, and Hope House Foundation; it will end in December 2014.

D. Administrative Initiatives and Accomplishments

- The Department, in collaboration with the VITA Procurement Division, contracted with Siemens Medical Solutions USA, Inc. to purchase and implement the Soarian Electronic Health Record System across the state facility system. ESH, WSH, and SWVMHI began using the system, DBHDS OneMind, in June 2013. The Department is scheduled to deploy DBHDS OneMind in 14 facilities over three years and complete deployment in FY 2016.
- The Department completed development of a business plan, governance model, and statement of work to construct a data warehouse with self service reporting capabilities for use across its multiple application systems and data sources. Oversight body (VITA) approvals are on target to initiate a two year project by October 1, 2013 leading to initial use of this resource for high-priority datasets and reporting needs in FY 2014.
- The Department substantially improved its information technology capabilities. An internal assessment using well recognized Capability Maturity Model criteria established by the Software Engineering Institute reflected improvement from a score of 0.5 (Chaotic) in December 2011 to 2.5 (Proactive) at the end of June 2013. Evidence of this improvement is visible through:
 - Improved rates of success for information technology system initiatives,
 - Successful procurement and deployment of an electronic health record system,
 - Multiple successful application system and infrastructure system upgrades,
 - Establishment and use of consistent project management methods, and

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- Improved cooperation, collaboration, and conformance to COV/VITA policies and standards.
- The Department's Qualified Bilingual Staff (QBS) training program increases staff capability for providing linguistically appropriate services to limited English proficient individuals receiving services. The program targets bilingual, dual role staff and trains them in proper interpreting skills during a behavioral health encounter. It is available for staff needing to learn effective interpreter strategies in mental health, substance abuse, early intervention, and developmental services. The program has trained and tested the proficiency of 136 bilingual staff working in state facilities, CSBs, or licensed providers as QBS interpreters.
- The external site of the Knowledge Center for on-line training has grown to a total of 7,346 active users with 6,803 new users between January 2012 and September 10, 2013. This increase is attributed to case management training requirements instituted by the Department.
- In FY 2012, the Department received a three-year grant from the Department of Social Services as part of a federal preventative health grant related to refugee mental health. During the second year of the grant, the memorandum of understanding addressed issues around building capacity for the behavioral health and developmental services system to improve behavioral health services for refugees. The Department completed a needs assessment and is implementing recommendations from it. The Department worked with the Virginia Department of Health State Refugee Health Coordinator to implement refugee mental health screening during the initial health screenings done at local health departments. The screening process includes a streamlined referral process to CSBs for refugees that score higher on the screening. The Department is developing mental health English as a Second Language modules for the Refugee Resettlement Office to provide information on mental health services and concepts for new refugees who may not understand the western mental health services system.

Systemic Outcome and Performance Measures

Performance Budgeting Service Area Plan Measures

The Department reports 24 measures covering community and state facility services and administrative operations. All of the Department's measures are available under agency codes (Agcy Cd) 720, 790, 792, 793, and 794 at <https://solutions.virginia.gov/pbreports/rdPage.aspx>. The following measures are related directly to community services.

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

This measures the percent of individuals receiving intensive mental health services in the community. The measure is calculated by dividing the number of individuals receiving intensive community-based mental health services by the total number of individuals receiving state hospital services and intensive community-based services. The FY 2010 baseline was 65.6 percent. The FY 2013 target was 69 percent, and the result was 74.5 percent.

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

This measures the percent of individuals receiving intensive developmental services in the community. The measure is calculated by dividing the number of individuals receiving intensive community-based developmental services by the total number of individuals receiving training center services and intensive community-based services. The FY 2010 baseline was 74 percent. The FY 2013 target was 78 percent, and the result was 80.3 percent.

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

This measures the percent of admissions to state hospitals that involve individuals who had been discharged from a long episode of care within one year. The measure is calculated by dividing the number of unduplicated individuals discharged from a 60 day or longer episode of care within the previous 365 days who are admitted by the number of unduplicated admissions during the reporting period. The FY 2012 baseline measure was 6.2 percent. The FY 2013 target was 6.0 percent, and the fourth quarter result was 5.1 percent.

Performance Contract Exhibit B Measure: Statewide performance is shown below.

Table 23: FY 2013 Performance Measure	Data	FY2013 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.	6,940	Number of individuals who kept scheduled face-to-face (non-emergency) service visits within seven business days of discharge from hospitals or psychiatric units.
	9,095	Number of individuals discharged to CSBs from hospitals or psychiatric units.
	76.31%	Statewide percentage of individuals referred to CSBs who kept face-to-face (non-emergency) service visits within seven business days.

Recovery Oriented System Indicators Survey

Recovery is a key value in the Department’s vision statement. The Recovery Oriented System Indicators (ROSI) instrument measures the recovery orientation of an organization from the perspective of individuals receiving services through a survey approach. In FY 2013, 39 CSBs conducted the fourth ROSI survey with 3,620 adults who received mental health services. Statewide results for the eight recovery domains in the survey showed improvements over the previous survey results. Scores ranged from 1 (strongly disagree) to 4 (strongly agree). The overall average statewide score by all respondents on the 42 item survey was 3.20. Fifty four percent of respondents scored their CSBs’ recovery orientation as above average. A report on the results is available at <http://www.dbhds.virginia.gov/OMH-Recovery.htm>.

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FY 2013 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 22 years, the number of individual and family member appointments to CSBs has increased by 323 percent. In FY 2013, CSBs reported 68 individuals and 169 family members out of 492 appointed board members. On a statewide basis, the 237 individuals or family members appointed to CSBs represented 48.2 percent of all filled appointments. It is important to note that CSB board members are appointed by the city councils or boards of supervisors that established the CSBs, rather than by the CSBs. Consequently, some CSBs may have little ability to affect the numbers of individuals and family members appointed.

FY 2013 Quality Improvement Measures

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

1. Quality improvement data should measure meaningful outcomes. The Department should measure the outcomes but it would be up to individual CSBs or state facilities to change their business processes to improve their outcomes. While the focus should be on outcomes rather than on the processes to achieve those outcomes, some process measures that support recovery may be important measures from a policy perspective.
2. For initial measures, current available data should be used. Once the process is established with some initial successes, collection of other data would be considered.
3. Data should be timely with data analysis and feedback provided to CSBs and state facilities at least quarterly and perhaps more often depending on Department staff and information technology resources.
4. Measures should be clear, accessible, comparable, and understandable. Measures should be presented in a manner that is easy for the reader to understand (e.g. listing results from best to worst rather than alphabetically and using graphics). Measures that require detailed or complex explanations of the data should be avoided.
5. Measures should focus on systemic measurements at the CSB level, not on changes at the level of individuals receiving services.

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As part of producing the behavioral health and developmental services section of a data dashboard for the Secretary of Health and Human Resources, the Department developed the following measures, drawing on earlier behavioral health quality improvement measures. The measures have been implemented and are posted with definitions and specifications on the Department's web site at <http://www.dbhds.virginia.gov>.

Behavioral Health Services 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.

Developmental Services Measures

6. Developmental services transformation: the percent of individuals admitted to the developmental services program area who received intellectual disability (ID) or day support (DS) waiver services or training center services who received ID or DS waiver services.
7. Receipt of face-to-face developmental case management services by individuals admitted to the developmental services program area and enrolled in Medicaid who received at least one face-to-face case management contact per month.
8. Receipt of in-home developmental case management services by individuals admitted to the developmental services program area and enrolled in Medicaid 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.

State Facility Measure

9. Forensic State Hospital Bed Utilization: the percent of total state hospital bed days occupied by individuals with a forensic status.

Central Office Oversight: CSB Reviews

The Department conducts on-site reviews of four CSBs each year that involve staff from the Offices of Mental Health, Developmental, Child and Family, and Substance Abuse Services; Grants Management; Human Resources Management; and Community Contracting. The Department selects CSBs based on a comprehensive risk analysis. Reviews examine financial management and accountability operations, compliance with federal block grant financial and

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programmatic requirements, service delivery, and personnel management. After reports are issued, Department staff conducts follow up reviews one year later to determine whether CSBs implemented report recommendations. Four CSBs were reviewed and follow up reviews were conducted at two other CSBs in FY 2013.

Central Office Oversight: Licensing Service Providers

The Department licenses providers of behavioral health, developmental, developmental disability waiver, and residential brain injury services. The Office of Licensing ensures providers adhere to regulatory standards for health, safety, service provision, and individual rights; conducts annual unannounced inspections; investigates complaints and reports of serious injuries and deaths in licensed services; and initiates actions such as sanctions and license revocations when necessary. The office has experienced a tremendous workload increase with the significant expansion in Medicaid providers, particularly for children’s mental health services and developmental services. The Department licensed 844 providers in FY 2013. 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.

Statistic	FY 2012	FY 2013	Change
Licensed Providers	744	844	+9.4%
Licensed Services	1,860	2,038	+9.6%
Licensed Locations	6,302	7,063	+12.1%

In FY 2013, the Department licensed 261 new providers. All new providers receive conditional licenses.

Services	Number	Services	Number
Inpatient Services	2	Crisis Stabilization Services	15
Methadone/Inpatient Detox Services	4	Residential Treatment Services	0
Intensive Outpatient Services	35	Children’s Residential Services	9
Intensive In-Home Services	35	Group Home Services	30
Intensive Community Treatment Services	11	Supervised Living Services	3
Therapeutic Day Treatment Services	12	Sponsored Home Services	9
Psychosocial Rehabilitation Services	4	In-Home Support Services	7
Day Support Services	8	Autism Services	7
Mental Health Support Services	70	Total Conditional Licenses	261

In FY 2013, the Office of Licensing conducted 3,310 inspections of various types. The different types are displayed in the following table.

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Type of Visit	Number
Unannounced Complaint Investigation	159
Consultation	224
Department of Justice Unannounced Visit/Consultation	634
Unannounced Visit	2,293
Total Licensing Inspections	3,310

Central Office Oversight: Human Rights

The Department 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 the Department’s human rights activities is available on the Department’s web site at www.dbhds.virginia.gov/OHR-default.htm.

In FY 2013, 213,902 individuals received services from CSBs. Thousands of additional individuals received services from other community providers licensed by the Department and subject to the human rights regulations. There were 958 human rights complaints filed in community programs, and 179 complaints (19 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 4,727 allegations of abuse, neglect, or exploitation filed in community programs, and 506 (11 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				958
Numbers of Complaints Finally Resolved at the Following Levels				
Director and Below	955	State Human Rights Committee	1	
Local Human Rights Committee	2	Department Commissioner	0	
Number of Complaints That Did Not Result in a Violation Being Determined				779
Number of Complaints That Resulted in a Violation Being Determined				179
Total Number of Allegations of Abuse, Neglect, or Exploitation				4,727
Total Number of Founded Allegations of Abuse, Neglect, or Exploitation				506
Numbers of Founded Allegations Resolved at the Following Levels				
Director and Below	502	State Human Rights Committee	1	
Local Human Rights Committee	3	Department Commissioner	0	
Numbers of Founded Allegations by Type				
Physical Abuse	66	Exploitation	16	
Verbal Abuse	47	Neglect	376	
Sexual	1	Other	0	

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In FY 2013, 6,022 individuals received services in state facilities. There were 2,812 human rights complaints filed in state facilities, and 66 percent were resolved informally. Over 99 percent of complaints filed were resolved at or below the director level. There were 473 allegations of abuse, neglect, or exploitation filed in state facilities, and 139 (29 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.

Table 28: FY 2013 Data Reported by State Facilities			
Total Number of Human Rights Complaints			2,812
Numbers of Complaints Resolved at The Following Levels			
Director and Below	2,805	State Human Rights Committee	2
Local Human Rights Committee	4	Department Commissioner	1
Number of Complaints Processed Informally			1,844
Number of Complaints Processed Formally			968
Total Number of Allegations of Abuse, Neglect, or Exploitation			473
Total Number of Founded Allegations of Abuse, Neglect, or Exploitation			139
Numbers of Founded Allegations Resolved at the Following Levels			
Director and Below	139	State Human Rights Committee	0
Local Human Rights Committee	0	Department Commissioner	0
Numbers of Founded Allegations by Type			
Physical Abuse	14	Exploitation	8
Verbal Abuse	23	Neglect	87
Sexual	1	Other	6

Conclusion

In response to Item 314.K of the 2013 Appropriation Act, the Department is pleased to submit its fourth annual report, which presents a broad overview of information and data about the public behavioral health and developmental services system, including major initiatives and accomplishments and systemic outcome and performance measures. The efforts of the Department and CSBs to improve the quality of data so that it is as meaningful and accurate as possible have been successful, and they will continue.

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Appendix A: Individuals Who Received CSB or State Facility Services in FY 2013				
100 Emergency Services	58,300	Consumer-Run Programs (730) are not included in this table because individuals participating in these programs are not included in CCS 3 data. In FY 2013, 6,928 individuals participated in Consumer-Run Programs.		
Ancillary Services				
318 Motivational Treatment Services	4,541			
390 Consumer Monitoring Services	7,685			
620 Early Intervention Services	2,429			
720 Assessment and Evaluation Services	57,197			
Total Ancillary Services	71,852			
	Mental Health	Develop- Mental	Substance Abuse	Total Individuals
Services Available in Program Areas				
410 State Hospital Medical/Surgical Care	103			103
420 Training Center Skilled Nursing Services		83		83
510 Training Center ICF/ID Services		912		912
440 State Hospital ICF/Geriatric Services	575			575
250 CSB Acute Psychiatric or SA Inpatient	2,002		39	2,041
260 CSB Substance Abuse Inpatient Med Detox			237	237
455 State Hospital Acute Psychiatric Inpatient	2,346			2,346
480 State Hospital Ext. Rehabilitation Services	2,003			2,003
Hiram Davis Medical Center	118			118
491 Virginia Center for Behavioral Rehabilitation	344			344
Total Community Inpatient Services	2,002		276	2,278
Total State Facility Inpatient Services	5,489	995		6,484
Total Inpatient Services	7,491	995	276	8,762
310 Outpatient Services	93,564 ¹	645	26,591	120,800
335 Medication Assisted Treatment			2,088	2,088
350 Assertive Community Treatment	2,992			2,992
Total Outpatient Services	96,556	645	28,679	125,880
320 Case Management Services	57,341	18,466	10,166	85,973
410 Day Treatment or Partial Hospitalization	4,929		767	5,696
420 Ambulatory Crisis Stabilization	1,397	134		1,531
425 Rehabilitation or Habilitation Services	4,453	2,490		6,943
Total Day Support Services	10,779	2,624	767	14,170
430 Sheltered Employment Services	37	598		635
460 Individual Supported Employment	1,169	934	53	2,156
465 Group Supported Employment	76	423		499
Total Employment Services	1,282	1,955	53	3,290
501 Highly Intensive Residential Services	78	206	2,735	3,019
510 Residential Crisis Stabilization	4,609	29	338	4,976
521 Intensive Residential Services	528	844	3,288	4,660
551 Supervised Residential Services	902	379	268	1,549
581 Supportive Residential Services	6,099	1,251	62	7,412
Total Residential Services	12,216	2,709	6,691	21,616

¹ This includes 11,367 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 2013. Numbers of individuals are displayed in five columns: emergency and ancillary services; mental health, developmental, or substance abuse 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 7.2, available at www.dbhds.virginia.gov/documents/reports/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 2013							
Age Range	Mental Health	Age Range	Developmental Services	Age Range	Substance Abuse	Age Range	Emergency Services
00 – 12	18,619	00 - 03	1,297	00 - 12	149	00 - 12	2,967
13 – 17	14,069	04 - 05	501	13 - 17	2,667	13 - 17	6,589
		06-17	2,796				
		18-21	1,794				
		21-64	13,045				

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 2013. Amounts of services are displayed in five columns: emergency and ancillary services; mental health, developmental, or substance abuse 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 7.2 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 2013. Service capacities are displayed in five columns: emergency and ancillary services; mental health, developmental, or substance abuse 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 7.2 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 2013				
Services Available Outside of a Program Area		Core Services Taxonomy 7.2 defines four units of services: service hour, bed day, day support hour, and day of service. The type of service unit for each core service category is listed on the bolded category total lines.		
100 Emergency Service Hours	442,205			
318 Motivational Treatment Services	19,196			
390 Consumer Monitoring Services	38,061			
620 Early Intervention Services	16,961			
720 Assessment and Evaluation Services	215,670			
Total Ancillary Service Hours Received	289,888			
	Mental Health	Develop-mental	Substance Abuse	Total Services
Services Available in Program Areas				
410 State Hospital Medical/Surgical Care	714			714
420 Training Center Skilled Nursing Services		26,984		26,984
510 Training Center ICF/ID Services		290,019		290,019
440 State Hospital ICF/Geriatric Services	106,421			106,421
250 CSB Acute Psychiatric or SA Inpatient	11,446		235	11,681
260 CSB Substance Abuse Inpatient Med Detox			1,352	1,352
455 State Hospital Acute Psychiatric Inpatient	141,108			141,108
480 State Hospital Ext. Rehabilitation Services	201,972			201,972
Hiram Davis Medical Center (State Facility)	20,718			20,718
491 Virginia Center for Behavioral Rehabilitation	107,964			107,964
Total State Facility Bed Days Received	578,897	317,003		895,900
Total CSB Inpatient Bed Days Received	11,446		1,587	13,033
Total Inpatient Bed Days Received	590,343	317,003	1,587	908,933
310 Outpatient Services	825,240	10,818	501,611	1,337,669
335 Medication Assisted Treatment			89,473	89,473
350 Assertive Community Treatment	218,681			218,681
Total Outpatient Service Hours Received	1,043,921	10,818	591,084	1,645,823
320 Case Management Service Hours	907,592	485,637	77,510	1,470,739
410 Day Treatment or Partial Hospitalization	2,628,216		62,984	2,691,200
420 Ambulatory Crisis Stabilization	41,741	3,114		44,855
425 Rehabilitation or Habilitation Services	2,606,446	2,509,132		5,115,578
Total Day Support Service Hours	5,276,403	2,512,246	62,984	7,851,633
430 Sheltered Employment Services	5,391	86,554		91,945
465 Group Supported Employment	2,586	74,404		76,990
Total Employment Days of Service Received	7,977	160,958		168,935
460 Employment Service Hours Received	31,377	61,610	322	93,309
501 Highly Intensive Residential Services	16,486	61,185	29,949	107,620
510 Residential Crisis Stabilization	42,231	297	1,674	44,202
521 Intensive Residential Services	67,306	271,145	203,891	542,342
551 Supervised Residential Services	219,150	123,768	19,344	362,262
Total Residential Bed Days Received	345,173	456,395	254,858	1,056,426
581 Supportive Residential Services Hours	657,441	801,435	2,942	1,461,818
610 Prevention Service Hours Received	4,815	2,170	275,448	282,433

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Appendix C: Service Capacities of CSBs and State Facilities in FY 2013			
100 Emergency Services FTEs	391 FTEs		
318 Motivational Treatment Services	17 FTEs		
390 Consumer Monitoring Services	56 FTEs		
620 Early Intervention Services	11 FTEs		
720 Assessment and Evaluation Services	228 FTEs		
Total Ancillary Full-Time Equivalents (FTEs)	312 FTEs		
	Mental Health	Develop-mental	Substance Abuse
Services Available in Program Areas			
410 State Hospital Medical/Surgical Care	13 Beds		
420 Training Center Skilled Nursing Services		84 Beds	
510 Training Center ICF/ID Services		706 Beds	
440 State Hospital ICF/Geriatric Services	365 Beds		
250 CSB Acute Psychiatric or SA Inpatient Services	40 Beds		1 Bed
260 CSB Substance Abuse Inpatient Medical Detox			4 Beds
455 State Hospital Acute Psychiatric Inpatient Services	457 Beds		
480 State Hospital Extended Rehabilitation Services ¹	652 Beds		
Hiram Davis Medical Center (State Facility)	87 Beds		
491 Virginia Center for Behavioral Rehabilitation	450 Beds		
Total Community Inpatient Services (250, 260)	40 Beds		5 Beds
Total State Facility Inpatient Services	2,024 Beds	790 Beds	
Total Inpatient Beds	2,064 Beds	790 Beds	5 Beds
310 Outpatient Services	830 FTEs	21 FTEs	346 FTEs
335 Medication Assisted Treatment			39 FTEs
350 Assertive Community Treatment	275 FTEs		
Total Outpatient Service FTEs	1,105 FTEs	21 FTEs	385 FTEs
320 Case Management Service FTEs	1,015 FTEs	534 FTEs	98 FTEs
410 Day Treatment or Partial Hospitalization	2,855 Slots		120 Slots
420 Ambulatory Crisis Stabilization	76 Slots	13 Slots	
425 Rehabilitation or Habilitation Services	2,595 Slots	2,233 Slots	
Total Day Support Service Slots	5,526 Slots	2,246 Slots	120 Slots
430 Sheltered Employment Services	51 Slots	643 Slots	
465 Group Supported Employment	34 Slots	591 Slots	
Total Employment Slots	85 Slots	1,234 Slots	
460 Individual Supported Employment FTEs	19 FTEs	68 FTEs	
501 Highly Intensive Residential Services	48 Beds	208 Beds	103 Beds
510 Residential Crisis Stabilization	157 Beds	20 Beds	7 Beds
521 Intensive Residential Services	214 Beds	868 Beds	620 Beds
551 Supervised Residential Services	683 Beds	392 Beds	89 Beds
Total Residential Beds	1,102 Beds	1,488 Beds	819 Beds
581 Supportive Residential Service FTEs	549 FTEs	235 FTEs	4 FTEs
610 Prevention Service FTEs	4 FTEs	0 FTEs	184 FTEs

¹ Includes 312 medium or maximum security forensic beds.