



COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
INTERIM COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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December 1, 2015

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

Dear Governor McAuliffe:

I am pleased to forward to you the Department's annual report in response to Item 307.J. of the 2015 *Appropriation Act*. This report presents a broad review of data and information about the public behavioral health and developmental services system, including the numbers of individuals served, type of services provided, systemic outcome and performance measures, and major accomplishments during the past year.

I hope that you and your staff find the information in this report helpful. Please do not hesitate to contact me if you or your staff has any questions about this annual report.

Sincerely,

A handwritten signature in blue ink that reads "Jack Barber".

Jack Barber, M.D.

Attachment

Cc: Hon. William A. Hazel Jr., M.D.
Joe Flores
Susan E. Massart
Mike Tweedy
Kathleen Drumwright



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December 1, 2015

The Honorable Thomas K. Norment, Jr., Co-Chair
The Honorable Emmett W. Hanger, Jr., Co-Chair
Senate Finance Committee
10th Floor, General Assembly Building
910 Capitol Street
Richmond, VA 23219

Dear Senator Norment and Senator Hanger:

I am pleased to forward to you the Department's annual report in response to Item 307.J. of the 2015 *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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December 1, 2015

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

Dear Delegate Jones:

I am pleased to forward to you the Department's annual report in response to Item 307.J. of the 2015 *Appropriation Act*. This report presents a broad review of data and information about the public behavioral health and developmental services system, including the numbers of individuals served, type of services provided, systemic outcome and performance measures, and major accomplishments during the past year.

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Virginia Department of
Behavioral Health &
Developmental Services

Fiscal Year 2015 Annual Report (Item 307.J)

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

December 1, 2015

Department of Behavioral Health and Developmental Services FY 2015 Annual Report

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Department of Behavioral Health and Developmental Services FY 2015 Annual Report

Introduction

Item 307.J of the 2015 Appropriation Act requires the Department (DBHDS) to submit an annual report to the Governor and the General Assembly.

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

DBHDS is pleased to submit its FY 2015 annual report. The first section briefly describes Virginia's public behavioral health and developmental services system. The following sections present data about numbers of individuals who received services, amounts of services they received, service capacities, staffing, funds received, and expenditures. Final sections describe initiatives and accomplishments and present performance and outcome measures.

Virginia's Public Behavioral Health and Developmental Services System

The publicly funded behavioral health and developmental services system provides services to individuals with mental health or substance use disorders, intellectual disability, or co-occurring disorders through state hospitals and training centers operated by DBHDS, hereafter referred to as state facilities, and 39 community services boards and one behavioral health authority, hereafter referred to as CSBs. CSBs were established by Virginia's 133 cities or counties pursuant to Chapters 5 or 6 of Title 37.2 of the Code of Virginia. CSBs provide services directly and through contracts with private providers, which are vital partners in delivering behavioral health (mental health and substance abuse) 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 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 authorizes behavioral health authorities (BHAs) in three localities; only Richmond has established one. Operating and administrative policy CSBs and the BHA are guided and administered by boards of directors with statutory fiduciary and management authority and responsibilities. A policy-advisory CSB advises its local government department.

Department of Behavioral Health and Developmental Services FY 2015 Annual Report

While not part of DBHDS, CSBs are key operational partners with DBHDS and its state facilities in Virginia’s public behavioral health and developmental services system. The partnership agreement, available at <http://www.dbhds.virginia.gov/library/document-library/occ-pc-partnership-agreement-fy2016.pdf>, describes this relationship. Interactions between DBHDS and CSBs are based on the community services performance contract, provisions in Title 37.2 of the Code of Virginia, and State Board of Behavioral Health and Developmental Services policies and regulations. DBHDS contracts with, funds, monitors, licenses, regulates, and provides leadership, guidance, and direction to CSBs. More information about CSBs is available at <http://www.dbhds.virginia.gov/library/document-library/occ-csb-overview.pdf>.

DBHDS operates eight state hospitals for adults: Catawba Hospital (CH) in Salem, Central State Hospital (CSH) in Petersburg, Eastern State Hospital (ESH) in Williamsburg, Piedmont Geriatric Hospital (PGH) in Burkeville, Northern Virginia Mental Health Institute (NVMHI) in Falls Church, Southern Virginia Mental Health Institute (SVMHI) in Danville, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, and Western State Hospital (WSH) in Staunton. The Commonwealth Center for Children and Adolescents (CCCA) in Staunton is the only state hospital for children with serious emotional disturbance. State hospitals provide highly structured and intensive inpatient services, including psychiatric, psychological, psychosocial rehabilitation, nursing, support, and ancillary services, and specialized programs for older adults, children and adolescents, and individuals with a forensic status. DBHDS operates the Virginia Center for Behavioral Rehabilitation (VCBR) in Burkeville to provide rehabilitation of sexually violent predators.

DBHDS operates four training centers to serve individuals with intellectual disability: Central Virginia Training Center (CVTC) in Lynchburg, Northern Virginia Training Center (NVTC) in Fairfax, Southeastern Virginia Training Center (SEVTC) in Chesapeake, and Southwestern Virginia Training Center (SWVTC) in Hillsville. Previously, DBHDS operated Southside Virginia Training Center in Petersburg; it closed in 2014. Training centers provide highly structured habilitation services, including residential care and training in areas such as language, self-care, independent living, socialization, academic skills, and motor development. All training centers are certified by the U.S. Centers for Medicare and Medicaid (CMS) as meeting Medicaid intermediate care facility for individuals with intellectual disability standards of quality. Use of training centers has been declining for many years, and this trend and the DOJ Settlement Agreement led to the decision to close four centers by 2020. The table below displays this trend and training center closure dates. DBHDS also operates Hiram Davis Medical Center (HDMC) in Petersburg to provide medical services for individuals in state facilities.

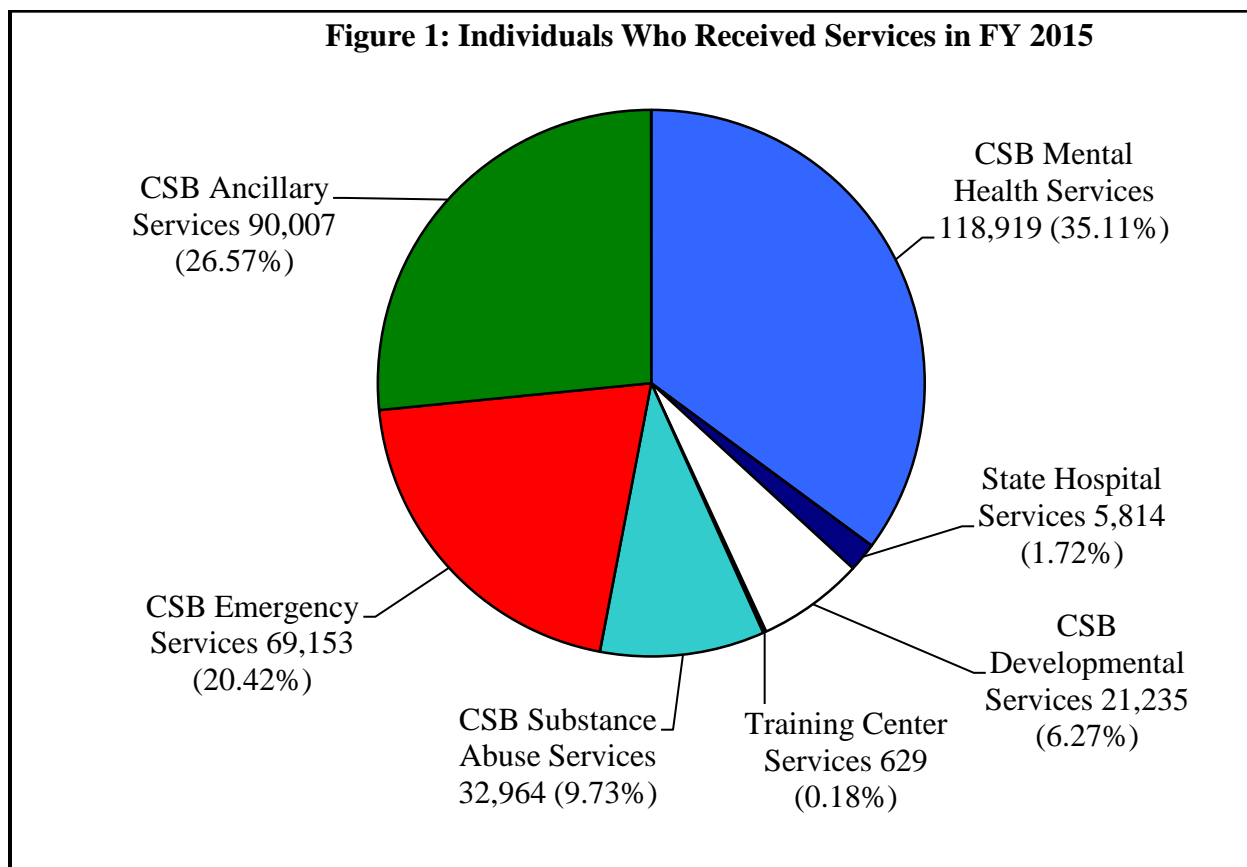
| Training Center | Prior to DOJ Settlement Agreement | | | | July 1 | July 1 | June 30 | June 30 | Decrease 2000 to Present |
|-----------------|-----------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|--------------------------|
| | Closure Date | 2000 Census | 2005 Census | 2010 Census | 2012 Census | 2013 Census | 2014 Census | 2015 Census | |
| Southside | 2014 | 465 | 371 | 267 | 201 | 114 | 0 | 0 | 100% |
| Northern | 2016 | 189 | 182 | 170 | 153 | 135 | 106 | 57 | 70% |
| Southwestern | 2018 | 218 | 214 | 192 | 173 | 156 | 144 | 124 | 43% |
| Central | 2020 | 679 | 564 | 426 | 350 | 301 | 288 | 233 | 66% |
| Southeastern | Open | 194 | 192 | 143 | 106 | 84 | 75 | 69 | 64% |
| Totals | | 1,745 | 1,523 | 1,198 | 983 | 790 | 613 | 483 | 72% |

Department of Behavioral Health and Developmental Services FY 2015 Annual Report

Title 37.2 of the Code of Virginia establishes DBHDS as the state authority for Virginia's publicly funded behavioral health and developmental services system. The DBHDS central office provides leadership that promotes strategic partnerships among and between CSBs and state facilities and with other agencies and providers. It supports provision of accessible and effective 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 2015, 238,507 individuals received services in the publicly operated behavioral health and developmental services system: 232,079 individuals received services from CSBs and 6,428 individuals received services from state facilities. These figures are unduplicated within each CSB or state facility, but not across CSBs because an individual may have received services from more than one CSB; not between state facilities because an individual may have received services from more than one state hospital or training center; and not between CSBs and state facilities because an individual may have received services from both. The chart below depicts the number of individuals who received mental health, developmental, substance abuse, emergency or ancillary (motivational treatment, consumer monitoring, early intervention, and assessment and evaluation) services from CSBs or state facilities and the respective percentages.



Department of Behavioral Health and Developmental Services FY 2015 Annual Report

Individuals in figure 1 total more than the unduplicated number (238,507) because many received services in multiple areas such as mental health services and emergency or ancillary services. Table 1 displays total numbers of individuals who received services in each core services category from CSBs or state facilities. Numbers are displayed in five columns: emergency services and ancillary services, mental health (MH), developmental (DV), or substance abuse (SA) services program areas, and 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 Taxonomy 7.3, available at <http://www.dbhds.virginia.gov/library/document-library/occ-2010-coreservicestaxonomy7-2v2.pdf>, defines the core services.

| Table 1: Individuals Who Received CSB or State Facility Services in FY 2015 | | | | |
|--|-----------|--|-----------|--------------|
| Emergency Services | 69,153 | Total unduplicated number of individuals who received Ancillary Services: 90,007 | | |
| Ancillary Services | 96,064 | | | |
| Services Available in Program Area Categories | MH | DV | SA | Total |
| Community Inpatient Services ¹ | 2,474 | | 279 | 2,753 |
| State Facility Inpatient Services | 6,240 | 633 | | 6,873 |
| Total Inpatient Services | 8,714 | 633 | 279 | 9,626 |
| Outpatient Services | 97,528 | 614 | 29,370 | 127,512 |
| Case Management Services | 60,404 | 18,513 | 10,037 | 88,954 |
| Day Support Services | 12,565 | 3,242 | 744 | 16,551 |
| Employment Services | 1,602 | 2,570 | 53 | 4,225 |
| Residential Services | 11,281 | 3,098 | 5,728 | 20,107 |
| Total Individuals Receiving All CSB Services ² | 185,854 | 28,037 | 46,211 | 425,319 |
| Total Individuals Receiving All Services ³ | 192,094 | 28,670 | 46,211 | 432,192 |
| Unduplicated Individuals: CSB Services ⁴ | 118,919 | 21,235 | 32,964 | 332,278 |
| Unduplicated Individuals: State Facilities ⁵ | 5,814 | 629 | | 6,443 |

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

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

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

⁴ These are unique (unduplicated) individuals receiving services in each program area, emergency services, and ancillary services, so figures on this row do not add across to the total column. Differences between figures on this row and the larger figures on the Total Individuals Receiving CSB Services row reflect individuals who received multiple core services. Also, individuals may receive services in more than one program area or emergency or ancillary services. The total number of unduplicated individuals receiving services at the CSB level (across program areas and emergency or ancillary services) is 232,079.

⁵ These are unique individuals receiving services in state hospitals or training centers. Differences between figures on this row and the larger figures on the State Facility Inpatient Services row reflect individuals who received services in more than one facility. The total number of unduplicated individuals receiving any state facility services is 6,428; the larger number reflects individuals who received services in both state hospitals and training centers.

Department of Behavioral Health and Developmental Services FY 2015 Annual Report

The figures in the preceding table include 10,091 individuals who received Medicaid Intellectual Disability Home and Community-Based Waiver (ID Waiver) services, many of whom received some or all of their services from CSBs. During this same year, more than 80 percent of Medicaid payments for ID Waiver services were made to private providers, reflecting their important role in delivering these services. While the number of individuals receiving services through the ID Waiver has grown, more than doubling during the last decade, there are many other persons on waiting lists for these services. In FY 2015, 4,952 individuals were on the urgent waiting list for ID Waiver services, and 3,106 individuals were on the non-urgent waiting list for a total of 8,058 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 18,513 individuals who received developmental case management services from CSBs.

The figures in the preceding table also include 2,474 individuals who received acute, short term mental health psychiatric inpatient services through local inpatient purchase of services (LIPOS) contracts with private hospitals in their communities. If these local services had not been available, most of these individuals would have required inpatient treatment in state hospitals, significantly increasing demand for state hospital beds, especially in admissions units, beyond the beds now available.

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

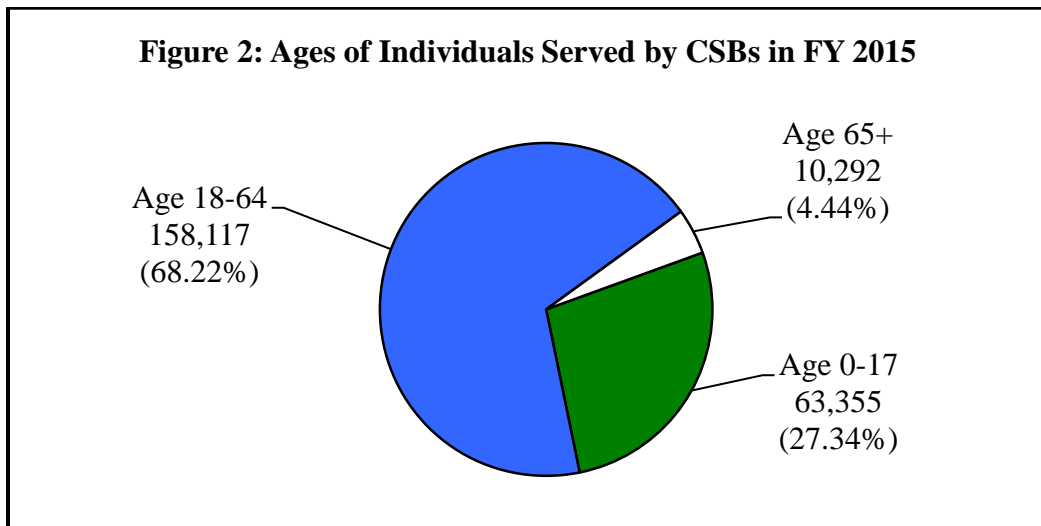


Table 2 provides more detail about the ages of individuals who received services from CSBs in each program area, emergency services, and ancillary services. More detailed age data are contained in Appendix A.

Department of Behavioral Health and Developmental Services FY 2015 Annual Report

Table 2: Ages of Individuals Who Received Services From CSBs in FY 2015

| Age Range | Mental Health Services | Developmental Services | Substance Abuse Services | Emergency Services | Ancillary Services |
|--------------|------------------------|------------------------|--------------------------|----------------------|----------------------|
| 0 – 17 | 36,034 (30.3%) | 4,202 (19.8%) | 2,035 (6.2%) | 11,784 (17.0%) | 33,632 (37.4%) |
| 18 – 64 | 77,777 (65.4%) | 16,058 (75.6%) | 30,652 (93.0%) | 52,347 (75.7%) | 54,576 (60.6%) |
| 65+ | 5,092 (4.3%) | 975 (4.6%) | 274 (0.8%) | 4,737 (6.9%) | 1,775 (2.0%) |
| Unknown | 16 | 0 | 3 | 285 (0.4%) | 24 |
| Total | 118,919 (100%) | 21,235 (100%) | 32,964 (100%) | 69,153 (100%) | 90,007 (100%) |

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

Table 3: Individuals With Alzheimer’s Disease or Related Dementias Who Received Services From CSBs and State Hospitals in FY 2015

| Diagnosis | CSB Mental Health Services | Total Unduplicated CSB Individuals | State Hospitals |
|---------------------|----------------------------|------------------------------------|-----------------|
| Individuals 18 - 64 | 77,777 | 158,117 | 4,948 |
| Other Dementias | 29 | 42 | 10 |
| Alzheimer’s | 168 | 260 | 41 |
| Dementia | 147 | 241 | 36 |
| Unduplicated Total | 335 | 529 | 79 |
| Percent of 18 - 64 | 0.43% | 0.33% | 1.60% |
| Individuals 65+ | 5,092 | 10,292 | 807 |
| Other Dementias | 76 | 148 | 117 |
| Alzheimer’s | 221 | 645 | 151 |
| Dementia | 265 | 902 | 67 |
| Unduplicated Total | 538 | 1,645 | 267 |
| Percent of 65+ | 10.56% | 15.98% | 33.09% |

- Of the 232,079 unduplicated individuals who received CSB services, 13,933 identified themselves as having a Hispanic origin, 6.0 percent of the total unduplicated individuals.

Table 4: Individuals of Hispanic Origin Served by CSBs in FY 2015

| | | | |
|--------------|-------|--|--------|
| Puerto Rican | 1,640 | Other Hispanic | 7,089 |
| Mexican | 1,618 | Hispanic – Specific Origin Not Specified | 3,338 |
| Cuban | 248 | Total Number of Individuals | 13,933 |

- Of the 232,079 unduplicated individuals who received CSB services, 188,408 (81 percent) indicated their preferred language was English and 2,610 (1 percent) indicated it was Spanish.
- Data about adults or children and adolescents who received mental health services and have serious mental illness (SMI) or have or are at risk of serious emotional disturbance (SED), defined in Core Services Taxonomy 7.3, are displayed in Table 5.

Department of Behavioral Health and Developmental Services FY 2015 Annual Report

| Total Adults | Adults with SMI | Percent of Total |
|----------------|------------------------------|------------------|
| 82,869 | 53,557 | 64.63% |
| Total Children | Children with SED or At-Risk | Percent of Total |
| 36,034 | 27,705 | 76.89% |

- Of 232,079 unduplicated individuals who received CSB services, 56,107 had co-occurring mental health and substance use disorders, 24.18 percent of the total number of individuals.
- Of 21,235 individuals who received developmental services, 2,958 had a diagnosis of autism spectrum disorder, 13.93 percent of the total number and an 8 percent increase from FY 2014. Of the 118,919 individuals who received mental health services, 4,336 had a diagnosis of autism spectrum disorder, 3.6 percent of the total number. Of 232,079 individuals who received any services, 7,677 had an autism spectrum disorder diagnosis, 3.31 percent of the total and a 10.5 percent increase from FY 2014.
- Employment of individuals receiving services is a major focus of DBHDS. Table 6 displays employment status information for individuals who received services from CSBs.

| Employment Status | Mental Health | Develop-mental | Substance Abuse | Emer-gency | Ancillary | Undupl. Totals ¹ |
|-----------------------------------|---------------|----------------|-----------------|------------|-----------|-----------------------------|
| 1. Total Who Received Services | 82,869 | 17,033 | 30,926 | 57,084 | 56,351 | 168,409 |
| 2. Employed Full-Time (35+ hrs) | 6,862 | 288 | 6,244 | 5,254 | 6,781 | 18,128 |
| 3. Employed Part-Time (<35 hrs) | 7,753 | 1,515 | 3,689 | 3,645 | 5,324 | 14,731 |
| 4. Total Employed (2+3) | 14,615 | 1,803 | 9,933 | 8,899 | 12,105 | 32,859 |
| 5. In Supported Employment | 530 | 1,400 | 34 | 122 | 333 | 1,691 |
| 6. In Sheltered Employment | 278 | 774 | 18 | 51 | 112 | 885 |
| 7. Supported+ Sheltered (5+6) | 808 | 2,174 | 52 | 173 | 445 | 2,576 |
| 8. Total Employed (4+7) | 15,423 | 3,977 | 9,985 | 9,072 | 12,550 | 35,435 |
| 9. Percent of Total Adults (8÷ 1) | 18.61% | 23.35% | 32.29% | 15.89% | 22.27% | 21.04% |
| 10. Unemployed | 17,989 | 1,065 | 10,175 | 10,813 | 13,402 | 33,237 |
| 11. Not in Labor Force | 46,322 | 11,289 | 9,410 | 24,599 | 23,278 | 79,185 |
| 12. Unknown/Not Collected | 3,135 | 702 | 1,356 | 12,600 | 7,121 | 20,552 |
| 13. Total Unemployed (10+11+12) | 67,446 | 13,056 | 20,941 | 48,012 | 43,801 | 132,974 |
| 14. Percent of Total (13÷ 1) | 81.39% | 76.65% | 67.71% | 84.11% | 77.73% | 78.96% |

¹ Figures in this column are smaller than the totals of the numbers in the preceding columns for each row because some individuals received services in more than one program area.

CCS 3 Extract Specifications, at <http://www.dbhds.virginia.gov/library/document-library/occ-ccs3-extract-specifications-v731-final.pdf>, define employment statuses and types of residence.

- Housing for individuals receiving services in the behavioral health and developmental services system is another major focus of DBHDS. Table 7 displays type of residence information for individuals who received services from CSBs.

Department of Behavioral Health and Developmental Services FY 2015 Annual Report

| Type of Residence | Mental Health | Developmental | Substance Abuse | Emergency | Ancillary | Undupl. Total ² | % of Total |
|-----------------------------------|---------------|---------------|-----------------|-----------|-----------|----------------------------|------------|
| Total Unduplicated Individuals | 118,919 | 21,235 | 32,964 | 69,153 | 90,007 | 232,079 | 100.00 |
| Private Residences | 98,541 | 14,161 | 27,161 | 42,085 | 63,101 | 165,972 | 71.52 |
| Community Placements ¹ | 8,790 | 5,566 | 1,307 | 3,141 | 4,225 | 15,222 | 6.56 |
| Jails and Prisons | 2,262 | 20 | 1,804 | 3,393 | 4,181 | 8,572 | |
| Juvenile Detention Centers | 987 | 2 | 107 | 233 | 1,092 | 1,727 | |
| Inpatient/ Nursing Home Beds | 780 | 198 | 28 | 799 | 331 | 1,544 | |
| Other Institutions | 425 | 293 | 102 | 296 | 420 | 1,090 | |
| Total Institutional Settings | 4,454 | 513 | 2,041 | 4,721 | 6,024 | 12,933 | 5.57 |
| Homeless/Homeless Shelters | 2,234 | 30 | 884 | 1,976 | 2,286 | 4,241 | 1.83 |
| Unknown or Not Collected | 4,900 | 965 | 1,571 | 17,230 | 14,371 | 33,711 | 14.52 |

¹ Boarding, foster, or family sponsor homes; licensed adult living facilities; community residential programs; residential treatment centers; alcohol or drug treatment programs; and shelters.

² Figures in this column are smaller than the totals of the numbers in the preceding columns for each row because some individuals received services in more than one program area.

Specialized Initiatives or Projects

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

| Code | Consumer Designation | Individuals |
|------|---|-------------|
| 905 | Mental Health Mandatory Outpatient Treatment (MOT) Orders | 258 |
| 910 | Discharge Assistance Program (DAP) | 814 |
| 915 | Mental Health Child and Adolescent Services Initiative | 1,757 |
| 916 | Mental Health Services for Children in Juvenile Detention Centers | 2,977 |
| 918 | Program of Assertive Community Treatment (PACT) | 1,572 |
| 919 | Projects for Assistance in Transition from Homelessness (PATH) | 1,377 |
| 920 | Medicaid Intellectual Disability (ID) Waiver Services | 10,091 |
| 933 | Substance Abuse Medication Assisted Treatment (MAT) | 572 |
| 935 | Substance Abuse Recovery Support Services | 991 |

Medicaid Coverage

In FY 2015, 104,534 unduplicated individuals who received services were enrolled in Medicaid; 45 percent of the unduplicated individuals who received any valid CSB service.

| Services: | Mental Health | Developmental | Substance Abuse | Emergency | Ancillary |
|-------------------|---------------|---------------|-----------------|-----------|-----------|
| Total Individuals | 118,919 | 21,235 | 32,964 | 69,153 | 90,007 |
| On Medicaid | 65,124 | 18,201 | 8,322 | 21,318 | 41,475 |
| Percent of Total | 54.76% | 85.71% | 25.25% | 30.83% | 46.08% |

Department of Behavioral Health and Developmental Services FY 2015 Annual Report

Amounts of Services Provided by CSBs and State Facilities

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

| Emergency Services Hours | 369,471 | Ancillary Service Hours | 394,679 | |
|----------------------------------|-------------------------------|-------------------------|---------------------------------|-----------------------|
| Services in Program Areas | Mental Health Services | Develop-mental | Substance Abuse Services | Total Services |
| Inpatient Bed Days | 631,301 | 197,010 | 1,488 | 829,799 |
| Outpatient Service Hours | 1,013,839 | 9,211 | 703,158 | 1,726,208 |
| Case Management Service Hours | 978,725 | 572,738 | 100,811 | 1,652,274 |
| Day Support Service Hours | 5,585,691 | 2,740,885 | 46,319 | 8,372,895 |
| Employment Days of Service | 7,772 | 219,378 | | 227,150 |
| Employment Service Hours | 33,471 | 53,970 | 567 | 88,008 |
| Residential Bed Days | 393,385 | 515,060 | 139,939 | 1,047,384 |
| Residential Services Hours | 490,263 | 465,069 | 3,272 | 958,604 |
| Prevention Service Hours | 4,346 | 2,239 | 264,553 | 271,138 |

Service Capacities of CSBs and State Facilities

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

| Emergency Services: 425 FTEs | Ancillary Services: 316 FTEs | | | 741 FTEs |
|--------------------------------------|-------------------------------|--------------------------------|---------------------------------|---------------------------------|
| Services in Program Areas | Mental Health Services | Develop-mental Services | Substance Abuse Services | Total Service Capacities |
| Inpatient Services | 2,074 Beds | 776 Beds | 4 Beds | 2,854 Beds |
| Outpatient Services | 1,080 FTEs | 8 FTEs | 371 FTEs | 1,459 FTEs |
| Case Management Services | 1,029 FTEs | 553 FTEs | 103 FTEs | 1,685 FTEs |
| Day Support Services | 5,390 Slots | 2,332 Slots | 102 Slots | 7,824 Slots |
| Employment Services | 58 Slots | 1,180 Slots | | 1,238 Slots |
| Individual Supported Employment | 28 FTEs | 42 FTEs | | 70 FTEs |
| Residential Services | 1,258 Beds | 1,513 Beds | 467 Beds | 3,238 Beds |
| Supportive Residential Services | 421 FTEs | 250 FTEs | 4 FTEs | 675 FTEs |
| Prevention Services | 5 FTEs | 0 FTEs | 163 FTEs | 168 FTEs |
| Program Area Total FTEs ¹ | 2,563 FTEs | 853 FTEs | 641 FTEs | 4,798 FTEs |
| Program Area Total Beds | 3,332 Beds | 2,289 Beds | 471 Beds | 6,092 Beds |
| Program Area Total Slots | 5,448 Slots | 3,512 Slots | 102 Slots | 9,062 Slots |

¹ Includes 741 FTEs in Emergency Services and Ancillary Services in the total column.

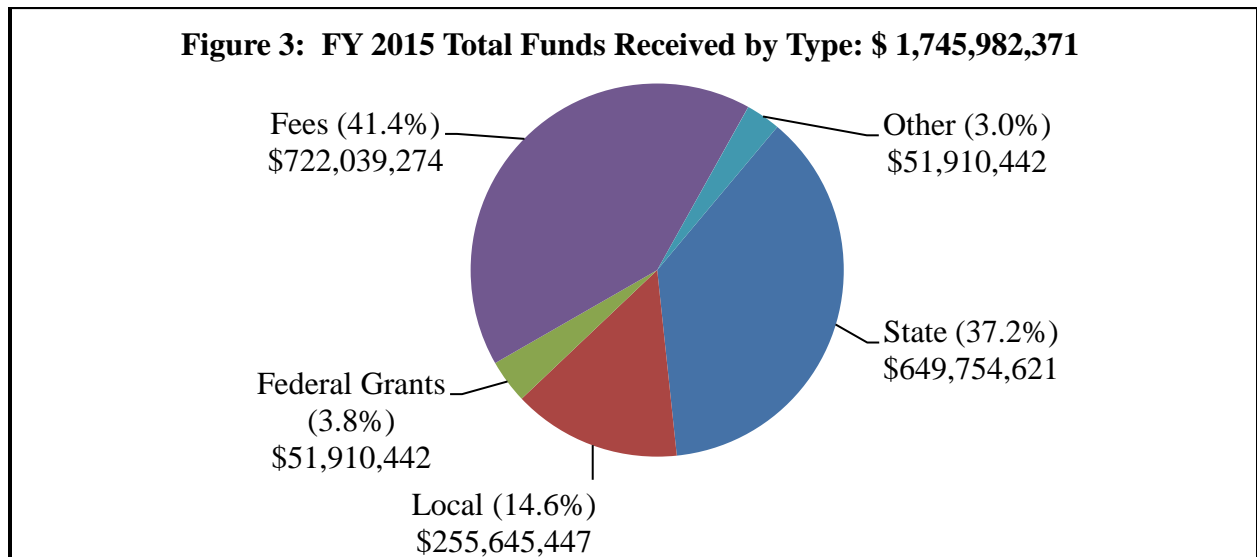
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Staffing of CSBs and State Facilities

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

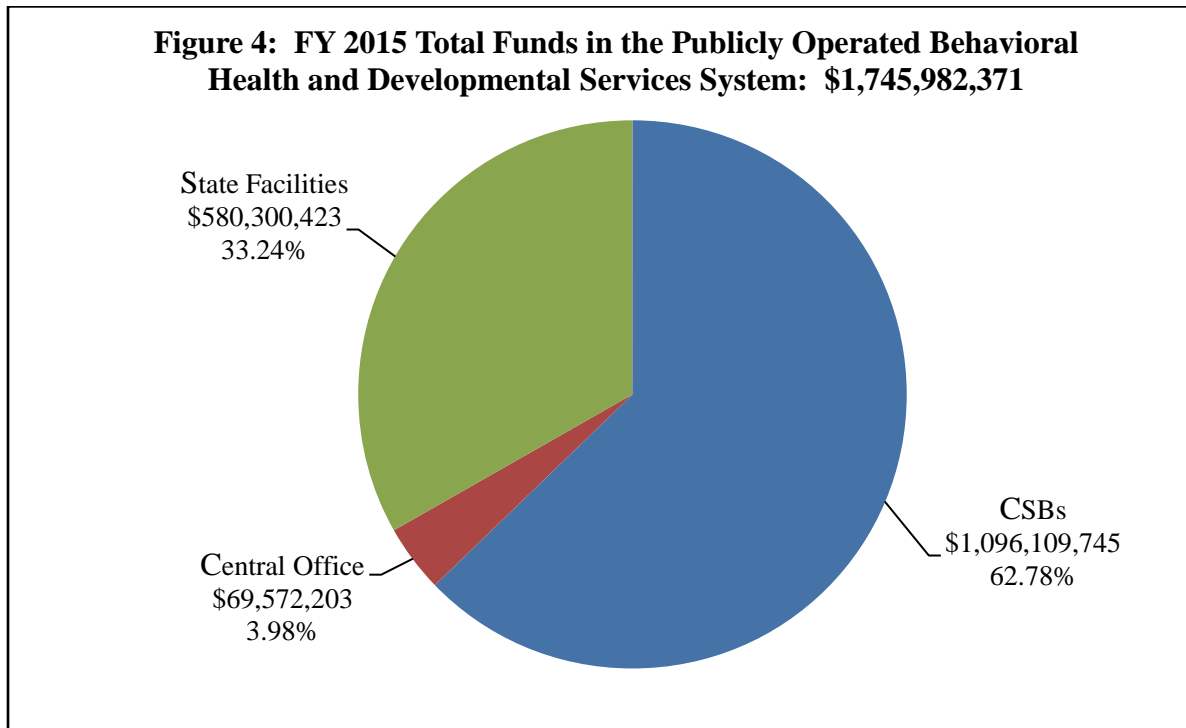
| Table 12: FY 2015 CSB, State Facility, and DBHDS Central Office Staffing (FTEs) | Direct Care Staff | Peer Staff | Support Staff | Total FTEs |
|--|--------------------------|-------------------|----------------------|-------------------|
| CSB Mental Health Services | 4,379.49 | 62.29 | 892.55 | 5,334.33 |
| State Hospitals | 2,694.40 | 0.00 | 1,337.00 | 4,031.40 |
| Total Mental Health Services FTEs | 7,073.89 | 62.29 | 2,229.55 | 9,365.73 |
| CSB Developmental Services | 3,510.66 | 34.16 | 449.73 | 3,994.55 |
| Training Centers | 1,446.40 | 0.00 | 618.30 | 2,064.70 |
| Total Developmental Services FTEs | 4,957.06 | 34.16 | 1,068.03 | 6,059.25 |
| Hiram Davis Medical Center | 140.60 | 0.00 | 24.00 | 164.60 |
| Virginia Center for Behavioral Rehabilitation | 422.00 | 0.00 | 90.00 | 512.00 |
| CSB Substance Abuse Services FTEs | 986.03 | 27.41 | 258.76 | 1,272.20 |
| CSB Emergency and Ancillary Services FTEs | 678.82 | 16.50 | 104.72 | 800.04 |
| CSB Administration FTEs | 0.00 | 0.00 | 1,176.38 | 1,176.38 |
| DBHDS Central Office (CO) FTEs | 0.00 | 0.00 | 333.00 | 333.00 |
| Total CSB Full-Time Equivalents | 9,555.00 | 140.36 | 2,882.14 | 12,577.50 |
| Total State Facility and CO FTEs | 4,703.40 | 0.00 | 2,402.30 | 7,105.70 |
| Total State and CSB Full-Time Equivalents | 14,258.40 | 140.36 | 5,284.44 | 19,683.20 |

Funds Received by CSBs and State Facilities



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



CSBs reported receiving nearly \$1.1 billion from all sources in FY 2015 to provide community-based services for over 232,000 individuals; the amounts are displayed in Table 13. Local funds include local government appropriations, charitable donations, and in-kind contributions. The 133 cities or counties that established the 40 CSBs provide the overwhelming share of local funds. Fees include Medicaid, Medicare, and private insurance reimbursements and payments from individuals. Other funds include workshop sales, retained earnings, and one-time funds.

| Funding Source | Mental Health Services | Developmental Services | Substance Abuse Services | Total Funds | Percent of Total |
|-------------------------|------------------------|------------------------|--------------------------|------------------------|------------------|
| State Funds | \$204,198,026 | \$25,174,134 | \$47,442,519 | \$276,814,679 | 25.25% |
| Local Funds | \$121,691,869 | \$95,148,707 | \$38,804,871 | \$255,645,447 | 23.32% |
| Fees | \$243,056,184 | \$220,735,981 | \$13,413,700 | \$477,205,865 | 43.54% |
| Federal Funds | \$12,525,998 | \$0 | \$40,921,214 | \$53,447,212 | 4.88% |
| Other Funds | \$18,928,914 | \$7,309,278 | \$6,758,350 | \$32,996,542 | 3.01% |
| Total Funds | \$600,400,991 | \$348,368,100 | \$147,340,654 | \$1,096,109,745 | 100.00% |
| Percent of Total | 54.78% | 31.78% | 13.44% | 100.00% | |

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State facilities reported receiving \$580 million from all sources in FY 2015 to provide facility-based services for over 6,400 individuals; specific amounts are displayed in the following table.

| Funding Source | State Hospitals | Other State Facilities ¹ | Training Centers | Total Revenues | Percent Of Total |
|----------------------|-----------------|-------------------------------------|------------------|----------------|------------------|
| State General Funds | \$255,530,378 | \$34,410,406 | \$38,381,939 | \$328,322,723 | 56.58% |
| Federal Funds | \$63,841 | \$0 | \$19,223 | \$83,064 | 0.01% |
| Medicaid | \$52,545,618 | \$12,524,731 | \$155,876,984 | \$220,947,333 | 38.07% |
| Medicare | \$14,534,923 | \$706,614 | \$2,006,679 | \$17,248,216 | 2.97% |
| Commercial Insurance | \$3,046,248 | \$15,526 | \$5,277 | \$3,067,051 | 0.53% |
| Private Payments | \$2,841,506 | \$148,305 | \$580,998 | \$3,570,809 | 0.62% |
| Other Revenues | \$2,014,209 | \$339,641 | \$4,707,377 | \$7,061,227 | 1.22% |
| Total Revenues | \$330,576,723 | \$48,145,223 | \$201,578,477 | \$580,300,423 | 100.00% |
| Percent of Total | 56.96% | 8.30% | 34.74% | 100.00% | |

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

FY 2015 funds for the DBHDS central office totaled \$69.6 million, including \$44.6 million of state general funds, \$11.9 million of special funds, and \$13.1 million of federal funds.

Expenditures by CSBs and State Facilities

Tables 15 and 16 display the FY 2015 expenditures reported by CSBs, state facilities, and the DBHDS Central Office.

| | Mental Health Services | Developmental Services | Substance Abuse Services | Total Expenditures ¹ |
|------------------|------------------------|------------------------|--------------------------|---------------------------------|
| CSB Services | \$576,077,686 | \$336,038,523 | \$143,508,761 | \$1,055,624,970 |
| Percent of Total | 54.57% | 31.83% | 13.60% | 100.00% |

¹ This figure includes of \$130,520,365 CSB administrative expenses, 12.36 percent of the total expenditures.

| | Expenses | Percent of Total |
|-------------------------------------|---------------|------------------|
| State Hospitals | \$341,218,013 | 54.30% |
| Other State Facilities ¹ | \$49,996,363 | 7.96% |
| Training Centers | \$167,556,181 | 26.67% |
| Central Office | \$69,572,203 | 11.07% |
| Total Expenditures | \$628,342,760 | 100.00% |

¹ Other State Facilities are HDMC and VCBR.

DBHDS Initiatives and Accomplishments

A. Behavioral Health Services Initiatives and Accomplishments

Adult Mental Health Services

- Funded coordinated specialty care initiatives at eight CSBs that were selected through a competitive request for applications process from 18 CSBs that applied. The initiatives use the evidence-based Coordinated Specialty Care model providing age-appropriate services and supports targeted to young adults (16-25 years old) who are experiencing their first episode of psychosis, many of whom also have substance use disorders, and may be having difficulty accessing or engaging in traditional care to support the transition from school to employment and other aspects of adult life.
- Sent a team to the June 2015 national Zero Suicide Policy Academy that included leaders from DBHDS, Cumberland Mountain CSB, and SWVMHI. The goal is to implement a zero suicide initiative in southwest Virginia where rates of suicide and opiate deaths are high. The initial steps are to conduct an organizational readiness and staff assessment to gauge capacity to adopt zero suicide in the system of care and to focus on training and development efforts. Two additional Virginia teams attended the Academy representing Henrico Area Mental Health and Developmental Services and Arlington County CSB. DBHDS has pledged to support their zero suicide initiatives in whatever ways are possible. The three teams have begun information-sharing and networking.
- Conducted a two-day Housing Virginia's Most Vulnerable conference with the Virginia Coalition to End Homelessness for over 200 participants, including housing developers, homeless service providers, funders, and local, state and federal government agency representatives. Workshop topics included effective outreach; targeting and prioritizing homeless assistance resources to the most vulnerable; connecting the homeless crisis response system to mainstream resources; supportive housing for frequent users of jails, shelters, and crisis services; and best practices in supportive services: motivational interviewing, critical time intervention, and trauma-informed care.
- Funded the first new state-supported program of assertive community treatment team since 2005 at Virginia Beach CSB, which began operations in January 2015. By the end of June, the team was serving 21 individuals with serious mental illness. Of the individuals receiving services, 62 percent achieved stable housing, 100 percent had no arrests, and 90 percent had no more than one psychiatric hospital admission.
- Provided continuous monitoring of the implementation of the new FY 2015 statutes governing emergency custody and involuntary temporary detention of adults and youth with behavioral health disorders.
 - Established and implemented monthly reporting of all CSB emergency contacts, emergency clinical evaluations, and temporary detention orders issued and executed. Tracked all outlier events on a monthly basis at local and regional levels and published data reports.
 - Implemented and managed a case-specific incident reporting system to track all cases involving an individual who needed temporary detention but did not receive it.

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- Developed a DBHDS quality oversight team to review all incident reports and follow up quality improvement activities. The team provides technical assistance or intervention when needed to regions and localities for quality improvement purposes.
- Launched a system-wide quality improvement initiative to ensure trauma-informed care is provided in all state hospitals. The seven domains of trauma-informed care are early screening and assessment, consumer-driven care and services, a trauma-informed and responsive workforce, evidence-based and emerging best practices, safe environments, community outreach and partnership building, and ongoing performance improvement and evaluation. All state hospitals completed a trauma-informed care environment survey and developed plans to address areas needing improvement. All hospitals are working to create a care environment where all staff conveys dignity, respect, hopefulness, the opportunity for choices and empowerment among individuals receiving treatment.
- Collaborated with the Virginia Criminal Injuries Compensation Fund to sponsor and conduct a one-day training conference on the delivery of trauma-informed behavioral health services to crime victims. Over 200 participants attended.
- Completed 1,163 preadmission screening and resident review (PASRR) program cases: 714 preadmission screenings, 272 resident reviews, and 177 other cases. PASSR is a federal requirement that helps ensure individuals are not placed inappropriately in nursing homes for long term care. It also can support person-centered care planning by considering personal goals and preferences in planning long term care.
- Invited key stakeholders to review the use of Local Inpatient Purchase of Services (LIPOS) funds with the goal of establishing a LIPOS model that defines the roles and expectations of all partners, allocates available resources in a transparent and accountable manner, and increases consistency of practices across the state.
- Continued to support the psychiatric bed registry. Since its March 2014 release it has been used over 35,000 times for bed searches or general information. It is updated daily by 70 public and private facilities and over 1,800 mental health professionals have access to it. It helps emergency services clinicians find available hospital or crisis stabilization beds.
- Completed the *Assessment of Virginia's Emergency Evaluators Qualifications, Training and Oversight* (Senate Document 9, 2014). The report recommended an enhanced certification program for CSB emergency evaluators reflecting the complex responsibilities of providing emergency evaluations, stronger training and supervision, increased oversight, and other improvements. Established a planning process to address the recommendations.
- Participated with Virginia Department of Health Division of Certificate of Public Need staff on the State Medical Facilities Plan (SMFP) Task Force to review and suggest possible updates to existing criteria in the SMFP governing mental health services.
- Published the *Report on the Implementation of Senate Bill 260* (June 30, 2015). It covers the implementation and impact of the 2015 legislation, including trends in involuntary treatment, operation of the acute psychiatric bed registry, cost impact of temporary detention, impact on state and local psychiatric hospitals, and the potential impact of these changes on individuals and the future of the behavioral health services system.

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- Learned that its SSI/SSDI Outreach and Recovery (SOAR) project ranked ninth out of the top 10 states in achieving successful SSI/SSDI applications for homeless people with disabilities from 2006 through June 30, 2014. The success of the SOAR project was due to strong collaborations among staff from the Social Security Administration and Disability Determination Services and homeless outreach workers.
- Continued to work with the Virginia Geriatric Mental Health Partnership, a statewide, informal, voluntary group of diverse stakeholders, to advocate for and support the provision of a continuum of collaborative care for older adults experiencing mental health or substance use disorders to allow them to succeed in the community and receive support consistent with the values of self-determination, recovery, and empowerment.
- Worked with the Behavioral Health Policy Collaborative (BHPC) to conduct a needs assessment of DBHDS. BHPC is developing a training program on new and emerging best practices in mental health services based on the assessment and conducted mock surveys of readiness for Joint Commission accreditation at six state hospitals.
- Continued to collaborate with UVA on the Advance Directives Project to expand use of advance directives in behavioral health care statewide. Provided training and site-specific consultation, supported distribution and use of the practitioner toolkit, and supported the peer facilitator certification process. Participated on the Virginia Coordinating Committee to promote the use of advance directives in public and private mental health services.

Major Adult Mental Health Services Challenges

- Changes in state law require DBHDS to provide last resort safety net beds at all times. State hospital admissions increased 19 percent from 4,275 in FY 2014 to 5,087 in FY 2015. This does not reflect rising admissions of individuals with diagnoses of primary substance use disorders, intellectual disability, or co-morbid complex medical problems. These pressures have made it more difficult for state hospitals to manage their census and provide quality treatment services.
- Individuals who are clinically ready for discharge from state hospitals but have extraordinary barriers to discharge continue to use scarce hospital resources that could be available to address other needs. DBHDS added two full time staff to assist CSBs in the timely transition of individuals from state hospitals to the community and provide training and technical assistance to hospitals and CSBs to identify potential resources that are available for individuals with complex co-morbid behavioral health and co-occurring disorders to support their timely and appropriate discharge and community placement.
- In March, the Centers for Medicare & Medicaid Services determined Hancock Geriatric Treatment Center (HGTC) at ESH did not meet the federal nursing home definition. After careful review, DBHDS determined that the complex medical, clinical, and behavioral needs of the current population did not permit HGTC to achieve substantial compliance with the nursing facility standard. DBHDS also determined that there were no other federal certification options that matched the clinical care provided at HGTC. In collaboration with CSBs in Region 5, DBHDS assessed the needs of the individuals at HGTC and identified the array of services that would be needed to transition these individuals to integrated settings in the community. However, since these intensive services were not available in the community at this time, premature transitions into the

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community would place these vulnerable individuals at significant risk re-hospitalization and avoidable medical morbidity.

- DBHDS continues to deal with increasing demands for emergency services, as evidenced by significant increases in the use of involuntary treatment. DBHDS documented these effects in monthly reports and the *Report on the Implementation of Senate Bill 260*.

Child and Family Services

- Received additional funding for child crisis response and psychiatry services, bringing the total appropriation to \$4,211,809 and allowing expansion of these critical services in each region of Virginia. Existing regional programs have produced positive outcomes. For example, child psychiatry services grew from 520 children served in the first year to 5,689 children in FY 2015. Flexible use of scarce child psychiatry resources is enhanced by tele-psychiatry and consultation to pediatric and primary care providers. Also, admissions to CCCA decreased by 5.1 percent and readmissions by 10.0 percent in FY 2015.
- Coordinated with the DBHDS Office of Developmental Service to provide behavioral health child crisis services to children with intellectual or other developmental disabilities. While each population has special needs, there are areas in common and some children have dual diagnoses.
- Held two workforce development sessions for staff providing child crisis services across all disability areas. The second event also included CSB emergency services personnel.
- Began a two-year legislative study of mental health screening of elementary school children. An expert workgroup including school personnel, mental health providers, and family and advocacy groups will make its final recommendations in the second year.
- Partnered with the Virginia Department of Social Services to implement the first year of the VISION 21 grant to improve service delivery for victims of domestic violence.
- Received a two-year federal Substance Abuse and Mental Health Services Administration (SAMHSA) planning grant of \$399,124 (\$199,562 per year) to develop a comprehensive strategic plan to improve treatment for transition aged young adults (ages 16-25) with substance use or co-occurring substance use and mental health disorders. The grant will link stakeholders across systems serving adolescents and transition aged young adults in a coordinated statewide network to develop policies, expand workforce capacity, disseminate evidence-based practices, and implement financial and other reforms.
- In the third year of a four-year SAMHSA System of Care Expansion Implementation Grant, provided funding to support high fidelity wraparound (HFW) services for 291 children and their families, trained 220 intensive care coordinators and their supervisors to become HFW facilitators, and trained 30 family members with lived experience as family support partners to mentor families through the HFW process.
- Served 181 juveniles in the Juvenile Competency Program. The average length of services was 91 days, a decrease of five percent. Through 17 contracts with CSBs and the BHA, more children were able to receive services in the community. There was a 29 percent reduction in the number of juveniles served in a secure setting.

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Mental Health Services for Individuals Involved With the Criminal Justice System

- Funded 15 new Crisis Intervention Team (CIT) assessment sites for a total of 32 CIT sites throughout Virginia and two new criminal justice diversion programs.
- Trained 60 CSB staff on how to provide services on an outpatient basis and developed tools for providers to use in restoring an individual's competency to stand trial.
- Developed and pilot tested a new privileging process for individuals acquitted as not guilty by reason of insanity. The new process will minimize administrative delays that contribute to extended lengths of stay and also will improve overall risk management.

Substance Abuse Services

- Organized the Handle with C.A.R.E work group to address maternal and infant deaths related to substance use with the goal of providing consistent screening, intervention, and, when necessary, referral to treatment for the mother. It included representatives of major health care systems, key state agencies, treatment providers, insurance carriers, and the Medical Society of Virginia. The group met four times and identified seven barriers: 1.) inconsistent screening practices, 2.) confusion about legal requirements among healthcare providers and social service agencies, 3.) fragmented service delivery, 4.) insufficient resources, 5.) personal beliefs of women, 6.) fear on the part of the mother, and 7.) limited community knowledge. The Handle with C.A.R.E. Implementation Team will develop final recommendations and an implementation plan. More information about Handle with C.A.R.E. is available at www.dbhds.virginia.gov/individuals-and-families/substance-abuse/handle-with-care
- Expanded the REVIVE! pilot, enacted in 2013, on a statewide basis. This is an opioid overdose reversal program that provides training to concerned individuals to administer naloxone nasally to reverse an overdose using a kit provided in training. 2015 legislation removed pilot restrictions, provided civil immunity protections for prescribers, allowed pharmacists to dispense naloxone without a prescription using an open order protocol, permitted law enforcement and firefighters to carry and use naloxone, and provided individuals who call 911 to report an overdose who are charged criminally to use an affirmative defense. DBHDS worked with the Departments of Criminal Justice Services (DJCS) and Health Professions (DHP) to develop a training curriculum for law enforcement officers and with DHP to educate pharmacists about the protocol that allows them to dispense naloxone without a prescription. As of June 30, the program had trained over 800 individuals. More information is available on the DBHDS web site at www.dbhds.virginia.gov/individuals-and-families/substance-abuse/revive.
- Participated on the Governor's Task Force on Prescription Drug and Heroin Abuse, established in response to a significant increase in mortality from opioid use, and staffed the Treatment Workgroup. Task force membership included representatives of the legislature, the judiciary, law enforcement, treatment providers, key state agencies, individuals in recovery, and affected family members. It met six times and focused on legislative, budgetary, and programmatic recommendations for the Governor. Information is at www.dhp.virginia.gov/taskforce/default.htm, and the implementation plan is at www.dhp.virginia.gov/taskforce/minutes/20150630/TaskForceImplementationPlan.pdf.

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Behavioral Health and Wellness: Substance Abuse Prevention & Mental Health Promotion

- Conducted a social indicator study to identify risk factors for substance abuse and mental illness at the state and city or county levels to be used for planning, outcome measurement, and identification of evidenced-based prevention strategies.
- Trained 13,983 individuals in Mental Health First Aid (MHFA); this is the ninth highest number in the nation. There are 401 certified MHFA instructors, the fifth highest number nationally.
- Received recognition from the SAMHSA Center for Substance Abuse Prevention (CSAP) for efforts to build CSB evaluation capacity through training and technical assistance as a unique and notable practice during CSAP’s prevention system review in April.
- Received recognition from CSAP for its efforts to address youth retail access to tobacco, e-cigarettes, and vapor products through its Counter Tools Project being piloted at five CSBs. The results of the pilot will shape policies, practices, and procedures for the other CSBs in preventing underage tobacco use through retail access.
- Received an \$8,240,940 SAMHSA Partnership for Success Strategic Prevention Framework grant to prevent prescription drug abuse and heroin overdoses over the next five years by targeting the highest risk communities.

Integration of Behavioral and Primary Health Care

Fourteen CSBs reported partnering with federally qualified health centers (FQHCs), free clinics, or local health departments to improve overall outcomes for individuals receiving services through improving their access to primary health care.

| | |
|----------------------------|---|
| Alexandria CSB | Henrico Area Mental Health and Developmental Services |
| Arlington County CSB | Horizon Behavioral Health |
| Colonial Behavioral Health | Norfolk CSB |
| Crossroads CSB | Northwestern Community Services |
| Eastern Shore CSB | Piedmont Community Services |
| Fairfax-Falls Church CSB | Prince William County CSB |
| Hampton-Newport News CSB | Region Ten CSB |

The following tables display the partnering organizations and locations of health care.

| | | | |
|--------------|--------|-------------------------|-------|
| FQHCs | 9 CSBs | Local Health Department | 1 CSB |
| Free Clinics | 4 CSBs | Other Organizations | 3 CSB |

| | Primary Health Care | Behavioral Health Care |
|---------------------------------|---------------------|------------------------|
| On-Site at CSB | 5 | 10 |
| On-Site at Primary Health Care | 10 | 6 |
| On-Site at Another Organization | 3 | 3 |

These tables display more than 14 responses because some CSBs reported multiple organizations or locations.

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B. Developmental Services Initiatives and Accomplishments

U.S. Department of Justice (DOJ) Settlement Agreement: Virginia is currently in the fourth year of the Commonwealth's 10-year implementation process for the DOJ Settlement Agreement (Agreement) to improve and expand services and supports for individuals with intellectual or other developmental disabilities (I/DD). DBHDS produces various reports on the implementation of the Agreement. Additional information about the Agreement itself and about DBHDS implementation of the Agreement is available on the DBHDS website at www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement.

Community Services

- Implemented a new process for evaluating and processing individuals with I/DD requiring a Preadmission Screening and Resident Review (PASRR) screening for nursing facility placement. This initiative is reversing admissions from nearly 100 percent residential admissions to zero admissions for adults and children and paving a path toward community reintegration for current nursing home residents.
- Initiated a new program model for providing care to individuals with I/DD through the Developmental Disabilities Health Support Network that replaced services provided by training centers.
 - Initiated a mobile rehabilitation engineering program to provide individuals with regular evaluation, maintenance, and repair of their mobility equipment.
 - Began individual and community-based assessments by registered nurses for individuals living in congregate settings and provided technical support and safety education as needed.
 - Established regional community-based meetings statewide addressing best practices for nursing and direct service professional care and provided community-based nursing support and educational resources as needed.
 - Provided emergency and urgent dental care via the former regional community support centers and established a community-based pilot for providing preventative and basic dental care through a fixed rate reimbursement program with FQHCs.

Individual Family Supports Program (IFSP)

- Provided access to family supports through the IFSP for 1,201 individuals with I/DD and their family members who did not have alternative services through a waiver. Supports included respite services, environmental modifications, dental services, professional consultative services, or other supports that enabled individuals to remain in their own homes or their family's homes.
- Established the New IFSP Design Advisory Committee, primarily comprised of individuals who are currently on the ID and DD waitlists and their family members, to redesign the IFSP and develop a coordinated supports model to increase the number of individuals accessing family supports.

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Integrated Day/Supported Employment Services

- Continued to collaborate with stakeholders to implement the DBHDS plan to increase employment opportunities for individuals with I/DD. Implemented two new measures that CSBs report: percent of individuals in the Agreement population receiving case management services from the CSB whose case managers discussed integrated, community-based employment with them during their annual case management individualized services and supports plan meetings and percent whose plans included employment-related or employment-readiness goals.
- Conducted the semi-annual employment data survey through the Department for Aging and Rehabilitative Services (DARS) and employment service organizations and produced the first semiannual employment data report in February.
- Released a request for proposal for a demonstration project to encourage current day program providers to convert from center-based to integrated community services to access new integrated day services proposed for the amended Medicaid waivers.
- Partnered with DARS and the Department of Education to provide over 30 training and education presentations across the state to families, advocates, providers, DARS field staff, and CSB staff.

Crisis Services for Adults and Children

- Funded the five Regional Educational, Assessment, Crisis Response, and Habilitation (REACH) programs to provide adult crisis and crisis stabilization services including a 24 hour hotline, mobile services, assessment outreach, training, and access to crisis therapeutic homes, and produced quarterly reports about REACH services. The programs received 584 referrals for services, a 24 percent increase over last year that indicates they are becoming more integrated into the mental health service systems they support.
- Provided \$1.3 million to support initiation of children's crisis services in the five regions, with four regions providing mobile crisis supports.
- Implemented a system that provides daily updates from state hospitals on admissions of individuals with I/DD to ensure REACH staff immediately engage with the individual and hospital staff to assist with discharge, transition, and prevention of more hospitalizations.
- Implemented a comprehensive plan for building behavioral supports capacity to increase the number of behavioral interventions available in northern and southwestern Virginia.
- Closed Pathways, the behavioral support unit located at SWVTC on June 3, 2015. The REACH program has sufficient capacity to meet the need for adult crisis stabilization beds, and provider development is underway in southwestern Virginia to provide additional crisis stabilization step down capacity.

Transition of Individuals from Training Centers to Community Homes

- Transitioned 109 individuals from training centers to new community homes.
- Reduced the training center census from 613 to 483, a decrease of 21.2 percent, and overall have reduced the census from 1,745 in 2000, a 72 percent decrease.

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- NVTC reached a census of 57 on June 30, with all remaining residents having viable options for community homes. The expected closure date remains March 2016.
- Received RFPs for providing supports to individuals with intensive behavioral and medical needs, and awards will assist with building capacity in central and southwestern Virginia.

Medicaid Waiver Services for Individuals With I/DD

- Allocated the following waiver slots:
 - 25 community ID waiver slots,
 - 90 institutional waiver slots, and
 - 15 DD waiver slots.
- DBHDS and DMAS continued working with Human Services Research Institute and Burns and Associates to redesign the Medicaid waivers supporting individuals with I/DD through the My Life, My Community project. This included obtaining input from stakeholder subcommittees on these topics and main recommendations.
 - Eligibility: Intellectual and other developmental disabilities will be included in all three redesigned waivers.
 - Waiting List: There will be one needs-based waiting list for all three waivers.
 - Case Management: CSBs will be the single point of entry, but individuals will have choice of private case management providers.
 - Services: A number of new services were proposed and descriptions were drafted.
 - Reimbursement Rates: Waiver service reimbursement rates were examined and updated rates were proposed by Burns and Associates based on cost and Bureau of Labor Statistics information.

All recommendations were reviewed and discussed by the Waiver Design Advisory Committee, a group of expert stakeholders.

- Moved administration of the Supports Intensity Scale® (SIS®) for individuals in the ID and Day Support waivers from CSB case managers to Ascend Management Innovations under a DBHDS contract. Individuals in the DD waiver will be added to the contract in FY 2016. This enables conflict-free assessments, since they will not be performed by service providers, in order to help inform resource allocation under the redesigned waivers. Over 3,000 SIS® assessments were completed.
- Implemented the exceptional supports rate for ID waiver congregate residential services, enabling providers to bill at a 25 percent higher rate for supporting qualifying individuals with intense medical and behavioral support needs. Approved 34 providers to provide these supports for 35 individuals.

Community Living Options/Independent Housing

- Established three regional housing specialist positions to:
 - Provide technical assistance to individuals, families, support coordinators, and providers about accessing independent housing;

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- Develop local, regional, and statewide relationships; and
- Identify potential resources needed to increase access to affordable, accessible housing for individuals with I/DD currently enrolled in or eligible for a Medicaid waiver.
- Partnered with Virginia Housing Developmental Authority (VHDA) to secure federal Housing and Urban Development (HUD) approval to implement a housing choice voucher waitlist preference set-aside for individuals in the Agreement population, and assisted 35 individuals to access rental housing as a result of the set-aside.
- Collaborated with VHDA and housing services support teams to work successfully with 10 public housing authorities to request HUD approval to implement a special admissions preference for individuals in the Agreement population on their housing choice voucher and public housing waitlists.
- Helped 13 individuals with I/DD to live in housing as a result of Rental Choice VA. All current and prospective participants will be transitioned to or enrolled in a permanent rent subsidy program over the next 12 months.
- Worked with VHDA to increase affordable housing units for individuals in the Agreement population through changes to its Low-Income Housing Tax Credit Program's Qualified Allocation Plan.
- Worked with the Department of Housing and Community Development to make changes to its HOME Affordable and Special Needs Housing Program. This program is designed to give scoring preference to projects targeting at least 20 percent of units to special needs households and allow higher funding levels for these types of projects.

Part C Early Intervention Services for Infants and Toddlers

- Provided the following information in a separate report required by Item 308.H.2 of the Appropriation Act to the Chairmen of the Senate Finance and House Appropriations Committees by November 15: (a) total revenues used to support Part C services, (b) total expenses for all Part C services, (c) total number of infants and toddlers and families served using all Part C revenues, and (d) services provided to those infants and toddlers and families.

C. Quality Management and Development Initiatives and Accomplishments

Human Rights

- Provided training and guidance on the Human Rights Regulations, including: developed a consistent human rights training module for state facilities and community providers; conducted support, training, and guidance to local human rights committees; and provided support to providers in fully using the web-based human rights reporting system.
- Continued efforts to identify efficiencies in operations including cross training and coordinating monitoring activities between the Offices of Human Rights and Licensing to promote an effective, singular community oversight system.

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- Worked with individuals receiving services, family members, providers, professionals, and other stakeholders to identify options to improve the human rights system and the availability of alternative decision-makers.
- Promoted best practice models of recovery and self empowerment.

Quality Management and Risk Management

- Coordinated development and implementation of a comprehensive quality and risk management program that includes:
 - a Mortality Review Committee that reviews all deaths of individuals with intellectual or developmental disabilities (I/DD) who received community or state facility services,
 - a Behavioral Health Quality Improvement Committee,
 - an I/DD Risk Management Review Committee,
 - five Regional Quality Councils (RQCs), and
 - a statewide Quality Improvement Committee (QIC) that reports to the Commissioner.

Each of these groups has specific functions, including data analysis, case reviews, and the development of programs and strategies designed to identify and address areas of risk and to improve the quality of care in their respective areas. RQCs work with the QIC to assess relevant data, identify trends, and recommend regional quality improvement initiatives or actions to improve service quality.

- Continued developing the risk management capacity of state facilities, CSBs, and private providers by:
 - Conducting webinars on root cause analysis, monitoring risk through triggers and thresholds, and developing risk management tools, templates, and other training materials based on best-practices;
 - Developing a series of risk triggers and thresholds to identify individuals with I/DD in the community or training centers who are at risk of adverse medical or behavioral events or outcomes, designing additional triggers and thresholds to capture information on providers that show a pattern of events that may indicate risk to individuals receiving services from them, and incorporating medical and behavioral risks into individual service plans and quarterly risk assessments; and
 - Coordinating training jointly with IT staff to prepare state facility database coding staff for revisions to International Code of Diseases Manual, 10th edition (ICD-10), effective October 1, 2015, and holding additional training sessions for health information management staff, ancillary services staff, and medical staff.
- Contracted with the Delmarva Foundation for Medical Care, Inc. to conduct Quality Service Reviews (QSRs) of individuals receiving Medicaid Home and Community-Based I/DD Waiver services. QSRs include record reviews and interviews with individuals receiving services, family members, and providers. The Foundation will survey approximately 400 individuals and families and 50 providers annually.

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D. Administrative Initiatives and Accomplishments

- Office of Planning, Budget, and Analytics accomplishments included the following achievements.
 - Developed a financial analysis of consolidation and reorganization options for PGH and CH.
 - Provided a financial analysis for the Comprehensive ID Waiver Reform package.
 - Formulated and proposed a financial plan and procedures associated with the CMS Advanced Planning Document for the comprehensive Medicaid I/DD Waiver IT system.
 - Prepared and delivered a cost estimate for the remaining roll out of the DBHDS One Mind electronic health record system.
 - Updated the DBHDS strategic plan and quarterly performance measures.
- Office of Architectural and Engineering Services accomplishments included the following achievements.
 - Completed the administration and support building at SEVTC and concluded the sale of surplus property.
 - Began detailed planning of the VCBR expansion.
 - Began preplanning of the replacement for CSH.
 - Declared more than 400 acres at ESH as surplus property and assisted the Department of General Services (DGS) in initiating the sale of the property.
 - Declared NVTC as surplus property and assisted DGS in initiating the sale of the property.
- The Office of Internal Audit tested controls over payroll at six state facilities. The Virginia Auditor of Public Accounts relied on the completed work for coverage of payroll transactions at DBHDS.
- DBHDS continued to deploy and use OneMind, its electronic health record (EHR), to transition from operating as 15 self-contained state facilities using disparate paper-based care delivery, charting, and reporting and analysis processes and tools to operating as a network of collaborating facilities sharing care delivery processes, common electronic information capture, and healthcare outcome improvement navigated by network-wide empirical data. Major accomplishments include the following achievements.
 - OneMind functionality continued to expand to address specialized care delivery requirements for behavioral healthcare. Clinical user satisfaction is high and planning for deployment to all beds in all state hospitals is in progress.
 - OneMind was successfully deployed for all applications for all beds at WSH as of February 24 and for all beds at SVMHI on May 5.
 - The OneMind Decision Team was formed and became operational. The team has representation from all state facilities and disciplines that will use OneMind and is

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responsible for all clinical decisions related to the use of the EHR. The team has provided over 25 major clinical workflow decisions.

- DBHDS continued to implement its data warehouse, OneSource, which provides a reliable and sustainable platform for creating, managing, and leveraging information across its entire scope of strategic and operational domains. OneSource offers normalized data and business logic in one enterprise class and easily accessible source. It supports self-service business intelligence and reporting solutions for end-users. This new integrated system, which houses information about all aspects of care, serves as the system of record for statistical and pattern analysis, internal management reporting, and external reporting. OneSource major accomplishments include the following achievements.
 - Incorporated a variety of new data sources including OLIS (provider licensing), CIT (crisis intervention), Jail Diversion, and PAIRS (patient injuries). Additionally, data from AVATAR (hospital data) and CCS3 (community services data) was enhanced. This has offered direct support for the DOJ Settlement Agreement implementation.
 - Released over a dozen highly flexible parameter-driven reports to the user community to offer a new level of analytical capabilities.
 - Offered broader support for initiatives like the Governor's GAP program, which has expanded Medicaid coverage for behavioral health services and integrated primary and behavioral health services for uninsured individuals with serious mental illness.
 - OneSource was recognized for excellence in Big Data and Analytics and excellence in project management as the 2015 Commonwealth IT Project of the Year.
- The Office of Information Services and Technology developed a new application, the Consolidated Morning Report, that provides state facility directors and designees with the ability to enter wait list data and any reportable events. These user input data, along with the operating capacity and census data from the AVATAR system will be used to create summary and detailed reports. These reports provide a point in time look at the data for the previous 24 hours for state facilities.
- The Office of Information Services and Technology, in collaboration with other offices and state facilities, established a process for implementation of the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) by October 1, 2015, the deadline established by the U.S. Department of Health and Human Services. ICD-10-CM is a system that physicians and other health care providers use to code all diagnoses, symptoms, and procedures in hospitals, physician practices, and other sites, including state facilities and CSBs.
- Office of Administrative Services accomplishments included the following achievements.
 - Awarded a contract for quality service reviews to the Delmarva Foundation for Medical Care, Inc. for quality assessments of providers and other community organizations serving individuals with I/DD in the DOJ Settlement Agreement population. This contract addresses Settlement Agreement requirements.
 - Awarded a contract for licensing business process modeling to the Hyzer Group for an analysis of DBHDS licensing business operations and processes. The output and

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deliverables will heavily influence the new licensing information system specifications and RFP scheduled to be released late FY 2016.

- Awarded a contract for hospital readiness and training to the Behavioral Health Policy Collaborative to provide Joint Commission and CMS pre-certification assessments of state facilities and evaluation, development, and delivery of staff training on emerging issues for behavioral health and developmental services.
- Awarded a contract for a transformation team planning process to the Public Consulting Group to provide guidance, facilitation, and assistance for DBHDS transformation team meetings.
- Workforce development initiatives by the Office of Human Resources Management and Development included the following achievements.
 - Implemented System LEAD, a leadership development program that gives participants broad exposure to the competencies needed to be a successful leader in the DBHDS services system. In its first year, 25 state facility or central office staff participated in the week-long Virginia Public Sector Leadership Program developed by Virginia Tech. It consisted of eight highly focused workshops that examined the work of DBHDS, developed a professional portfolio, and included a group capstone project.
 - Hosted, in partnership with local and national universities, 25 student interns seeking experience in various disciplines. The interns sought opportunities to learn about administrative, policy making, and program development and implementation aspects of behavioral health and developmental services.
 - Finalized the design of a coherent framework of human capital policies, programs, and practices in Human Capital Vision 2020 to achieve a shared vision integrated with the agency's strategic plan. The plan includes expanding learning management opportunities, developing additional career pathways, transforming approaches to performance management, and enhancing recruitment and retention strategies.
 - Continued the Direct Service Professionals Career Pathway Program, a training, competency building, and advancement pathway to improve services, reduce high vacancy and turnover rates, and create an improved learning environment for direct-service workers in state facilities. It is structured in three tiers based on experience and documented competencies leading to designation as a direct support professional. The program includes partnerships with Wytheville Community College and the College of Direct Support. It supports motivated, experienced, and competency-driven direct-service staff in state facilities. Since 2008, 1,247 employees have completed level I, and 294 have completed level II. In FY 2015, 96 employees completed all educational and competency requirements of Level III.
- Continued to support the Refugee Healing Partnership, a collaborative effort of the DBHDS Office of Cultural and Linguistic Competence and the Virginia Department of Health (VDH) focused on addressing refugee risk factors and strengthening mental health partnerships in communities where refugees resettle. It designs and disseminates programs that promote positive mental health and cultural adjustment in the refugee community, creates linkages between provider communities and refugee communities, and provides opportunities for trauma-informed education at the community level and culture-

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informed education at the provider level. Some of the partnership’s initiatives are described below.

- Developed Regional Refugee Mental Health Councils in Alexandria, Fredericksburg, Richmond, Hampton Roads, Roanoke, and Harrisonburg. Councils provide a venue for refugee leaders, providers, and volunteers to discuss how to better ensure refugee access to mental health services and more culturally aligned services for the refugee community. A key initiative of the councils is to guide the implementation of the RHS-15 refugee mental health screening assessment in VDH and coordinated referrals to CSBs in the region. Assessments for refugees early in the resettlement process provide preventative mental health care and the specialized referral process ensure refugees with language barriers and cultural differences access needed services.
- Developed Navigating Virginia's Behavioral Health System, a basic guidebook to assist refugees looking for support to heal, helping their peers understand and recover from the impact of trauma, or trying to navigate the behavioral health services system.
- Trained seven refugee leaders through the Multicultural Mental Health Collaborative as Mental Health First Aid Instructors and as Refugee Suicide Prevention Gatekeeper facilitators. They provide suicide prevention training in multiple languages in all areas of the state. This program has expanded the ability of DBHDS to provide suicide prevention programs to English language learners and newcomers to Virginia.
- Partnered with the VCU School of Social Work to develop a framework for a workforce qualification to leverage the cultural and linguistic skills of refugee and immigrant communities through the Cultural Navigator Qualification Program. Cultural navigators help culturally diverse communities promote access to needed services and knowledge of behavioral health, facilitate communication between service providers and individuals receiving services, and help service providers to better understand the unique needs of refugee and immigrant communities and provide culturally and linguistically competent and responsive services.

Systemic Outcome and Performance Measures

Performance Contract Exhibit B Measures: Statewide CSB performance on Exhibit B measures is shown in the following table.

| Table 19: FY 2015 Performance Measures | Data | FY2015 Data Reported |
|---|-------------|---|
| I.A. Percentage of individuals referred to CSBs who kept face-to-face (non-emergency) service visits within seven business days after discharge from state hospitals, private psychiatric hospitals, or psychiatric units in public or private hospitals following involvement in the civil involuntary admission process, including those referred to CSBs upon discharge who were under temporary detention or involuntary commitment orders or were admitted voluntarily from commitment hearings. | 7,664 | Individuals who kept scheduled face-to-face service visits within seven business days of discharge from hospitals or psychiatric units. |
| | 9,821 | Number of individuals discharged and referred to CSBs from hospitals or psychiatric units. |
| | 78.0% | Statewide percent of individuals who kept face-to-face service visits within seven business days. |

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| Table 19: FY 2015 Performance Measures | Data | FY2015 Data Reported |
|---|-------------|---|
| I.B. Percentage of individuals for whom an immediate face-to-face intervention by a certified preadmission screening evaluator to determine the possible need for involuntary hospitalization is appropriate who see a certified preadmission screening evaluator within one hour of initial contact for urban CSBs (population density of 200 or more people/square mile) or two hours of initial contact for rural CSBs (population density of less than 200 people/square mile). | 8,931 | Individuals who saw a certified preadmission screening evaluator within one hour or two hours of initial contact. |
| | 9,567 | Individuals who saw a certified preadmission screening evaluator. ¹ |
| | 93.4% | Statewide percent of individuals who saw a certified preadmission screening evaluator within one or two hours of initial contact. |
| I.C. Percentage of employment-aged adults (18-64) in the DOJ Settlement Agreement population with a CCS 3 consumer designation code of 920 receiving case management services from the CSB (adults) whose case managers discussed integrated, community-based employment with them during their annual case management individualized services and supports plan (ISP) meetings. | 8,178 | Adults whose case managers discussed employment with them during their annual ISP meetings. |
| | 9,831 | Adults whose case managers conducted annual ISP meetings. |
| | 83.2% | Statewide percent of adults whose case managers discussed employment in their ISP meetings. |
| I.D. Percentage of employment-aged adults (adults), see I.C above for complete definition, whose case management individualized services and supports plans (ISPs), developed or updated at annual ISP meetings, included employment-related or employment-readiness goals (employment goals). | 3,351 | Adults with annual ISPs whose ISPs included employment goals. |
| | 9,831 | Adults whose ISPs were developed or updated. |
| | 34.1% | Statewide percent of adults whose ISPs included employment goals. |

¹ Collected by CSBs during two-week samples of emergency services each quarter.

FY 2015 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, 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 24 years, the number of individual and family member appointments to CSBs has increased by 313 percent. In FY 2015, CSBs reported 78 individuals who are receiving (31) or who have received (47) services and 153 family members out of 501 appointed board members. The 231 individuals or family members appointed to CSBs represented 46 percent of all filled appointments. However, appointments to eight CSBs did not meet the requirement for one-third of the members being individuals receiving services or family members, and 16 CSBs had no individual currently receiving services appointed as board member. It is important to note that board members are appointed by the city councils or boards

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of supervisors that established the CSBs, and some CSBs may have little ability to affect the numbers of individuals and family members appointed to their boards.

FY 2015 Quality Improvement Measures

DBHDS continued implementing and refining a quality improvement process that focuses on CSB and state facility progress in advancing the vision of a life of possibilities for all Virginians and the mission of supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life. For the behavioral health and developmental services section of a data dashboard of the Secretary of Health and Human Resources, DBHDS implemented and refined the following measures in collaboration with CSBs.

BEHAVIORAL HEALTH SERVICES

CSB Quality Measures for Individuals Admitted in the Previous 12 Months

1. Intensity of engagement in mental health case management services
2. Intensity of engagement in substance abuse outpatient services
3. Intensity of engagement in child mental health case management services
4. Retention in community substance abuse services for three months
5. Retention in community substance abuse services for six months

CSB State Hospital Bed Utilization Measures Per 100,000 Population

6. Adult civil temporary detention order (TDO) admissions
7. Adult forensic TDO admissions
8. Adult civil TDO bed day utilization
9. Adult forensic TDO bed day utilization
10. Adult civil bed day utilization
11. Adult forensic bed day utilization

State Hospital Measure

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

DEVELOPMENTAL SERVICES:

CSB Quality Measures

13. Percent of individuals who meet the criteria for enhanced developmental case management services who received at least one face-to-face case management services contact per month

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14. Percent of individuals who meet the criteria for enhanced developmental case management services who received at least one face-to-face case management contact per month and received one of those contacts every other month in their place of residence
15. Health and well being goal measure: number of individuals on the ID waiver where the health and well-being goal measure was fully or partially met
16. Community inclusion goal measure: number of individuals on the ID waiver where the community inclusion goal measure was fully or partially met
17. Choice and self-determination goal measure: number of individuals on the ID waiver where the choice and self-determination goal measure was fully or partially met
18. Living arrangement stability measure: number of individuals on the ID waiver where the living arrangement stability measure was fully or partially met
19. Day activity stability measure: number of individuals on the ID waiver where the day activity stability measure was fully or partially met

Central Office Oversight: CSB Operational Reviews

DBHDS conducts on-site operational reviews of selected CSBs each year that involve a team of staff from the Offices of Mental Health, Developmental, Child and Family, and Substance Abuse Services; Behavioral Health Wellness; Grants Management; Internal Audit; and Human Resources Management. DBHDS selects CSBs based on a comprehensive risk analysis. Reviews examine financial management and accountability operations and transactions, compliance with federal block grant financial and programmatic requirements, service delivery, and personnel management files. After reports are issued, DBHDS staff conducts follow up reviews one year later to determine whether CSBs implemented report recommendations. This year, DBHDS reviewed five CSBs: Chesterfield CSB, Mount Rogers CSB, Northwestern Community Services, New River Valley Community Services, and Planning District One Behavioral Health Services. DBHDS also conducted seven follow up reviews.

Central Office Oversight: Licensing Service Providers

DBHDS licenses providers of mental health, developmental, substance abuse, 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. 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.

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| Table 20: Overview of Licensing Statistics | | | | | Change From 2012 |
|---|---------|---------|---------|---------|------------------|
| Statistic | FY 2012 | FY 2013 | FY 2014 | FY 2015 | |
| Licensed Providers | 744 | 844 | 917 | 965 | +29.7% |
| Licensed Services | 1,860 | 2,038 | 2,218 | 2,319 | +24.7% |
| Licensed Locations | 6,302 | 7,063 | 7,519 | 8,290 | +31.5% |

| Table 21: New Providers Licensed by DBHDS in FY 2015 | | | |
|---|--------|---------------------------------|--------|
| Services | Number | Services | Number |
| Inpatient Services | 3 | Crisis Stabilization Services | 11 |
| Methadone/Inpatient Detox Services | 4 | Residential Treatment Services | 5 |
| Intensive Outpatient Services | 27 | Children’s Residential Services | 10 |
| Intensive In-Home Services | 55 | Group Home Services | 77 |
| Intensive Community Treatment Services | 3 | Supervised Living Services | 4 |
| Therapeutic Day Treatment Services | 34 | Sponsored Home Services | 19 |
| Psychosocial Rehabilitation Services | 9 | In-Home Support Services | 13 |
| Day Support Services | 19 | Autism Services | 2 |
| Mental Health Support Services | 75 | Total Conditional Licenses | 370 |

Per DBHDS Licensing Regulations, all new providers receive conditional licenses.

| Table 22: FY 2015 Licensing Inspections Conducted by DBHDS | |
|---|--------|
| Type of Visit | Number |
| Unannounced Complaint Investigation | 208 |
| Consultation | 203 |
| Department of Justice Unannounced Visit/Consultation | 260 |
| Unannounced Visit | 2,186 |
| Total Licensing Inspections | 2,857 |

The office did not revoke or suspend any licenses in FY 2015, but it issued six provisional licenses in response to issues with those providers. In addition to these inspections, staff conducted 223 other DOJ-related visits, 464 service modification visits, 1,046 other types of visits, and 1,389 in-office reviews, or a total of 3,122 other licensing-related activities.

Central Office Oversight: Human Rights

DBHDS operates an internal human rights system for its state facilities and for community services, authorized by Article 1 of Chapter 4 in Title 37.2 (§ 37.2-400 et seq.) of the Code of Virginia and governed by the Regulations To Assure The Rights Of Individuals Receiving Services From Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services. More detailed information about human rights activities is at: <http://www.dbhds.virginia.gov/individuals-and-families/human-rights>.

This year, 232,079 individuals received services from CSBs, and thousands of additional individuals received services from other community providers licensed by DBHDS and subject to the human rights regulations. There were 1,374 human rights complaints filed in community programs, and 238 complaints (17.3 percent of the total) resulted in violations being determined.

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Over 99.6 percent of complaints were resolved at or below the program director level. There were 5,291 allegations of abuse, neglect, or exploitation filed, and 968 (18.3 percent of the total) were founded. All founded allegations were resolved at or below the program director level.

| | | | | |
|--|-------|------------------------------|-----|-------|
| Total Number of Human Rights Complaints | | | | 1,374 |
| Numbers of Complaints Finally Resolved at the Following Levels | | | | |
| Director and Below | 1,369 | State Human Rights Committee | 1 | |
| Local Human Rights Committee | 4 | DBHDS Commissioner | 0 | |
| Number of Complaints That Did Not Result in a Violation Being Determined | | | | 1,136 |
| Number of Complaints That Resulted in a Violation Being Determined | | | | 238 |
| Total Number of Allegations of Abuse, Neglect, or Exploitation | | | | 5,291 |
| Total Number of Founded Allegations of Abuse, Neglect, or Exploitation | | | | 968 |
| Numbers of Founded Allegations Resolved at the Following Levels | | | | |
| Director and Below | 5,291 | State Human Rights Committee | 0 | |
| Local Human Rights Committee | 0 | DBHDS Commissioner | 0 | |
| Numbers of Founded Allegations by Type | | | | |
| Physical Abuse | 151 | Exploitation | 48 | |
| Verbal Abuse | 70 | Neglect | 595 | |
| Sexual | 18 | Other | 86 | |

This year, 6,428 individuals received services in state facilities. There were 2,801 human rights complaints filed in state facilities, and 65 complaints (2.3 percent of the total) resulted in violations being determined. Over 96.8 percent of complaints filed were resolved at or below the director level. There were 1,185 allegations of abuse, neglect, or exploitation filed in state facilities, and 129 (10.9 percent of the total) were determined to be founded. All founded allegations were resolved at or below the director level.

| | | | | |
|--|-------|------------------------------|----|-------|
| Total Number of Human Rights Complaints | | | | 2,801 |
| Numbers of Complaints Resolved at The Following Levels | | | | |
| Director and Below | 2,712 | State Human Rights Committee | 34 | |
| Local Human Rights Committee | 55 | DBHDS Commissioner | 0 | |
| Number of Complaints That Did Not Result in a Violation Being Determined | | | | 2,736 |
| Number of Complaints That Resulted in a Violation Being Determined | | | | 65 |
| Total Number of Allegations of Abuse, Neglect, or Exploitation | | | | 1,185 |
| Total Number of Founded Allegations of Abuse, Neglect, or Exploitation | | | | 129 |
| Numbers of Founded Allegations Resolved at the Following Levels | | | | |
| Director and Below | 1,185 | State Human Rights Committee | 0 | |
| Local Human Rights Committee | 0 | DBHDS Commissioner | 0 | |
| Numbers of Founded Allegations by Type | | | | |
| Physical Abuse | 31 | Exploitation | 2 | |
| Verbal Abuse | 29 | Neglect | 61 | |
| Sexual | 2 | Other | 4 | |

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Conclusion

In response to Item 307.J of the 2015 Appropriation Act, DBHDS is pleased to submit its sixth annual report, which presents a broad overview of information and data about the public behavioral health and developmental services system, including major DBHDS initiatives and accomplishments and systemic outcome and performance measures. The efforts of DBHDS and CSBs to improve data quality have been successful and will continue so that data are as meaningful, accurate, and useful as possible.

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| Appendix A: Individuals Who Received CSB or State Facility Services in FY 2015 | | | | |
|---|---------------------|---|---------------|----------------|
| 100 Emergency Services | 69,153 | Consumer-Run Programs (730) are not included in this table because individuals participating in them are not reported in CCS 3 data. In this fiscal year, 8,401 individuals participated in these programs. | | |
| 318 Motivational Treatment Services | 5,455 | | | |
| 390 Consumer Monitoring Services | 8,336 | | | |
| 620 Early Intervention Services | 2,620 | | | |
| 720 Assessment and Evaluation Services | 79,653 | | | |
| Total Ancillary Services | 96,064 | | | |
| Services Available in Program Areas | MH | DV | SA | Total |
| 410 State Hospital Medical/Surgical Care | 3 | | | 3 |
| 420 Training Center Skilled Nursing Services | | 69 | | 69 |
| 510 Training Center ICF/ID Services | | 564 | | 564 |
| 440 State Hospital ICF/Geriatric Services | 591 | | | 591 |
| 250 CSB Acute Psychiatric or SA Inpatient | 2,474 | | 23 | 2,497 |
| 260 CSB Substance Abuse Inpatient Med Detox | | | 256 | 256 |
| 455 State Hospital Acute Psychiatric Inpatient | 2,778 | | | 2,778 |
| 480 State Hospital Ext. Rehabilitation Services | 2,339 ¹ | | | 2,339 |
| Hiram Davis Medical Center | 130 | | | 130 |
| 491 Virginia Center for Behavioral Rehabilitation | 399 | | | 399 |
| Total Community Inpatient Services | 2,474 | | 279 | 2,753 |
| Total State Facility Inpatient Services | 6,240 | 633 | | 6,873 |
| Total Inpatient Services | 8,714 | 633 | 279 | 9,626 |
| 310 Outpatient Services | 95,666 ² | 614 | 25,393 | 121,673 |
| 313 Intensive Outpatient Services | | | 1,887 | 1,887 |
| 335 Medication Assisted Treatment | | | 2,090 | 2,090 |
| 350 Assertive Community Treatment | 1,862 | | | 1,862 |
| Total Outpatient Services | 97,528 | 614 | 29,370 | 127,512 |
| 320 Case Management Services | 60,404 | 18,513 | 10,037 | 88,954 |
| 410 Day Treatment or Partial Hospitalization | 5,555 | | 701 | 6,256 |
| 420 Ambulatory Crisis Stabilization | 2,315 | 409 | | 2,724 |
| 425 Rehabilitation or Habilitation Services | 4,695 | 2,833 | 43 | 7,571 |
| Total Day Support Services | 12,565 | 3,242 | 744 | 16,551 |
| 430 Sheltered Employment Services | 27 | 683 | | 710 |
| 460 Individual Supported Employment | 1,510 | 1,141 | 53 | 2,704 |
| 465 Group Supported Employment | 65 | 746 | | 811 |
| Total Employment Services | 1,602 | 2,570 | 53 | 4,225 |
| 501 Highly Intensive Residential Services | 87 | 262 | 3,179 | 3,528 |
| 510 Residential Crisis Stabilization | 4,906 | 319 | 124 | 5,349 |
| 521 Intensive Residential Services | 473 | 957 | 1,935 | 3,365 |
| 551 Supervised Residential Services | 1,021 | 479 | 352 | 1,852 |
| 581 Supportive Residential Services | 4,794 | 1,081 | 138 | 6,013 |
| Total Residential Services | 11,281 | 3,098 | 5,728 | 20,107 |

¹ Includes 1,116 individuals who received services in medium or maximum security forensic beds.

² This includes 12,226 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. Numbers of individuals are displayed in five columns: emergency and ancillary services; mental health (MH), developmental (DV), or substance abuse (SA) services program areas; and the total number of individuals receiving a category or subcategory of core service across the three program areas. Numbers before service names are service codes in the CCS 3 or state facility cost center codes. Total numbers of individuals who received each category of core services are shown on the bolded total lines in the table. Core services categories and subcategories are defined in Core Services Taxonomy 7.3, available at <http://www.dbhds.virginia.gov/library/document-library/occ-2010-coreservicestaxonomy7-2v2.pdf>.

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

| Appendix A: Age Detail for Individuals Who Received Services From CSBs in FY 2015 | | | | | | | |
|--|---------------|-----------|------------------------|-----------|-----------------|-----------|--------------------|
| Age Range | Mental Health | Age Range | Developmental Services | Age Range | Substance Abuse | Age Range | Emergency Services |
| 00 – 12 | 19,579 | 00 - 03 | 907 | 00 - 12 | 43 | 00 - 12 | 3,825 |
| 13 – 17 | 16,455 | 04 - 05 | 498 | 13 - 17 | 1,992 | 13 - 17 | 7,959 |
| | | 06-17 | 2,797 | | | | |
| | | 18-21 | 1,800 | | | | |
| | | 21-64 | 14,258 | | | | |

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

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

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| Appendix B: Amounts of Services Provided by CSBs and State Facilities in FY 2015 | | | | |
|---|------------------|---|----------------|------------------|
| Services Available Outside of a Program Area | | Core Services Taxonomy 7.3 defines four units of services: service hour, bed day, day support hour, and day of service. The type of service unit for each core service category is listed on the bolded category total lines. | | |
| 100 Emergency Service Hours | 369,471 | | | |
| 318 Motivational Treatment Services | 32,896 | | | |
| 390 Consumer Monitoring Services | 60,928 | | | |
| 620 Early Intervention Services | 15,205 | | | |
| 720 Assessment and Evaluation Services | 285,650 | | | |
| Total Ancillary Service Hours Received | 394,679 | | | |
| Services Available in Program Areas | MH | DV | SA | Total |
| 410 State Hospital Medical/Surgical Care | 28 | | | 28 |
| 420 Training Center Skilled Nursing Services | | 21,785 | | 21,785 |
| 510 Training Center ICF/ID Services | | 175,225 | | 175,225 |
| 440 State Hospital ICF/Geriatric Services | 96,552 | | | 96,552 |
| 250 CSB Acute Psychiatric or SA Inpatient | 13,153 | | 83 | 13,236 |
| 260 CSB Substance Abuse Inpatient Med Detox | | | 1,405 | 1,405 |
| 455 State Hospital Acute Psychiatric Inpatient | 146,592 | | | 146,592 |
| 480 State Hospital Ext. Rehabilitation Services ¹ | 228,861 | | | 228,861 |
| Hiram Davis Medical Center (State Facility) | 24,668 | | | 24,668 |
| 491 Virginia Center for Behavioral Rehabilitation | 121,447 | | | 121,447 |
| Total State Facility Bed Days Received | 618,148 | 197,010 | | 815,158 |
| Total CSB Inpatient Bed Days Received | 13,153 | | 1,488 | 14,641 |
| Total Inpatient Bed Days Received | 631,301 | 197,010 | 1,488 | 829,799 |
| 310 Outpatient Services | 791,882 | 9,211 | 523,824 | 1,324,917 |
| 313 Intensive Outpatient Services | | | 82,984 | 82,984 |
| 335 Medication Assisted Treatment | | | 96,350 | 96,350 |
| 350 Assertive Community Treatment | 221,957 | | | 221,957 |
| Total Outpatient Service Hours Received | 1,013,839 | 9,211 | 703,158 | 1,726,208 |
| 320 Case Management Service Hours | 978,725 | 572,738 | 100,811 | 1,652,274 |
| 410 Day Treatment or Partial Hospitalization | 2,946,439 | | 39,473 | 2,985,912 |
| 420 Ambulatory Crisis Stabilization | 63,496 | 8,516 | | 72,012 |
| 425 Rehabilitation or Habilitation Services | 2,575,756 | 2,732,369 | 6,846 | 5,314,971 |
| Total Day Support Service Hours | 5,585,691 | 2,740,885 | 46,319 | 8,372,895 |
| 430 Sheltered Employment Services | 3,741 | 97,008 | | 100,749 |
| 465 Group Supported Employment | 4,031 | 122,370 | | 126,401 |
| Total Employment Days of Service Received | 7,772 | 219,378 | | 227,150 |
| 460 Employment Service Hours Received | 33,471 | 53,970 | 567 | 88,008 |
| 501 Highly Intensive Residential Services | 19,039 | 85,473 | 26,177 | 130,689 |
| 510 Residential Crisis Stabilization | 45,496 | 6,151 | 983 | 52,630 |
| 521 Intensive Residential Services | 78,206 | 274,140 | 86,230 | 438,576 |
| 551 Supervised Residential Services | 250,644 | 149,296 | 25,549 | 425,489 |
| Total Residential Bed Days Received | 393,385 | 515,060 | 138,939 | 1,047,384 |
| 581 Supportive Residential Services Hours | 490,263 | 465,069 | 3,272 | 958,604 |
| 610 Prevention Service Hours Received | 4,346 | 2,239 | 264,553 | 271,138 |

¹ Includes 102,483 bed days in medium or maximum security forensic beds.

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| Appendix C: Service Capacities of CSBs and State Facilities in FY 2015 | | | |
|---|--------------------|--|------------------|
| 100 Emergency Services FTEs | 425 FTEs | Note: Fractions of static capacities are rounded to nearest whole number. | |
| 318 Motivational Treatment Services | 17 FTEs | | |
| 390 Consumer Monitoring Services | 55 FTEs | | |
| 620 Early Intervention Services | 13 FTEs | | |
| 720 Assessment and Evaluation Services | 231 FTEs | | |
| Total Ancillary Full-Time Equivalents (FTEs) | 316 FTEs | | |
| Services Available in Program Areas | MH | DV | SA |
| 410 State Hospital Medical/Surgical Care | | | |
| 420 Training Center Skilled Nursing Services | | 84 Beds | |
| 510 Training Center ICF/ID Services | | 692Beds | |
| 440 State Hospital ICF/Geriatric Services | 295 Beds | | |
| 250 CSB Acute Psychiatric or SA Inpatient Services | 37 Beds | | < 1 Bed |
| 260 CSB Substance Abuse Inpatient Medical Detox | | | 4 Beds |
| 455 State Hospital Acute Psychiatric Inpatient Services | 448Beds | | |
| 480 State Hospital Extended Rehabilitation Services ¹ | 760Beds | | |
| Hiram Davis Medical Center (State Facility) | 84 Beds | | |
| 491 Virginia Center for Behavioral Rehabilitation | 450 Beds | | |
| Total Community Inpatient Services (250, 260) | 37 Beds | | 4 Beds |
| Total State Facility Inpatient Services ² | 2,037 Beds | 776 Beds | |
| Total Inpatient Beds | 2,074 Beds | 776 Beds | 4.2 Beds |
| 310 Outpatient Services | 794 FTEs | 8 FTEs | 311 FTEs |
| 313 Intensive Outpatient Services | | | 32 FTEs |
| 335 Medication Assisted Treatment | | | 28 FTEs |
| 350 Assertive Community Treatment | 286 FTEs | | |
| Total Outpatient Service FTEs | 1,080 FTEs | 8 FTEs | 371 FTEs |
| 320 Case Management Service FTEs | 1,029 FTEs | 553 FTEs | 103 FTEs |
| 410 Day Treatment or Partial Hospitalization | 2,976 Slots | | 82 Slots |
| 420 Ambulatory Crisis Stabilization | 83 Slots | 20 Slots | |
| 425 Rehabilitation or Habilitation Services | 2,331 Slots | 2,312 Slots | 20 Slots |
| Total Day Support Service Slots | 5,390 Slots | 2,332 Slots | 102 Slots |
| 430 Sheltered Employment Services | 24 Slots | 577 Slots | |
| 465 Group Supported Employment | 34 Slots | 603 Slots | |
| Total Employment Slots | 58 Slots | 1,180 Slots | |
| 460 Individual Supported Employment FTEs | 28 FTEs | 42 FTEs | <1 FTE |
| 501 Highly Intensive Residential Services | 45 Beds | 254 Beds | 99 Beds |
| 510 Residential Crisis Stabilization | 171 Beds | 28 Beds | 3 Beds |
| 521 Intensive Residential Services | 261 Beds | 797 Beds | 272 Beds |
| 551 Supervised Residential Services | 781 Beds | 434 Beds | 93 Beds |
| Total Residential Beds | 1,258 Beds | 1,513 Beds | 467 Beds |
| 581 Supportive Residential Service FTEs | 421 FTEs | 250 FTEs | 4 FTEs |
| 610 Prevention Service FTEs | 5 FTEs | < 1 FTE | 163 FTEs |

¹ Includes 356 forensic beds. ² Source: 6/25/2015 weekly census report for all state facility beds.