COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
INTERIM COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
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December 9, 2016

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

Dear Senator Norment and Senator Hanger:

Item 313.J. of the 2016 *Appropriation Act*, required the Department of Behavioral Health and Developmental Services (DBHDS) to *"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"*.

Please find enclosed the report in accordance with Item 313.J. Staff at the department are available should you wish to discuss this request.

Sincerely,

Jack Barber, M.D.

Cc: William A. Hazel, Jr., M.D.
Joe Flores
Susan Massart
Michael Tweedy

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December 9, 2016

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

Dear Delegate Jones:

Item 313.J. of the 2016 *Appropriation Act*, required the Department of Behavioral Health and Developmental Services (DBHDS) to *"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"*.

Please find enclosed the report in accordance with Item 313.J. Staff at the department are available should you wish to discuss this request.

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December 9, 2016

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

Dear Governor McAuliffe:

Item 313.J. of the 2016 *Appropriation Act*, required the Department of Behavioral Health and Developmental Services (DBHDS) to *"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"*.

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Sincerely,

Jack W. Barber, MD
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Cc: William A. Hazel, Jr., M.D.
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Susan Massart
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Fiscal Year 2016 Annual Report

(Item 313.J)

December 1, 2016

DBHDS Vision: A Life of Possibilities for All Virginians

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DBHDS Fiscal Year 2016 Annual Report

Preface

Item 313.J of the 2016 Appropriation Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to submit an annual report to the Governor and the General Assembly by December 1 each year.

> *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.*

The 2016 General Assembly also amended § 37.2-304 of the Code of Virginia to insert the annual report requirement in state statute. This section lists the duties and powers of the DBHDS commissioner.

> *13. To submit a report for the preceding fiscal year by December 1 of each year to the Governor and the Chairmen of the House Appropriations and Senate Finances Committees 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 number of individuals receiving state facility services or community services board services, including purchased inpatient psychiatric services; the types and amounts of services received by these individuals; and state facility and community services board service capacities, staffing, revenues, and expenditures. The annual report 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 Fiscal Year 2016 Annual Report

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DBHDS Fiscal Year 2016 Annual Report

Introduction

DBHDS is pleased to submit its FY 2016 annual report. The first section describes Virginia's public behavioral health (mental health and substance use disorder) and developmental services system. The following sections present data about numbers and some descriptive characteristics of individuals who received services, service capacities, amounts of services provided, staffing, funds received, and expenditures. Final sections describe the initiatives and accomplishments of the DBHDS central office and include some systemic 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 illnesses, intellectual or some other developmental disabilities, or substance use 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 (Code). CSBs provide services directly and through contracts with private providers, which are vital partners in delivering behavioral health and developmental services. CSBs function as the single points of entry into publicly funded behavioral health and developmental services, including access to state facility services through preadmission screening, case management and coordination of services, and discharge planning for individuals leaving state facilities. CSBs advocate for individuals who are receiving or are in need of services. CSBs also act as community educators, organizers, and planners and advise their member governments about local 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 authorizes behavioral health authorities (BHAs) in Chesterfield County, Richmond, and Virginia Beach, but 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.

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/professionals-and-service-providers/csb-community-contracting, describes this relationship. Interactions between DBHDS and CSBs are based on the community services performance contract, provisions in Title 37.2 of the Code, 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 in the Overview of Community Services in Virginia that is available under Performance Contract Documents in the Performance Contract Resources section at the link above.

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 persons determined to be sexually violent predators. DBHDS operates the Hiram Davis Medical Center (HDMC) in Petersburg to provide medical services for individuals in state facilities.

DBHDS operates three training centers to serve individuals with intellectual disability: Central Virginia Training Center (CVTC) in Lynchburg, Southeastern Virginia Training Center (SEVTC) in Chesapeake, and Southwestern Virginia Training Center (SWVTC) in Hillsville. DBHDS closed Southside Virginia Training Center in Petersburg and Northern Virginia Training Center in Fairfax during 2014 and 2016 respectively. 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 Services (CMS) as meeting Medicaid intermediate care facility for individuals with intellectual disability quality standards. Use of training centers has been declining for many years; this trend and the U.S. Department of Justice Settlement Agreement (DOJ SA) led to the decision to close four training centers by 2020. The following table displays training center closure dates and the declining census trend.

Table 1: Decreases in the Census of DBHDS Training Centers

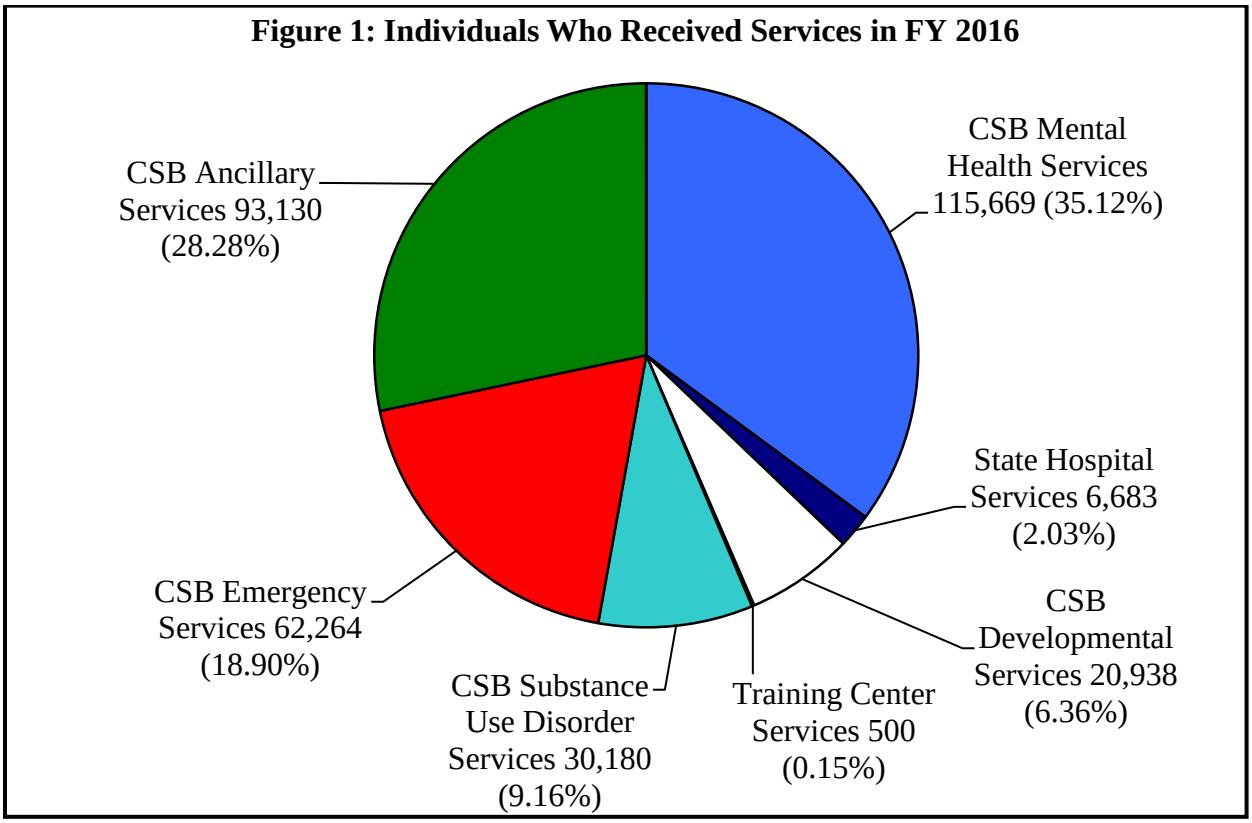
Training Center	Before DOJ SA			July 1 2012 Census	July 1 2013 Census	June 30 2014 Census	June 30 2015 Census	June 30 2016 Census	Decrease 2000 to 6/30/2016
	Closure Date	2000 Census	2010 Census						
Southside	2014	465	267	201	114	0	0	0	100%
Northern	2016	189	170	153	135	106	57	0	100%
Southwestern	2018	218	192	173	156	144	124	97	55%
Central	2020	679	426	350	301	288	233	191	72%
Southeastern	Open	194	143	106	84	75	69	65	66%
Totals		1,745	1,198	983	790	613	483	353	80%

Title 37.2 of the Code 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 directs 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 regulations.

Individuals Who Received CSB or State Facility Services

In FY 2016, 217,244 unduplicated individuals received services in the publicly operated behavioral health and developmental services system: 216,270 received services from CSBs, 7,161 received services in state facilities, and many individuals received services in both. With implementation of the OneSource data warehouse, DBHDS now has an unprecedented ability to identify individuals uniquely. For the first time, these figures are unduplicated across the whole behavioral health and developmental services system. If an individual received services at more than one CSB or at CSBs and state facilities, he or she was counted only once. Figure 1 depicts the numbers of individuals who received mental health, developmental, substance use disorder, emergency, or ancillary (motivational treatment, consumer monitoring, early intervention, and assessment and evaluation) services from CSBs or state facilities and the respective percentages.

Figure 1: Individuals Who Received Services in FY 2016



Individuals in figure 1 total more than the unduplicated number of 217,244 individuals because many received services in multiple services, such as mental health and emergency or ancillary services or in community services and state facilities. The table on the next page contains the numbers of individuals who received services in each core service from CSBs or state facilities. Numbers are displayed for emergency services and ancillary services, mental health (MH), developmental (DV), and substance use disorder (SUD) services program areas, and the total number of individuals receiving a core service across the three program areas. Core Services Taxonomy 7.3 defines core services categories and subcategories. It is available on the DBHDS web site at http://www.dbhds.virginia.gov/library/community%20contracting/occ-2010-coreservicestaxonomy7-2v2.pdf.

Table 2: Individuals Who Received CSB or State Facility Services in FY 2016		
Emergency Services[1]	**62,264**	Consumer-Run Programs are not included in this table because individuals in them are not reported in Community Consumer Submission 3 (CCS 3) data. In this fiscal year, 8,030 individuals participated in these programs.
Motivational Treatment Services	5,262	
Consumer Monitoring Services	9,338	
Early Intervention Services	2,406	
Assessment and Evaluation Services	83,087	
Total Ancillary Services[1]	**93,130**	

Services Available in Program Areas [1]	**MH**	**DV**	**SUD**	**Total** [2]
Training Center Skilled Nursing Services		57		57
Training Center ICF/ID Services		445		445
State Hospital ICF/Geriatric Services	587			587
CSB MH or SUD Inpatient Services [3]	2,441		12	2,453
CSB SUD Inpatient Medical Detox Services			270	270
State Hospital Acute Psychiatric Inpatient Services	3,551			3,551
State Hospital Extended Rehabilitation Services	1,534			1,534
State Hospital Forensic Services	1,183			1,183
Hiram Davis Medical Center	114			114
Virginia Center for Behavioral Rehabilitation	419			419
Total CSB Inpatient Services	**2,441**		**282**	**2,717**
Total State Facility Inpatient Services	**6,683**	**500**		**7,161**
Outpatient Services	94,470	687	23,092	111,017
Intensive Outpatient Services			1,937	1,937
Medication Assisted Treatment			2,214	2,214
Assertive Community Treatment	2,023			2,023
Total Outpatient Services	**95,813**	**687**	**25,150**	**114,035**
Case Management Services	**61,516**	**18,397**	**9,369**	**87,161**
Day Treatment or Partial Hospitalization	5,689		721	6,400
Ambulatory Crisis Stabilization	2,449	605		3,043
Rehabilitation or Habilitation Services	4,677	2,845	58	7,548
Total Day Support Services	**12,340**	**3,401**	**779**	**16,357**
Sheltered Employment Services	14	518		532
Individual Supported Employment	1,591	1,184	46	2,815
Group Supported Employment	53	643		696
Total Employment Services	**1,641**	**2,218**	**46**	**3,899**
Highly Intensive Residential Services	86	266	2,999	3,339
Residential Crisis Stabilization	4,630	304	154	5,043
Intensive Residential Services	533	893	1,707	3,126
Supervised Residential Services	978	434	350	1,752
Supportive Residential Services	4,111	1,025	97	5,229
Total Residential Services	**9,805**	**2,819**	**4,198**	**16,282**

[1] Figures in bolded **Total Services** rows are **unduplicated numbers** of individuals for the preceding core services in each core service category for each program area.

[2] Figures in this column are unduplicated numbers of individuals across program areas.

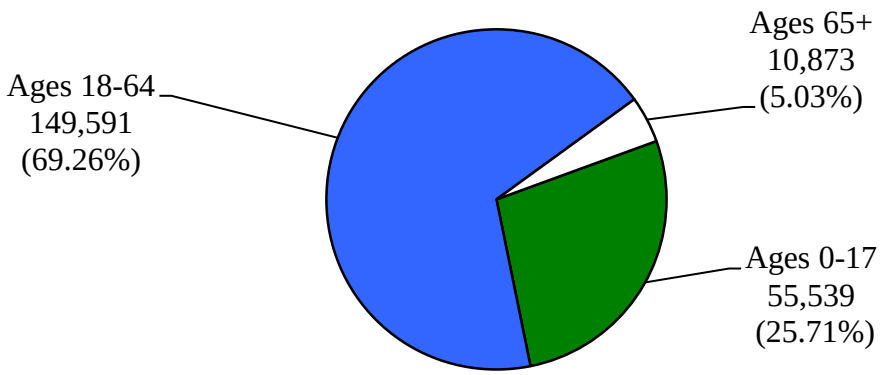
[3] All community inpatient psychiatric services are purchased from private providers.

The figures in the preceding table include 10,801 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 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. All individuals who received ID Waiver services received targeted case management services (a non-Waiver service) from CSBs. They are included in the 18,397 individuals who received developmental case management services from CSBs.

The figures in the preceding table also include 2,441 individuals who received acute, short term mental health psychiatric inpatient services through local inpatient purchase of services (LIPOS) contracts CSBs have with private hospitals in their communities. If these services had not been available, most of these individuals would have required inpatient treatment in state hospitals, significantly increasing the demand for state hospital beds, especially in admissions units, beyond the beds now available.

CCS 3, the software application that transmits data about individuals and services from CSB information systems or electronic health records to DBHDS, provided data about the clinical and demographic characteristics, diagnoses, and employment status of individuals who received services from CSBs and the types of residences they lived in. A few examples of these data are displayed on the following pages. The following figure does not include 267 unknowns.

Figure 2: Ages of Individuals Served by CSBs in FY 2016



The following table provides more detail about ages of individuals who received CSB services.

Table 3: Ages of Individuals Who Received Services From CSBs in FY 2016

Ages	MH Services	DV Services	SUD Services	Emergency	Ancillary
0 – 12	16,539 (14.3%)	2,608 (12.5%)	34(0.1%)	2,829 (4.5%)	16,580 (17.8%)
13 – 17	16,146 (14.0%)	1,349 (6.4%)	1,043 (3.5%)	6,886 (11.1%)	15,058 (16.2%)
18 – 64	76,959 (66.5%)	15,778 (75.4%)	28,700 (95.1%)	47,900 (76.9%)	59,236 (63.6%)
65+	6,008 (5.2%)	1,203 (5.7%)	398 (1.3%)	4,413 (7.1%)	2,236 (2.4%)
Unknown	17 (< 0.1 %)	0 (0.0%)	5 (< 0.1%)	236 (< 0.4%)	20 (<0.1%)
Total	115,669 (100%)	20,938 (100%)	30,180 (100%)	62,264 (100%)	93,130 (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. The following table contains data about the numbers of individuals with Alzheimer's Disease or related dementias who received services from CSBs or state facilities.

Table 4: Individuals With Alzheimer's Disease or Related Dementias Who Received Services in FY 2016			
Diagnosis	In CSB MH Services	In State Hospitals	Unduplicated in CSBs and State Facilities
Individuals 18 - 64	76,959	4,930	149,591
Other Dementias	34	12	42
Alzheimer's	195	77	268
Dementia	320	68	423
Unduplicated Total	528	141	710
Percent of 18 - 64	0.69%	2.86%	0.47%
Individuals 65+	6,008	665	10,873
Other Dementias	89	99	163
Alzheimer's	273	181	645
Dementia	237	70	411
Unduplicated Total	543	286	1,134
Percent of 65+	9.04%	43.01%	10.43%

The following table displays data about the races of individuals who received CSB services.

Table 5: Races of Individuals Who Received CSB Services in FY 2016			
Race	**Total**	**Race**	**Total**
Alaska Native	50	American Indian or Alaska Native & White	286
American Indian	325	Asian and White	492
Asian or Pacific Islander	0	Black or African American and White	4,674
Black or African American	63,800	American Indian or Alaska Native and Black	200
White	123,037	Other Multi-Race	2,876
Other	10,255	Unknown	7,163
Asian	2,963	Not Collected	0
Hawaiian or Pacific Islander	149	Total Unduplicated Individuals	216,270

The following table contains data about individuals of Hispanic Origin who received CSB services. Of the 216,270 unduplicated individuals who received CSB services, 13,445 identified themselves as having a Hispanic origin, 6.2 percent of the total unduplicated individuals.

Table 6: Individuals of Hispanic Origin Who Received CSB Services in FY 2016			
Puerto Rican	1,521	Other Hispanic	6,584
Mexican	1,566	Hispanic – Specific Origin Not Specified	3,539
Cuban	235	Total Number of Individuals	13,445

The following table contains data about the gender of individuals who received CSB services.

Table 7: Gender of Individuals Who Received CSB Services in FY 2016				
Female	99,376	Unknown	80	Total Unduplicated Individuals
Male	116,814	Not Collected	0	Receiving CSB Services: 216,270

The following table contains data about adults or children and adolescents who have serious mental illness (SMI) or have or are at risk of serious emotional disturbance (SED). Core Services Taxonomy 7.3 defines these conditions.

Table 8: Individuals With SMI or SED Who Received CSB MH Services in FY 2016			
Total Adults	82,967	Total Children	32,685
Adults with SMI	55,657	Children with SED or At-Risk	25,989
Percent of Total	67.08%	Percent of Total	79.51%

The next table contains data about individuals with autism spectrum disorder served in FY 2016.

Table 9: Individuals With Autism Spectrum Disorder Who Received CSB Services			
Program Area	All Services	MH Services	DV Services
Unduplicated Individuals Served	216,270	115,669	20,938
Individuals With Autism Spectrum Disorder	7,748	4,414	3,073
Percent of Unduplicated Individuals	3.58%	3.82%	14.67%

The following table contains employment data about individuals who received CSB services.

Table 10: Employment Status for Adults (18+) Who Received CSB Services in FY 2016						
Employment Status	MH	DV	SUD	Emergency	Ancillary	Undupl.[1]
Total Who Received Services	82,967	16,981	29,098	52,313	61,472	160,464
Employed Full-Time (35+ hours)	6,851	246	5,713	5,161	7,282	17,375
Employed Part-Time (<35 hours)	7,656	1,379	3,386	3,538	5,667	14,101
Total Employed (full + part-time)	14,507	1,625	9,099	8,699	12,949	31,476
Percent of Total Adults	17.48%	9.57%	31.27%	16.63%	21.06%	19.62%
In Supported Employment	481	1,184	26	123	353	1,486
In Sheltered Employment	234	713	14	48	106	784
Unemployed	16,263	1,049	9,121	9,714	13,664	29,495
Not in Labor Force	48,288	11,874	9,370	23,505	26,583	78,899
Unknown/Not Collected	3,194	536	1,468	10,224	7,817	18,324
Total Unemployed [2]	67,745	13,459	19,959	43,443	48,064	126,718
Percent of Total	81.65%	79.26%	68.59%	83.04%	78.19%	78.97%

[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.

[2] Does not include individuals in supported or sheltered employment.

The CCS 3 Extract Specifications define employment statuses and types of residence.

The following table contains data about residences of individuals who received CSB services.

Table 11: Types of Residence for Individuals Who Received CSB Services in FY 2016							
Type of Residence	MH	DV	SUD	Emergency	Ancillary	Undupl[2]	% Total
Total Unduplicated Individuals	115,669	20,938	30,180	62,264	93,130	216,270	100.00
Private Residences/Households	96,196	14,191	24,887	40,124	65,918	158,058	73.08
Community Placements[1]	8,285	5,338	1,111	2,851	4,316	13,784	6.38
Jails and Prisons	2,075	19	1,575	3,096	4,385	7,902	
Juvenile Detention Centers	754	5	62	217	788	1,232	
Inpatient/ Nursing Home Beds	702	176	26	563	268	1,165	
Other Institutions	345	254	77	200	362	819	
Total Institutional Settings	3,876	454	1,740	4,076	5,803	11,118	5.14
Homeless/Homeless Shelters	2,092	32	925	1,974	2,465	3,909	1.81
Unknown or Not Collected	5,220	923	1,517	13,239	14,628	29,401	13.59

[1] Boarding, foster, or family sponsor homes; licensed adult living facilities; shelters; community residential programs; and residential treatment or alcohol or drug treatment programs. This included 3,748 individuals in licensed adult living facilities, 5,291 individuals in community residential programs, and 1,692 individuals in foster home or family sponsor programs.

[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.

The following table displays unduplicated numbers of individuals in specific populations who received services in DBHDS-funded **specialized initiatives or projects** identified with consumer designation codes that are described in Core Services Taxonomy 7.3.

Table 12: Individuals Who Received Services in Specialized Initiatives in FY 2016		
Code	**Consumer Designation**	**Individuals**
905	Mental Health Mandatory Outpatient Treatment (MOT) Orders	287
910	Discharge Assistance Program (DAP)	1,212
915	Mental Health Child and Adolescent Services Initiative	2,196
916	Mental Health Services for Children in Juvenile Detention Centers	2,940
918	Program of Assertive Community Treatment (PACT)	1,691
919	Projects for Assistance in Transition from Homelessness (PATH)	1,984
920	Medicaid Intellectual Disability (ID) Waiver Services	10,801
933	Substance Abuse Medication Assisted Treatment (SA-MAT)	730
935	Substance Abuse Recovery Support Services	1,418

The following table contains data about individuals who were enrolled in Medicaid.

Table 13: Unduplicated Individuals Enrolled in Medicaid Who Received CSB Services						
Services:	MH Services	DV Services	SUD Services	Emergency	Ancillary	Undupl.
Total Individuals	115,669	20,938	30,180	62,264	93,130	216,270
On Medicaid	79,713	18,756	12,053	26,832	53,828	123,795
Percent of Total	68.91%	89.58%	39.94%	43.09%	57.80%	57.24%

Service Capacities of CSBs and State Facilities

The following table displays 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.

Table 14: Service Capacities of CSBs and State Facilities in FY 2016				
Emergency Services	**455.45 FTE**	Early Intervention Services		18.02 FTE
Motivational Treatment Services	19.59 FTE	Assessment and Evaluation		249.83 FTE
Consumer Monitoring Services	78.76 FTE	**Total Ancillary Services**		**366.20 FTE**
Services Available in Prog. Areas	**MH**	**DV**	**SUD**	**Totals**
Training Center Skilled Nursing		96.00 Beds		96.00 Beds
Training Center ICF/ID Services		486.00 Beds		486.00 Beds
State Hospital ICF/Geriatric Services	215.00 Beds			215.00 Beds
CSB MH or SUD Inpatient Services	39.97 Beds		0.22 Beds	40.19 Beds
CSB SUD Inpatient Medical Detox			3.17 Beds	3.17 Beds
State Hospital Acute Inpatient	488.00 Beds			488.00 Beds
State Hospital Extended Rehab	443.00 Beds			443.00 Beds
State Hospital Forensic Services	357.00 Beds			357.00 Beds
Hiram Davis Medical Center	84.00 Beds			84.00 Beds
VA Center for Behavioral Rehab	450.00 Beds			450.00 Beds
Total CSB Inpatient Services	**39.97 Beds**		**3.39 Beds**	**43.36 Beds**
Tot. St. Facility Inpatient Services[1]	**2,037.00 Beds**	**582.00 Beds**		**2,619.00 Beds**
Outpatient Services	794.03 FTEs	8.13 FTE	287.67 FTE	1089.83 FTEs
Intensive Outpatient Services			27.82 FTE	27.82FTEs
Medication Assisted Treatment			29.97 FTE	29.97FTEs
Assertive Community Treatment	295.14 FTEs			295.14 FTEs
Total Outpatient Services	**1,089.17 FTEs**	**8.13 FTEs**	**345.46 FTEs**	**1,442.76 FTEs**
Case Management Services	**1,107.42 FTE**	**573.15 FTE**	**95.67 FTE**	**1,776.24 FTE**
Day Treatment/ Part. Hospitalization	3,770.00 Slots		58.00 Slots	3,828.00 Slots
Ambulatory Crisis Stabilization	64.79 Slots	19.0 Slots		83.79Slots
Rehabilitation/Habilitation Services	2,318.00 Slots	2,370.0 Slots	20.00 Slots	4,708.00 Slots
Total Day Support Services	**6,152.79 Slots**	**2,389.0 Slots**	**78.00 Slots**	**8,619.79 Slots**
Sheltered Employment Services	15.00 Slots	503.9 Slots		518.90 Slots
Group Supported Employment	35.00 Slots	642.0 Slots		677.00 Slots
Total Employment Slots	**50.00 Slots**	**1,145.9 Slots**		**1,195.90 Slots**
Individual Supported Employment	**29.67 FTEs**	**40.75 FTEs**	**0.01 FTEs**	**70.43 FTEs**
Highly Intensive Residential Services	57.82 Beds	266.09 Beds	103.28 Beds	427.19 Beds
Residential Crisis Stabilization	174.72 Beds	30.00 Beds	7.98 Beds	212.70 Beds
Intensive Residential Services	220.01 Beds	803.49 Beds	259.17 Beds	1,282.67 Beds
Supervised Residential Services	766.63 Beds	428.76 Beds	90.30 Beds	1,285.69 Beds
Total Residential Beds	**1,219.18 Beds**	**1,528.34 Beds**	**460.73 Beds**	**3,208.25 Beds**
Supportive Residential Services	**385.54 FTEs**	**206.63 FTEs**	**3.23 FTEs**	**595.40 FTEs**
Prevention Services	**10.84 FTEs**	**0.25 FTEs**	**154.73 FTEs**	**165.82 FTEs**

[1] Source: 6/30/2016 weekly census report for all state facility beds.

Amounts of Services Provided by CSBs and State Facilities

The following table displays amounts of services provided in core services for each program area and in emergency services and ancillary services. Core Services Taxonomy 7.3 defines four service units: service hour, bed day, day support hour, and day of service.

Table 15: Amounts of Services Provided by CSBs and State Facilities in FY 2016			
Emergency Service Hours	**372,143**	Early Intervention Services	15,199
Motivational Treatment Services	38,715	Assessment and Evaluation Services	300,422
Consumer Monitoring Services	78,116	**Total Ancillary Service Hours**	**432,452**

Services Available in Program Areas	**MH**	**DV**	**SUD**	**Total**
Training Center Skilled Nursing Services		17,819		17,819
Training Center ICF/ID Services		132,987		132,987
State Hospital ICF/Geriatric Services	95,443			95,443
CSB MH or SUD Inpatient Services	14,649		81	14,730
CSB SUD Inpatient Medical Detox			1,257	1,257
State Hospital Acute Inpatient Services	148,717			148,717
State Hospital Extended Rehabilitation	132,194			132,194
State Hospital Forensic Services	103,113			103,113
Hiram Davis Medical Center	25,385			25,385
VA Center for Behavioral Rehabilitation	125,051			125,051
Total CSB Inpatient Bed Days	**14,649**		**1,338**	**15,987**
Total State Facility Bed Days	**629,903**	**150,806**		**780,709**
Outpatient Services	782,890	7,316	513,023	1,303,229
Intensive Outpatient Services			76,607	76,607
Medication Assisted Treatment			129,999	129,999
Assertive Community Treatment	250,218			250,218
Total Outpatient Service Hours	**1,033,108**	**7,316**	**719,629**	**1,760,053**
Case Management Service Hours	**1,064,901**	**590,230**	**92,857**	**1,747,988**
Day Treatment or Partial Hospitalization	2,917,878		36,664	2,954,542
Ambulatory Crisis Stabilization	76,715	25,868		102,583
Rehabilitation or Habilitation Services	2,545,270	2,812,027	24,560	5,381,857
Total Day Support Service Hours	**5,539,863**	**2,837,895**	**61,224**	**8,438,982**
Sheltered Employment Services	2,511	76,512		79,023
Group Supported Employment	4,261	106,280		110,541
Total Employment Days of Service	**6,772**	**182,792**		**189,564**
Employment Service Hours	**33,676**	**55,130**	**540**	**88,346**
Highly Intensive Residential Services	19,738	89,132	27,237	136,107
Residential Crisis Stabilization	44,775	7,753	1,004	53,532
Intensive Residential Services	73,179	265,131	83,833	422,143
Supervised Residential Services	242,737	140,875	23,557	407,169
Total Residential Bed Days	**380,429**	**502,891**	**135,631**	**1,018,951**
Supportive Residential Services Hours	**422,717**	**424,485**	**2,759**	**849,961**
Prevention Service Hours	**13,512**	**2,658**	**136,148**	**152,318**

Staffing of CSBs and DBHDS

The following table contains staffing data about CSBs, state facilities, and the DBHDS 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 FTE. FTEs are a more accurate indicator of personnel resources available to deliver services or provide administrative support for services. Peer staff are individuals who are receiving or have received services and are employed as peers to deliver services. CSB numbers include only FTEs in programs CSBs directly operate; CSB contract agency FTEs are not included.

Table 16: FY 2016 CSB, State Facility, and DBHDS Central Office Staffing (FTEs)	Direct Care Staff	Peer Staff	Support Staff	Total Staff
CSB Mental Health Services	4,489.29	79.01	847.86	5,416.16
State Hospitals	2,296.75	10.00	2,010.93	4,317.68
Total Mental Health Services FTEs	**6,786.04**	**89.01**	**2,858.79**	**9,733.84**
CSB Developmental Services	3,722.11	30.16	497.36	4,249.63
Training Centers	986.80	0.00	630.60	1,617.40
Total Developmental Services FTEs	**4,708.91**	**30.16**	**1,127.96**	**5,867.03**
Hiram Davis Medical Center	150.00	0.00	38.10	188.10
Virginia Center for Behavioral Rehabilitation	209.00	0.00	259.00	468.00
CSB Substance Abuse Services FTEs	**948.57**	**31.42**	**254.98**	**1,234.97**
CSB Emergency and Ancillary Services FTEs	**827.18**	**19.18**	**139.29**	**985.65**
CSB Administration FTEs	**/0.00**	**0.00**	**1,350.74**	**1,350.74**
DBHDS Central Office (CO) FTEs	0.00	0.00	359.00	359.00
Total CSB Full-Time Equivalents	**9,987.15**	**159.77**	**3,090.23**	**13,237.15**
Total State Facility and CO FTEs	**3,642.55**	**10.00**	**3,297.63**	**6,950.18**
Total State and CSB FTEs	**13,629.70**	**169.77**	**6,387.86**	**20,187.33**

Funds Received by CSBs and DBHDS

Figure 3: FY 2016 Total Funds Received by Type: $1,822,120,846

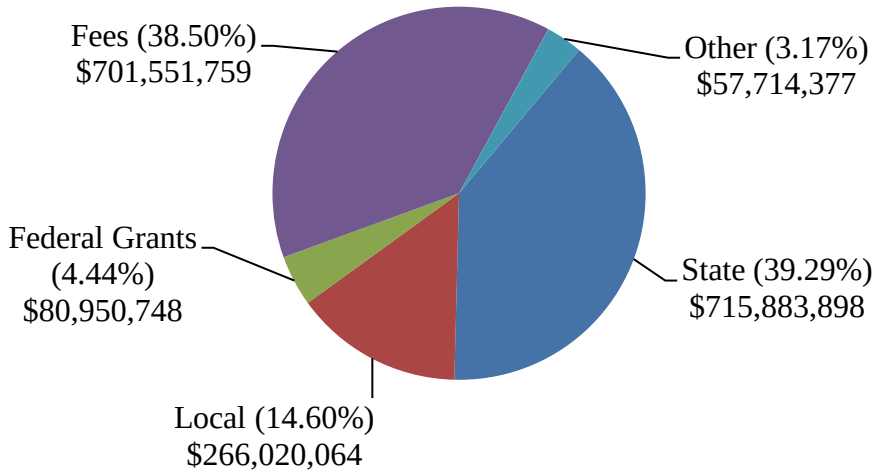
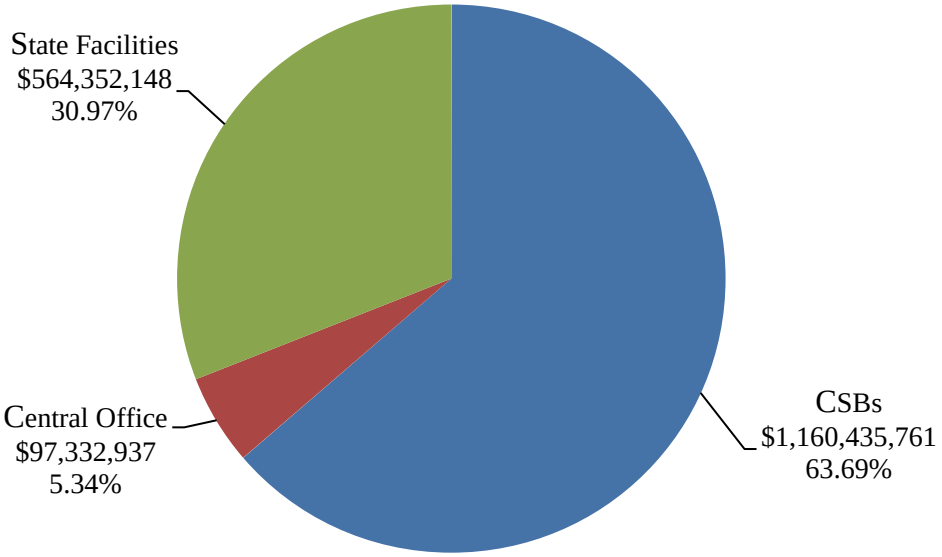


Figure 3 on the preceding page displays funds received for CSBs, state facilities, and the central office by type and the respective percentages. Fees include Medicaid payments, which consist of federal and state funds. Figure 4 depicts funds in the publicly operated behavioral health and developmental services system 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.

Figure 4: FY 2016 Total Funds in the Publicly Operated Behavioral Health and Developmental Services System: $1,822,120,846



CSBs reported receiving more than $1.1 billion from all sources in FY 2016 to provide community-based services for 216,270 individuals; the amounts are displayed in the following table. 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.

Table 17: FY 2016 CSB Funds Received by Program Area

Funding Source	Mental Health Services	Developmental Services	Substance Abuse Services	Total Funds	Percent of Total
State Funds	$230,301,089	$29,516,359	$51,125,018	$310,942,466	26.79%
Local Funds	$131,023,894	$101,776,566	$33,219,604	$266,020,064	22.92%
Fees	$253,688,119	$225,195,288	$13,463,522	$492,319,929	42.43%
Federal Funds	$13,100,252	$0	$41,770,125	$54,870,377	4.73%
Other Funds	$22,025,954	$9,057,432	$5,199,539	$36,282,925	3.13%
Total Funds	$650,139,308	$365,545,645	$144,777,808	$1,160,435,761	100.00%
Percent of Total	56.03%	31.50%	12.47%	100.00%	

State facilities reported receiving $564 million from all sources in FY 2016 to provide facility-based services for 7,161 individuals; specific amounts are displayed in the following table.

Table 18: FY 2016 State Facility Funds Received by Type of State Facility[1]

Funding Source	State Hospitals	Other State Facilities[2]	Training Centers	Total Revenues	Percent of Total
State General Funds	$282,224,351	$37,928,992	$29,028,469	$349,181,812	61.87%
Federal Funds	$123,595	$0	$34,965	$158,560	0.03%
Medicaid	$35,284,066	$13,970,499	$138,377,245	$187,631,810	33.25%
Medicare	$12,241,174	$694,050	$1,829,642	$14,764,866	2.62%
Commercial Insurance	$3,816,787	$113	$2,322	$3,819,222	0.68%
Private Payments	$2,235,135	$182,767	$598,030	$3,015,932	0.53%
Other Revenues	$1,815,774	$393,720	$3,570,452	$5,779,946	1.02%
Total Revenues	$337,740,882	$53,170,141	$173,441,125	$564,352,148	100.00%
Percent of Total	59.85%	9.42%	30.73%	100.00%	

[1] Does not include total funds of $97,332,937 for DBHDS central office, including $55,759,620 of state general funds, $25,921,811 of federal funds, and $15,651,506 of special funds.

[2] Other State Facilities are HDMC and VCBR.

Expenditures by CSBs and DBHDS

The following tables display the FY 2016 expenditures reported by CSBs, state facilities, and the DBHDS central office.

Table 19: FY 2016 CSB Expenditures by Program Area

	Mental Health Services	Developmental Services	Substance Abuse Services	Total Expenditures[1]
CSB Services	$611,013,614	$352,695,848	$137,069,635	$1,100,779,097
Percent of Total	55.51%	32.04%	12.45%	100.00%

[1] This figure includes $130,161,363 for CSB administrative expenses, 11.82 percent of the total expenditures.

Table 20: FY 2016 State Facility and Central Office Expenditures

	Expenses	Percent of Total
State Hospitals	$358,914,171	56.20%
Other State Facilities[1]	$51,500,755	8.07%
Training Centers	$142,412,695	22.30%
Central Office	$85,780,700	13.43%
Total Expenditures	$638,608,321	100.00%

[1] Other State Facilities are HDMC and VCBR.

Major New Initiatives and Accomplishments

Behavioral Health Services Initiatives and Accomplishments

Acute and State Hospital Services

- Reduced by more than 50 percent (from 30 to 14 days) the time it takes for state hospitals to identify individuals who are clinically ready to leave the state hospital but who have extraordinary barriers to discharge. This earlier identification will alert state hospital and CSB staff to begin working sooner to expeditiously discharge these individuals.

- Negotiated a contract with a private psychiatric hospital for a specified number of beds to help CCCA and ESH manage their census more effectively.

- Implemented a process to track and report key quality indicators for state hospitals. These measures identify positive and problematic trends and allow earlier interventions to support and improve hospital performance and effectiveness.

- Revised local inpatient purchase of services protocols and developed uniform contract language and data collection and reporting requirements and processes to use these scarce resources more effectively.

- Provided leadership training to CCCA staff; middle manager training to staff at ESH, NVMHI, PGH, and CSH; and webinar training for front line supervisors through a contract with the Behavioral Health Policy Collaborative.

- Continued support of the psychiatric bed registry, which had 71 facilities reporting bed availability and 28,770 bed registry searches performed in FY 2016.

Community Adult Behavioral Health Services

- Received a competitive grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for $2.3 million per year for three years for the Road2Home initiative. This grant assists homeless veterans with substance use disorders and serious mental illnesses to find permanent housing, access primary and behavioral health care and services for which they are eligible, and engage in recovery supports. The grant is implemented through the Hampton-Newport News and Norfolk CSBs. During the life of the grant, the project will engage at least 350 individuals in services.

- Sponsored the Virginia Association of Medication Assisted Recovery Programs Conference on September 28 and 29, 2015 for 302 professionals to encourage and support the use of evidence-based clinical practices in these programs. The opioid use epidemic has increased the need for access to medication assisted treatment (MAT). DBHDS licenses 34 opiate treatment programs to provide MAT using methadone. These programs provided services to 14,436 individuals during the year.

- Led Handle with C.A.R.E (Coordinating Access, Responding Effectively), an interagency collaboration to improve maternal health and infant health affected by maternal substance use. As part of the project, sponsored a day-long conference attended by 200 people in Charlottesville on June 22, 2016 for teams of representatives from communities throughout the state. It provided information about treatment of perinatal and maternal substance use disorders and local interagency collaboration.

- Continued Project REVIVE!, initiated in 2013 in conjunction with the Departments of Health and Health Professions, to train friends and family members of individuals to administer naloxone, a medication that reverses the effects of opioid overdoes. Since its inception, over 4,000 individuals have been trained to use this life-saving medication.

- Sustained the SSI/SSDI Outreach Access and Recovery project that provides training to behavioral health and social services professionals in local organizations about how to help individuals who are homeless or at risk of homelessness and who are also experiencing a serious mental illness access Social Security benefits.

- As part of an extensive divisional reorganization, established five regional program consultants to work with CSBs in the five DBHDS regions, monitoring CSB performance on identified outcome and performance measures and providing technical assistance and support to improve their performance.

Community Child and Family Behavioral Health Services

- Received a two-year grant for $399,124 from SAMHSA to plan infrastructure to improve substance use disorder treatment for individuals ages 16-25 years old, a period of time that is high-risk for developing a substance use disorder. The grant requires a significant amount of collaboration with key stakeholders, including state agencies that provide services and supports for this age group. This stakeholder group will assess the need for financial and workforce resources currently available to provide services and supports for this population, identify gaps in financing and workforce, and develop a detailed strategy to address those gaps in a three-year strategic plan.

- Sponsored a Conference on Trauma, Domestic Violence, and Substance Abuse in Adolescents and Young Adults on April 28-29, 2016 for staff from CSBs, the Department of Juvenile Justice, and private treatment providers.

- Funded demonstration projects for young adult behavioral health and criminal justice transformation to support service system improvements that change and expand services for a population at high risk of substance use disorders, criminal justice involvement, psychiatric hospitalization, poverty, and homelessness. Projects included implementing an evidence-based prevention program; conducting cross-systems mapping, conducting a community needs assessment, providing trauma-informed clinical services to young adults, and improving clinical assessments and case management services for transition-age youth and young adults.

- Continued the Coordinated Specialty Care (CSC) for Transition-Age Youth and Young Adults initiative. Created in FY 2015, it focuses on developing services to address treatment and support needs of transition-age youth and young adults ages 16-25 who are experiencing the onset of serious mental illness, particularly those who experienced their first episode of psychosis. While initially supported with a five percent set aside in the federal Mental Health Block Grant, the General Assembly added $7.5 million in state funds for the 2015-2016 biennium. DBHDS selected eight CSBs to implement CSC.

Behavioral Health and Wellness

- Sponsored the 2016 Prevention Summit on June 13-15, 2016 to inform 200 CSB staff and community coalition leadership about the prevention strategies supported by DBHDS. Participants learned about a structured needs assessment that includes social indicator, epidemiological, and social determinant data to support design and selection of local prevention activities.

- Continued the Partnerships for Success Strategic Prevention Framework Grant, a five-year SAMHSA grant totaling $8.5 million, to reduce deaths related to opioid addiction, including heroin and prescription drugs. Grant funds target communities selected on the basis of need through 12 CSBs. The communities currently are completing local needs assessments that will provide direction for developing action plans that will have the greatest impact in reducing opioid addiction.

- Led the Virginia Social Indicator Study and State Epidemiological Outcomes Workgroup that is transforming how Virginia approaches behavioral health promotion and prevention of mental illness and substance use disorders by creating an outcomes-based performance management system based on the SAMHSA Strategic Prevention Framework model. The result will be a data dashboard with state and local epidemiological behavioral health profiles that can be used for state and local government planning.

- Continued the Mental Health First Aid Training (MHFA) initiative to train trainers to deliver an internationally recognized curriculum that helps lay people provide immediate assistance to people experiencing a mental health crisis. Examples of people who receive this training are law enforcement officers, college personnel, faith-based groups, and community groups. DBHDS has certified 296 adult and 319 youth MHFA instructors who have trained 24,693 people. Virginia currently ranks 11th nationally in individuals trained and sixth highest in the number of trained instructors.

- Sponsored a train-the-trainers event on June 20-24, 2016 for 24 behavioral health professionals and paraprofessionals to equip them to provide Applied Suicide Intervention Skills Training (ASIST) in their home communities. ASIST training is nationally recognized, community-based training that teaches participants to recognize when someone may be at risk of suicide and work with them to create a plan that will support their immediate safety. DBHDS receives an appropriation of $500,000 from the General Assembly to operate this program statewide.

- Continued efforts to reduce youth access to tobacco. The federal Substance Abuse Prevention and Treatment Block Grant requires states to demonstrate that they have laws and practices in place that restrict youth under the age of 18 from purchasing tobacco. States conduct an annual survey of retailers using a strict protocol and report results that show that youth are able to purchase tobacco less than 20 percent of the time. To ensure that Virginia meets this standard, DBHDS provides CSBs with training about working with retailers and printed materials to assist with retailer education. The noncompliance rate reported by DBHDS in its most recent report to SAMHSA in December 2015 was 12.8 percent, well below the 20 percent requirement.

Major State Hospital Issue

- State hospitals experienced a 157 percent increase in temporary detention order admissions and a 54 percent increase in total admissions over the past three years. As a result, state hospitals are operating at 95 percent occupancy or higher, and direct care staff turnover rates are their highest in 10 years. This situation poses very serious operational challenges that DBHDS is addressing by providing more technical assistance to and increased oversight of hospitals and regions with the greatest bed utilization, conducting monthly reviews of all hospital health indicators for early detection of adverse trends, and using focused recruitment, retention, and workforce development strategies.

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 health outcomes for individuals receiving services through improving their access to primary health care.
  - Alexandria CSB
  - Arlington County CSB
  - Colonial Behavioral Health
  - Crossroads CSB
  - Eastern Shore CSB
  - Fairfax-Falls Church CSB
  - Henrico Area Mental Health and Developmental Services
  - Horizon Behavioral Health
  - Norfolk CSB
  - Northwestern Community Services
  - Piedmont Community Services
  - Prince William County CSB
  - Region Ten CSB
  - Western Tidewater CSB

- The tables below display partnering organizations and locations of care. Tables display more than 14 responses because some CSBs reported multiple organizations or locations.

Table 21: Organizations With Which CSBs Partnered in FY 2016			
FQHCs	10 CSBs	Local Health Department	2 CSBs
Free Clinics	6 CSBs	Other Organizations	1 CSB

Table 22: Location of Services	Primary Health Care	Behavioral Health Care
On-Site at CSB	7	11
On-Site at Primary Health Care	11	8
On-Site at Another Organization	4	3

Office of Recovery Support Services

- Initiated grandfathering phase for certification of peer recovery specialists. As of June 30, 2016, there were 169 certified peer recovery specialists employed across Virginia in public or private mental health or substance use disorder service settings.

- Provided technical assistance to the Departments of Medical Assistance Services, Corrections, and Veterans Services and many public and private organizations, including VOCAL, Mental Health America, the National Alliance on Mental Illnesses Virginia, Substance Abuse and Addiction Recovery Alliance, CSBs, Virginia Psychiatric Rehabilitation Association, peer-run programs, and recovery community organizations.

- Published standardized scope of practice, ethical guidelines, and scope of knowledge documents for certified peer recovery specialists and provided leadership to SAMHSA Region 3 on peer specialist workforce development.

- Presented workshops on Recovery Oriented Systems of Care, Are You Ready to be a Peer Support Specialist, Peer Support Ethics, and How to Supervise Peer Specialists.

Developmental Services Initiatives and Accomplishments

U.S. Department of Justice (DOJ) Settlement Agreement

Virginia is in the fifth year of its 10-year implementation process for the DOJ Settlement Agreement (Agreement) to improve and expand services and supports for individuals with developmental disabilities (DD) and create a framework to move forward in developing community services. Information on stakeholder feedback about implementation of the Agreement and progress towards compliance with it is available on the DBHDS web site at http://www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/doj-settlement-agreement. DBHDS has moved forward substantially with its charge to have one system of care. It continues to downsize and close four of training centers while integrating SEVTC and HDMC as part of a more comprehensive array of community services.

Community Services

- The Pre-Admission Screening and Resident Review process has resulted in 100 percent community diversion of children under the age of 22 from long-term nursing facility placements. A comprehensive process for identifying, evaluating, and potentially discharging children is being presented to a small group of intra-agency stakeholders. Several children have been identified for potential placement and are the priority.

- The Health Support Network (HSN) has focused on building community nursing by providing technical support to nursing, residential, and day support providers and medical care personnel to ensure appropriate and safe care of individuals with DD. HSN had 313 specific contacts lasting as long as six hours in the last six months.

- HSN technical support served more than 21 large agencies and numerous small agencies since January 2016. Statewide, HSN has led 40 community-based nursing meetings since January 2016. HSN has offered multiple seminars for dental professionals, residential providers, day support providers, and direct service personnel.

- HSN initiated three separate dental care programs; community-based, fixed-rate, non-sedation dentistry in Regions 2 and 4 and sedation-based dentistry in Region 2 that offer the opportunity for individuals to receive full services in a community dental office. To date, 382 individuals enrolled in and more than 130 individuals received services in non-sedation programs, and 112 referrals were made to sedation-based dentistry clinics.

- HSN's mobile rehabilitation engineering effort has provided on-site, in-home durable medical equipment repair, maintenance, and services at 45 sites to 61 people.

Individual and Family Supports Program (IFSP)

- Established a workgroup to assist in the redesign of the IFSP. As a result:
  - the maximum amount of funding per person was reduced from $3000 to $1000 based on a workgroup recommendation in order to assist more individuals and families so that 2,943 applications were funded in FY 2016 versus 1,201 in FY 2015; and
  - a state advisory council, the IFSP State Council, will be established with members representing the five regions, including individuals on the DD Waiver wait list and their families, and will continue to work on redesigning the program.

- The program approved 2,943 applications funded with $2,748,147, including:
  - $719,435 for Safe Living: Respite, home repairs, and safety and security systems;
  - $1,033,637 for Improved Health Outcomes: Medical care, therapies, or communication devices;
  - $742,803 for Community Integration: Day support, transportation, or summer camps; and
  - $252,272 for Emergency Supports: Rent, mortgage, or utility payment assistance.

Integrated Day/Supported Employment Services

- Published two semi-annual reports on employment with 95 percent participation from employment service organizations.

- Validated that 20 percent of people with DD, whether on a waiver or the waiver wait list, are employed for a total of 3,036 individuals working.

- Partnered with the Department of Aging and Rehabilitative Services (DARS) to provide training and education presentations across the state to families, advocates, providers, DARS field staff, and CSB staff.

Crisis Services for Adults and Children

- Implemented a quarterly and annual qualitative review process for REACH (Regional Education Assessment Crisis Services Habilitation) developmental crisis programs for children and adults across the state.

- Implemented child REACH crisis services across the state and received 179 referrals in the first full year of implementation.

- Received 854 referrals to the adult REACH crisis program, a 46 percent increase over the previous year.

Transition of Individuals from Training Centers to Community Homes

- A total of 556 individuals have transitioned from training centers to new homes since October 2011.

- An additional 52 individuals chose to transfer to another training center or a nursing home or out of state to be closer to their families.

- Training center census decreased to 353 on June 30, 2016 from 483 on June 30, 2015, a 26.9 percent decrease.

- All individuals who received services at NVTC moved by January 2016, and the training center closed in March 2016.

- The expected closure date for SWVTC remains June 2018. Issued a request for proposals to provide supports for individuals with intensive behavioral and medical needs and made awards to build this capacity in central and southwestern Virginia.

Medicaid Waiver Services for Individuals with DD

- Submitted amendments for the ID, DD, and Day Support Waivers to CMS. Subsequently, the revised waivers, renamed the Community Living, Family and Individual Support, and Building Independence Waivers, were implemented on September 1, 2016 with additional funding to increase rates and fund new services in the three new DD waivers.

- CSBs became the single points of entry for all individuals with a DD other than intellectual disability on July 1, 2016. As the single point of entry, CSBs are responsible for functional (level of care) eligibility screenings for all individuals seeking Medicaid-funded DD waiver services.

- Held regular calls and direct consultation with stakeholders twice weekly in May and June concerning planned waiver changes, and these will continue through December to address implementation issues including:

- How to add new services and service definitions,
- Assistance with business models and how a mix of group and community engagement services is a best practice and is fiscally sustainable, and
- Discussion of any technical concerns related to implementation.

Community Living Options-Independent Housing

- Filled five regional housing specialist positions who will:
  - Provide technical assistance to individuals, families, support coordinators, and providers about accessing independent housing;
  - Develop local, regional, and statewide relationships; and
  - Identify resources needed to increase access to affordable, accessible housing for individuals with DD currently enrolled in or eligible for a Medicaid waiver.

- Continued to partner with the Virginia Housing Developmental Authority (VHDA), 13 local public housing agencies, and the U.S. Department of Housing and Urban Development to provide a 242 housing choice vouchers set-aside for individuals covered by the Agreement and assisted 153 individuals to access rental housing as a result.

- Developed on-line and in-person independent housing training for support coordinators, completed three on-line modules, and trained 196 support coordinators.

- Worked with VHDA to increase affordable housing units for individuals covered by the Agreement through changes in its Low-Income Housing Tax Credit Program's Qualified Allocation Plan.

- Worked with the Department of Housing and Community Development to make changes in its programs to provide additional housing options for individuals covered by the Agreement by developing 81 units for individuals with DD.

- Held a Supportive Housing Summit about models of service provision under the new Medicaid DD waiver structure.

- Provided $2.3 million statewide to help individuals covered by the Agreement to transition into their own housing or maintain their housing in the community.

- Conducted targeted outreach activities to landlords and property managers at the April 8, 2016 Developer's Roundtable and July 13, 2016 QAP Forum and to individuals and family members by conducting housing tours and coordinating peer support groups.

Provider Development

- Provided My Life My Community waiver redesign training to 3,447 people, including self-advocates, families, support coordinators, providers, and state agency staff.

- Facilitated regional bi-monthly provider roundtables attended by 1,839 participants.

- Developed a provider network email listserv that communicated DBHDS information to 2,396 staff at private providers and CSB staff and established a statewide network of 150 DD waiver experts located in CSBs.

- Implemented statewide competency-based training requirements for direct support professionals and their supervisors that included requirements for supporting individuals at risk due to complex health needs, behavioral support needs, or autism.

- Began the process of assisting providers to meet the CMS Home and Community-Based Settings Regulations that require protections, community inclusion, and person-centered planning for individuals with DD.

Part C Early Intervention Services for Infants and Toddlers

- Infant & Toddler Connection of Virginia, the state's early intervention system, completed the second year of a six-year improvement planning process required for all states by the U.S. Department of Education (DOE). Focused on increasing the percentage of children who can appropriately use behavior to meet their needs.

- Received commendations on the plan submitted to the U.S. DOE and no changes to the plan were recommended.

- Submitted the report required by item 315.H.2 of the Appropriation Act about the Part C Early Intervention System on November 15. It contains data about revenues, expenses, numbers of infants and toddlers and families served, and the services they received.

Quality Management and Development Initiatives and Accomplishments

Human Rights

- Completed the revised Human Rights Regulations for review by the Governor's Office and began developing training and guidance for the statewide rollout of the new regulations.

Quality Management and Risk Management

- Continued development and implementation of a comprehensive quality and risk management program including:
  - a statewide Quality Improvement Committee that reports to the commissioner,
  - five Regional Quality Councils,
  - a Risk Management Review Committee,

- a Mortality Review Committee, and
- a Behavioral Health Quality Committee.

- Worked with the Delmarva Foundation for Medical Care to complete Quality Service Reviews (QSRs) of individuals receiving services under the DOJ Settlement Agreement. QSRs included 380 person-centered reviews and 49 provider quality reviews.

- Published 12 health and safety alerts addressing key risk factors in individuals with DD.

- Made training available for providers to monitor risk using risk triggers and thresholds.

- Continued implementation of the DBHDS data warehouse, OneSource, in collaboration with the Office of Information Services and Technology. OneSource 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 that included provider licensing, crisis intervention, jail diversion, and patient injuries. Enhanced data from state facilities and CCS 3, offering direct support to DOJ Settlement Agreement implementation.
  - Released 12 highly effective, parameter-driven reports to the user community, offering a new level of analytical capabilities.
  - Received recognition for excellence in big data and analytics and in project management as the 2015 Commonwealth IT Project of the Year.

Administrative Initiatives and Accomplishments

Office of Information Services and Technology

- Completed pilot deployment of the OneMind Electronic Health Record system on June 30, 2016. OneMind enables DBHDS to transition from operating using disparate paper-based care delivery, charting, and reporting and analysis processes and tools in 14 self-contained state facilities 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.
  - OneMind won the 2016 Governor's Technology Award for IT as Efficiency Driver – Government to Citizen and first place in the 2016 Chief Information Officer of the Commonwealth Project Excellence Awards.
  - Deployed OneMind successfully for all applications and all beds at SWVMHI in May.

- Tested, trained staff on, and implemented a major system-wide technical and functional upgrade (Soarian 4.0) to OneMind in January.
- Tested, trained staff on, and implemented the upgrade for the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) and the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition in October 2015.
- Successfully deployed OneMind as a stand-alone pharmacy solution for CCCA in September 2015.

- Awarded the contract for developing and implementing the Waiver Management System (WaMS) to FEi Systems in February 2016 to replace the existing system (IDOLS) and manage the three amended Medicaid DD waivers. CMS concerns delayed the original June 30 go-live date to September 1. WaMS includes enrollment, VIDES, waitlist, slot management, individualized supports plan, and authorization functions. FEi developed secure system hosting, including system, application, and data base administration and tier 1 help desk services. FEi completed legacy data migration and implemented scheduled data integrations. WaMS application software was deployed for testing, training, and documentation to DBHDS, CSB, and provider user groups. While WaMS has been built and tested, it will not be put into production until September 1, 2016. The FY 2017 Annual Report will discuss WaMS implementation.

Office of Human Resources Management

- Completed the design of a framework of human capital policies, programs, and practices in Human Capitol Vision 2020 to achieve a shared vision integrated with the agency's strategic plan. This plan includes expanding learning management opportunities, developing additional career pathways, transforming approaches to performance management, and enhancing recruitment and retention strategies.

- Twenty-five DBHDS employees participated in the inaugural class of Virginia Tech's Virginia Public Sector Leadership Certificate program. This annual training opportunity will enhance leadership and supervision competencies for middle managers. The program also functions as a strategy to nurture high potential employees and build on retention and succession planning activities.

- Offered mental health interpreter training for professional interpreters across the state to expand the number of professional interpreters who are able to interpret effectively in complex behavioral healthcare settings. This will improve language access for immigrants and refugees and increase access and quality service provision. With the tremendous growth of limited English proficient populations and the lack of bilingual or bicultural mental health professionals who can serve these communities, developing and enhancing capacity to address these populations is essential. Therefore, training interpreters in complex emotional language form and content used to diagnose and treat mental illness is critical. Trained 10 mental health interpreting facilitators and 14 certified health interpreters to train in mental health interpreting using the University of Rochester Medical Center mental health interpreting curriculum.

- Supported development of the Mental Health Orientation Training for Resettlement Service Providers program, developed and implemented by Virginia Commonwealth University School of Social Work in collaboration with The Women's Initiative in Charlottesville and the Refugee Community Leaders Council in Richmond. Training consisted of eight sessions in 12 hours covering refugee trauma, mental health symptoms, cultural understanding of trauma, coping with stress, communication skills, community empowerment, and self-care. The training will be used by immigrant and refugee organizations in their employee orientation programs.

- Established mental health referral networks in five areas of the state to clarify and formalize the pathway to and availability of services for refugees who have been screened positive on the Refugee Health Screener-15, a valid, efficient, and effective screener for common mental disorders in refugees. These referral networks are translated into a decision tree so that refugee staff, medical staff, and other health and human services providers have an efficient method to identify where they may find a warm hand-off for a refugee in potential distress.

- Implemented the Peer Leader Program in collaboration with James Madison University's Center for International Stabilization and Recovery and the Church World Service Immigration and Refugee Office with a pilot program at Harrisonburg High School involving 13 students. The program provides support services to recently-arrived students from refugee families with the overall goal of reducing stress related to the transition to a new community. It assists students to build a peer network quickly and to feel welcomed and accepted in the school environment in order to:
  - accelerate social integration,
  - improve academic acclimatization,
  - keep students from incurring disciplinary offenses, and
  - improve emotional and psychological health.

- Trained eight individuals as gatekeeper training instructors who were certified by the Question Persuade Refer (QPR) Institute to deliver gatekeeper training to refugee stakeholders, including resettlement case managers, English as a Second Language teachers, ethnic community-based organization members, and others who come into regular contact with refugee populations. Facilitators are available across the state. QPR Refugee Gatekeeper training is offered in Arabic, Amharic, Dari, Spanish, and Tagalog.

Systemic Outcome and Performance Measures

Performance Contract Exhibit B Measure

Statewide CSB performance on the Exhibit B measure for continuity of care post discharge from inpatient psychiatric care is shown in the table on the next page.

Table 23: FY 2016 Performance Measures	Data	FY2016 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.	6,973	Number of individuals who kept scheduled face-to-face service visits within seven business days of discharge from hospitals or psychiatric units this year.
	9,111	Number of individuals discharged and referred to CSBs from hospitals or psychiatric units this year.
	76.53%	Statewide percent of individuals who kept face-to-face service visits within seven business days.

Appointments of Individuals and Family Members to CSBs

Section 37.2-501 of the Code requires that one-third of the appointments to CSB boards be individuals who are receiving or have received services or family members of individuals who are receiving or have received services, at least one of whom is an individual currently receiving services. In FY 1991, 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 25 years, the number of individual and family member appointments to CSBs has increased by 316 percent. In FY 2016, CSBs reported there were 82 individuals who are receiving (36) or who have received (46) services and 151 family members out of 486 appointed board members. The 233 individuals or family members appointed to CSBs represented 48 percent of all filled appointments. However, appointments to six 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 a board member. It is important to note that board members are appointed by the city councils or boards of supervisors that established the CSBs, and some CSBs may have little opportunity to affect the numbers of individuals receiving services or family members appointed to their boards.

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 sections of the Secretary of Health and Human Resources data dashboard, DBHDS refined some of 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. Face-to-face case management contacts for individuals who meet enhanced case management criteria
14. Face-to-face case management contacts in an individual's place of residence for individuals who meet enhanced case management criteria
15. Health and well-being goal measure
16. Community inclusion goal measure
17. Choice and self-determination goal measure
18. Living arrangement stability measure
19. Day activity stability measure

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 is often the first point of contact when adult or child protective services is involved, providers experience natural disasters, emergency preparedness plans are implemented, or there are sudden and unexpected tragedies involving individuals receiving services. The office has experienced a tremendous workload increase as a result of the DOJ Settlement Agreement and with the significant expansion in Medicaid providers, particularly for children's mental health, developmental, and substance use disorder services. Many providers offer more than one licensed service, often at several different licensed locations. More detailed information about licensing activities is available at http://www.dbhds.virginia.gov/professionals-and-service-providers/licensing. The following tables depict the office's activities and workload.

Table 24: Overview of Licensing Statistics in FY 2016						Change From FY 2012
Statistic	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	
Licensed Providers	744	844	917	965	1,041	+39.9%
Licensed Services	1,860	2,038	2,218	2,319	2,608	+40.2%
Licensed Locations	6,302	7,063	7,519	8,290	8,447	+34.0%

Table 25: New Providers Licensed by DBHDS in FY 2016			
Services	Number	Services	Number
Inpatient Services	5	Crisis Stabilization Services	26
Methadone/Inpatient Detox Services	1	Residential Treatment Services	10
Intensive Outpatient Services	47	Children's Residential Services	8
Intensive In-Home Services	46	Group Home Services	70
Intensive Community Treatment Services	4	Supervised Living Services	4
Therapeutic Day Treatment Services	34	Sponsored Home Services	0
Psychosocial Rehabilitation Services	8	In-Home Support Services	1
Day Support Services	95	Autism Services	0
Mental Health Support Services	81	Total Conditional Licenses	440

Per DBHDS Licensing Regulations, all new providers receive conditional licenses. The 440 providers represents an 18.9 percent increase over FY 2015.

Table 26: FY 2016 Licensing Inspections Conducted by DBHDS	
Type of Visit	Number
Unannounced Complaint Investigation	463
Consultation	543
Department of Justice Unannounced Visit or Consultation	272
Unannounced Visit	2,381
Total Licensing Inspections	3,659

This represents a 28.1 percent increase over FY 2015.

The office did not revoke or suspend any licenses in FY 2016, but it issued three provisional licenses in response to issues with those providers. In addition to these inspections, staff conducted 223 other DOJ-related visits, 781 service modification visits, 1,076 other types of visits, and 1,553 in-office reviews, or a total of 3,633 other licensing-related activities.

Central Office Oversight: Human Rights

DBHDS operates an internal human rights system for its state facilities and for licensed community services. This system is authorized by Article 1 of Chapter 4 in Title 37.2 (§ 37.2-400 et seq.) of the Code and is 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, 216,270 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 1,240 human rights complaints filed in community programs, and 243 complaints (19.6 percent of the total) resulted in violations being determined.

- Over 99.1 percent of complaints were resolved at or below the program director level.

- There were 8,256 allegations of abuse, neglect, or exploitation filed, and 1,053 (12.7 percent of the total) were founded. All founded allegations were resolved at or below the program director level.

Table 27: FY 2016 Human Rights Data Reported by Community Providers

Total Number of Human Rights Complaints				1,240
Numbers of Complaints Finally Resolved at the Following Levels				
Director and Below	1,230	State Human Rights Committee	2	
Local Human Rights Committee	8	DBHDS Commissioner	0	
Number of Complaints That Did Not Result in a Violation Being Determined				997
Number of Complaints That Resulted in a Violation Being Determined				243
Total Number of Allegations of Abuse, Neglect, or Exploitation				8,256
Total Number of Founded Allegations of Abuse, Neglect, or Exploitation				1,053
Numbers of Founded Allegations Resolved at the Following Levels				
Director and Below	1,053	State Human Rights Committee	0	
Local Human Rights Committee	0	DBHDS Commissioner	0	
Numbers of Founded Allegations by Type				
Physical Abuse	145	Exploitation	20	
Verbal Abuse	53	Neglect	780	
Sexual	12	Other	43	

This year, 7,161 individuals received services in state facilities.

- There were 1,979 human rights complaints filed in state facilities, and 69 complaints (3.5 percent of the total) resulted in violations being determined.

- Over 99.8 percent of complaints filed were resolved at or below the director level.

- There were 1,972 allegations of abuse, neglect, or exploitation filed in state facilities, and 110 (5.6 percent of the total) were determined to be founded. All founded allegations were resolved at or below the director level.

Table 28: FY 2016 Human Rights Data Reported by State Facilities				
Total Number of Human Rights Complaints				1,979
Numbers of Complaints Resolved at The Following Levels				
Director and Below	1,975	State Human Rights Committee	0	
Local Human Rights Committee	4	DBHDS Commissioner	0	
Number of Complaints That Did Not Result in a Violation Being Determined				1,910
Number of Complaints That Resulted in a Violation Being Determined				69
Total Number of Allegations of Abuse, Neglect, or Exploitation				1,972
Total Number of Founded Allegations of Abuse, Neglect, or Exploitation				110
Numbers of Founded Allegations Resolved at the Following Levels				
Director and Below	110	State Human Rights Committee	0	
Local Human Rights Committee	0	DBHDS Commissioner	0	
Numbers of Founded Allegations by Type				
Physical Abuse	28	Exploitation	1	
Verbal Abuse	22	Neglect	57	
Sexual	0	Other	2	

Conclusion

In response to Item 313.J of the 2016 Appropriation Act and § 37.2-304 of the Code, DBHDS is pleased to submit its seventh 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.