COMMONWEALTH of VIRGINIA

JACK BARBER, M.D.
INTERIM COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
Post Office Box 1797
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December 4, 2017

The Honorable Thomas K. Norment, Jr.,
The Honorable Emmett W. Hanger, Jr.
Senate Finance Committee
14th Floor, Pocahontas Building,
900 East Main Street,
Richmond, VA 23219

Dear Senator Norment and Senator Hanger:

Item 313.J. of the 2017 *Appropriation Act*, and §37.2-304 of the Code of Virginia require 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 4, 2017

The Honorable S. Chris Jones, Chair
House Appropriations Committee
900 East Main Street
Pocahontas Building, 13th Floor
Richmond, Virginia 23219

Dear Delegate Jones:

Item 313.J. of the 2017 *Appropriation Act*, and §37.2-304 of the Code of Virginia require 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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December 4, 2017

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 2017 *Appropriation Act*, and §37.2-304 of the Code of Virginia require 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 W. Barber, MD
Interim Commissioner

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Joe Flores
Susan Massart
Michael Tweedy

Fiscal Year 2017 Annual Report
(Item 313.J)

December 1, 2017

DBHDS Vision: A Life of Possibilities for All Virginians

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DBHDS Fiscal Year 2017 Annual Report

Preface

Item 313.J of the 2017 Appropriation Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to submit an annual report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees of 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 amended § 37.2-304 of the Code of Virginia to insert the annual report requirement in state statute. The section lists the duties and powers of the DBHDS commissioner.

> *12. 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 2017 Annual Report

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DBHDS Fiscal Year 2017 Annual Report

Introduction

DBHDS is pleased to submit its FY 2017 annual report. The first section describes Virginia's public behavioral health (mental health and substance use disorder) and developmental services system. The next 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. The final sections describe initiatives and accomplishments of the DBHDS central office and some systemic performance and outcome measures.

Virginia's Public Behavioral Health and Developmental Services System

The public behavioral health and developmental services system provides services to individuals with mental illnesses, 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. Virginia's 133 cities or counties established CSBs pursuant to Chapter 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 they advise the local governments that established them 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. Boards of directors with statutory fiduciary and management authority and responsibilities oversee and guide the 27 operating and 10 administrative policy CSBs and the BHA. The two policy-advisory CSBs advise their local government departments.

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, which is available on the DBHDS web site at http://www.dbhds.virginia.gov/ on the Office of Support Services page, describes this relationship. Interactions between DBHDS and CSBs are defined and governed by the community services performance contract negotiated by DBHDS with each CSB, 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. The Overview of Community Services in Virginia, available in the Performance Contract Resources section at the link above, contains more information about CSBs.

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 services for 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, scheduled to close in 2020) in Lynchburg, Southeastern Virginia Training Center (SEVTC will remain open) in Chesapeake, and Southwestern Virginia Training Center (SWVTC, scheduled to close in 2018) in Hillsville. DBHDS closed Southside Virginia Training Center (SVTC) in Petersburg and Northern Virginia Training Center (NVTC) in Fairfax in 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. The U.S. Centers for Medicare and Medicaid Services (CMS) certifies all training centers 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 (DOJ) Settlement Agreement led to the decision to close four training centers by 2020. Table 1 displays the declining census trend for training centers.

Table 1: Decreases in the Census of DBHDS Training Centers

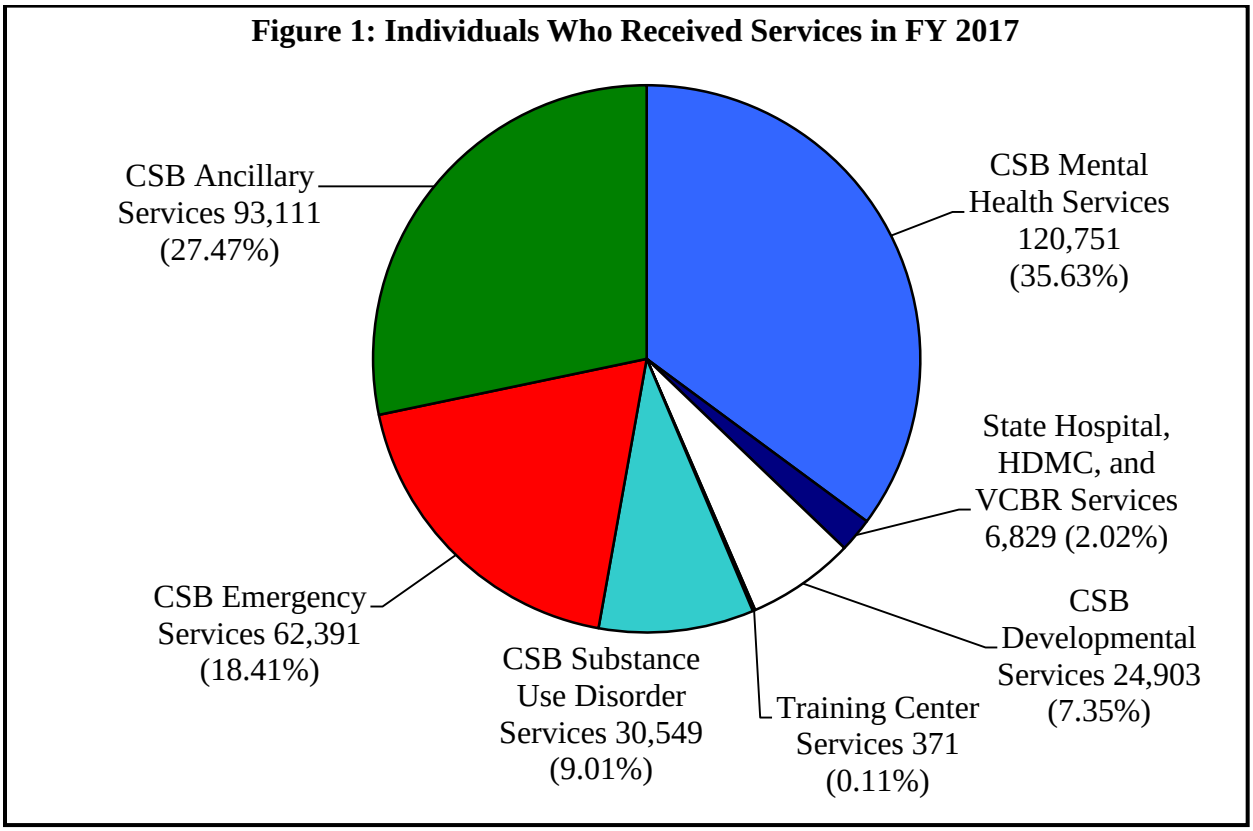
Training Center	Before DOJ SA		July 1 2012 Census	July 1 2013 Census	June 30 2014 Census	June 30 2015 Census	June 30 2016 Census	June 30 2017 Census	Decrease 2000 to 6/30/2017
	2000 Census	2010 Census							
CVTC	679	426	350	301	288	233	191	144	79%
NVTC	189	170	153	135	106	57	0	0	100%
SEVTC	194	143	106	84	75	69	65	72	63%
SVTC	465	267	201	114	0	0	0	0	100%
SWVTC	218	192	173	156	144	124	97	70	68%
Totals	1,745	1,198	983	790	613	483	353	286	84%

Title 37.2 of the Code establishes DBHDS as the state authority for Virginia's public behavioral health and developmental services system. The DBHDS central office provides leadership that promotes strategic partnerships among CSBs and state facilities and with other agencies and providers. The central office supports the provision of accessible and effective services and supports by CSBs and other providers, directs the delivery of services and supports in state facilities, 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 2017, 219,018 individuals, an unduplicated count, received services in the public behavioral health and developmental services system: 218,121 received services from CSBs, 7,177 received services in state facilities, and many individuals received services from both. With the implementation of its OneSource data warehouse, DBHDS has the ability to identify individuals uniquely. These figures are unduplicated across the entire public behavioral health and developmental services system. If an individual received services at more than one CSB or at CSBs and state facilities, OneSource counts the individual only once. Figure 1 depicts the numbers of individuals who received services from CSBs or state facilities and the respective percentages. Ancillary services are motivational treatment, consumer monitoring, early intervention, and assessment and evaluation.

Figure 1: Individuals Who Received Services in FY 2017



Individuals in figure 1 total more than the unduplicated number of 219,018 individuals because many received services in multiple program areas, such as mental health and emergency or ancillary services or in community services and state facilities. Table 2 on the next page contains the numbers of individuals who received services in each core service from CSBs or state facilities. It displays numbers for emergency and ancillary services and for mental health (MH), developmental (DV), and substance use disorder (SUD) services program areas, and the total numbers 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/ in the Performance Contract Resources section of the Office of Support Services web page.

Table 2: Individuals Who Received CSB or State Facility Services in FY 2017		
Total Emergency Services	**62,391**	Community Consumer Submission 3 (CCS 3) does not include data on individuals in Consumer-Run Services, so other tables do not include them. CARS collects a count of participants; in this FY, 10,457 individuals participated in these services.
Motivational Treatment Services	5,110	
Consumer Monitoring Services	12,636	
Early Intervention Services	2,520	
Assessment and Evaluation Services	81,461	
Total Ancillary Services[1]	**93,111**	

Services Available in Program Areas[1]	**MH**	**DV**	**SUD**	**Total[2]**
Training Center Skilled Nursing Services		43		43
Training Center ICF/ID Services		356		357
State Hospital ICF/Geriatric Services	483			483
CSB MH or SUD Inpatient Services [3]	2,590		15	2,605
CSB SUD Inpatient Medical Detox Services			287	287
State Hospital Acute Psychiatric Inpatient Services	3,699			3,699
State Hospital Extended Rehabilitation Services	1,561			1,561
State Hospital Forensic Services	1,190			1,190
HDMC[4]				100
VCBR[4]				438
Total CSB Inpatient Services[1]	**2,590**		**302**	**2,881**
Total State Facility Inpatient Services[1]	**6,291**	**371**		**7,177**
Outpatient Services	96,648	206	23,281	112,256
Intensive Outpatient Services			2,012	2,012
Medication Assisted Treatment			2,287	2,287
Assertive Community Treatment	3,229			3,229
Total Outpatient Services[1]	**98,327**	**206**	**25,333**	**115,479**
Total Case Management Services	**63,718**	**21,617**	**8,700**	**90,064**
Day Treatment or Partial Hospitalization	8,034		716	8,740
Ambulatory Crisis Stabilization Services	2,572	896		3,442
Rehabilitation or Habilitation	6,941	5,192	54	10,297
Total Day Support Services[1]	**15,395**	**6,025**	**770**	**20,033**
Sheltered Employment	14	463		477
Individual Supported Employment	1,611	1,187	54	2,843
Group Supported Employment	53	706		759
Total Employment Services[1]	**1,661**	**2,217**	**54**	**3,923**
Highly Intensive Residential Services	58	273	3,057	3,374
Residential Crisis Stabilization Services	4,979	303	208	5,441
Intensive Residential Services	237	690	1,965	2,885
Supervised Residential Services	969	570	325	1,859
Supportive Residential Services	5,407	988	127	6,496
Total Residential Services[1]	**11,131**	**2,764**	**4,516**	**17,479**

[1] Numbers in **Total Services** rows are unduplicated for the preceding services in each column.

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

[3] CSBs purchase all community inpatient psychiatric services from private providers.

[4] HDMC and VCBR are not state hospitals; number of individuals are shown in the total column.

Figures in the preceding table include 12,401 individuals who received Medicaid Developmental Disability Home and Community-Based Waiver (DD Waiver) services, many of whom received some or all of their services from CSBs. During this year, private providers received more than 80 percent of Medicaid payments for DD Waiver services, reflecting their important role in delivering these services. All individuals who received DD Waiver services received targeted case management services (a non-DD Waiver service) from CSBs. They are included in the 21,617 individuals who received developmental case management services from CSBs.

The figures in the preceding table also include 2,590 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 if not all 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 is the software application that transmits data about individuals and services from CSB information systems or electronic health records to DBHDS, which places it in OneSource. CCS 3 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. The following pages contain examples of these data.

Figure 2: Ages of Individuals Served by CSBs in FY 2017

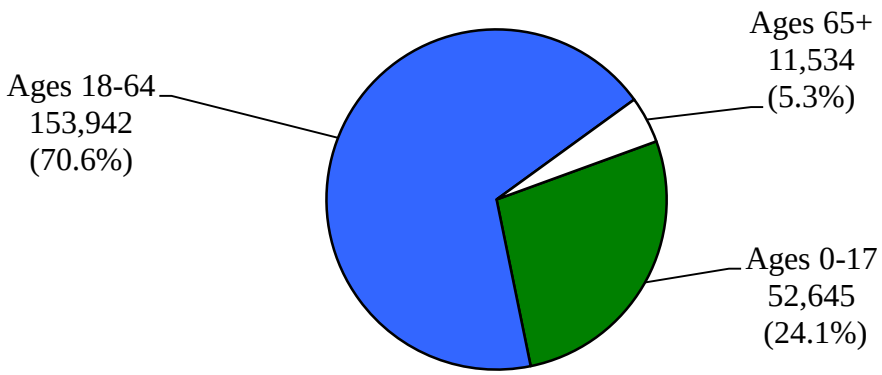


Table 3 provides more detail about ages of individuals who received CSB services.

Table 3: Ages of Individuals Who Received Services From CSBs in FY 2017

Ages	MH Services	DV Services	SUD Services	Emergency	Ancillary
0 – 12	17,283 (14.3%)	2,790 (11.2%)	283 (0.9%)	3,235 (5.2%)	13,419 (14.4%)
13 – 17	16,570 (13.7%)	2,084 (8.3%)	1,048 (3.4%)	7,054 (11.3%)	13,470 (14.5%)
18 – 64	80,419 (66.6%)	18,672 (75.0%)	28,703 (94.0%)	47,459 (76.1%)	63,726 (68.4%)
65+	6,475 (5.4%)	1,357 (5.5%)	512 (1.7%)	4,623 (7.4%)	2,472 (2.7%)
Unknown	4 < 0.0%)	0 (0.0%)	3 < 0.0%)	20 < 0.0%)	24 (<0.0%)
Total	120,751 (100%)	24,903 (100%)	30,549 (100%)	62,391 (100%)	93,111 (100%)

Addressing the service 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 4 contains data about the numbers of individuals with Alzheimer's Disease or related dementias who received services from CSBs or state facilities.

Table 4: Unduplicated Individuals With Alzheimer's Disease or Related Dementias Who Received Services in FY 2017

Diagnosis	In CSB MH Services	In All CSB Services	In State Hospitals	In All State Facilities
Individuals 18 - 64	80,419	153,942	5,069	5,779
Other Dementias	33	50	14	14
Alzheimer's	243	329	76	81
Dementia	290	388	59	69
Unduplicated Total	548	745	137	150
Percent of 18 - 64	0.68%	0.48%	2.70%	2.60%
Individuals 65+	6,475	11,534	690	837
Other Dementias	81	179	96	103
Alzheimer's	291	642	203	216
Dementia	140	196	61	63
Unduplicated Total	476	965	295	312
Percent of 65+	7.35%	8.37%	42.75%	37.28%

Table 5 contains data about the races of individuals who received CSB services.

Table 5: Races of Individuals Who Received CSB Services in FY 2017

Race	Total	Race	Total
Alaska Native	39	American Indian or Alaska Native & White	283
American Indian	344	Asian and White	502
Black or African American	61,971	Black or African American and White	4,692
White	125,524	American Indian or Alaska Native and Black	172
Other	10,266	Other Multi-Race	2,802
Asian	3,225	Unknown	8,126
Hawaiian or Pacific Islander	175	Total Unduplicated Individuals	218,121

Table 6 contains data about individuals of Hispanic origin who received CSB services. Of the 218,121 unduplicated individuals who received CSB services, 17,534 identified themselves as having a Hispanic origin, 8.04 percent of the total unduplicated individuals.

Table 6: Individuals of Hispanic Origin Who Received CSB Services in FY 2017

Puerto Rican	1,558	Other Hispanic	10,391
Mexican	1,555	Hispanic – Specific Origin Not Specified	3,796
Cuban	234	Total Number of Individuals	17,534

Table 7 contains data about the gender of individuals who received CSB services.

Table 7: Gender of Individuals Who Received CSB Services in FY 2017				
Female	100,972	Unknown	125	Total Unduplicated Individuals
Male	117,024	Not Collected	0	Receiving CSB Services: 218,121

Table 8 contains data about adults who have serious mental illness (SMI) or children and adolescents who 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 2017			
Total Unduplicated Adults	86,894	Total Unduplicated Children	33,853
Adults with SMI	57,853	Children with or At-Risk of SED	26,462
Percent of Total	66.58%	Percent of Total	78.17%

Table 9 contains data about individuals with autism spectrum disorder (ASD) served by CSBs.

Table 9: Individuals With ASD Who Received CSB Services in FY 2017			
Program Area	All Services	MH Services	DV Services
Unduplicated Individuals Served	218,121	120,751	24,903
Individuals With ASD	9,735	5,100	4,552
Percent of Unduplicated Individuals	4.46%	4.22%	18.28%

Table 10 contains employment data about adults (18+ years old) who received CSB services.

Table 10: Employment Status for Adults Who Received CSB Services in FY 2017						
Employment Status	MH	DV	SUD	Emergency	Ancillary	Undupl.[1]
Total Who Received Services	86,894	20,029	29,215	52,082	66,198	165,476
Employed Full-Time (35+ hours)	7,804	355	5,807	5,301	8,145	18,457
Employed Part-Time (<35 hours)	8,275	1,648	3,393	3,621	6,228	14,718
Total Employed (full + part-time)	16,079	2,003	9,200	8,922	14,373	33,175
Percent of Total Adults	18.50%	10.00%	31.49%	17.13%	21.71%	20.05%
In Supported Employment	454	1,238	37	109	399	1,540
In Sheltered Employment	245	701	30	31	153	791
Unemployed	16,696	1,491	9,122	9,503	14,779	30,074
Not in Labor Force	49,235	13,505	9,291	23,839	27,825	80,114
Unknown/Not Collected	4,185	1,091	1,535	9,678	8,669	19,782
Total Unemployed [2]	70,116	16,087	19,948	43,020	51,273	129,970
Percent of Total	80.69%	80.32%	68.28%	82.60%	77.45%	78.54%

[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] Figures do not include adults who received supported or sheltered employment.

The CCS 3 Extract Specifications define employment statuses and types of residence. Table 11 contains data about the types of residence for individuals who received CSB services.

Table 11: Types of Residence for Individuals Who Received CSB Services in FY 2017							
Type of Residence	MH	DV	SUD	Emergency	Ancillary	Undupl[2]	% Total
Total Unduplicated Individuals	120,751	24,903	30,549	62,391	93,111	218,121	100.00%
Private Residences/Households	99,812	17,616	24,794	40,593	68,457	161,329	73.96%
Community Placements[1]	7,481	5,393	1,039	2,474	3,639	12,402	5.69%
Jails and Prisons	2,063	178	1,438	3,310	3,876	7,746	
Juvenile Detention Centers	642	11	63	194	676	1,124	
Inpatient/ Nursing Home Beds	637	159	34	550	265	1,107	
Other Institutions	378	253	104	247	328	865	
Total Institutional Settings	3,720	601	1,639	4,301	5,145	10,842	4.97%
Homeless/Homeless Shelters	3,228	108	1,218	2,645	3,487	5,599	2.57%
Unknown or Not Collected	6,510	1,185	1,859	12,378	12,383	27,949	12.81%

[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 3,573 individuals in licensed adult living facilities, 5,384 individuals in community residential programs, and 1,687 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.

Table 12 displays unduplicated numbers of individuals who received services in DBHDS-funded initiatives identified with consumer designation codes, defined in Core Services Taxonomy 7.3.

Table 12: Individuals Who Received Services in Specialized Initiatives in FY 2017		
Code	**Consumer Designation**	**Individuals**
905	Mental Health Mandatory Outpatient Treatment (MOT) Orders	338
910	Discharge Assistance Program (DAP)	1,295
915	Mental Health Child and Adolescent Services Initiative	2,326
916	Mental Health Services for Children in Juvenile Detention Centers	2,874
918	Program of Assertive Community Treatment (PACT)	2,068
919	Projects for Assistance in Transition from Homelessness (PATH)	2,096
920	Medicaid Developmental Disability (DD) Waiver Services	12,401
933	Substance Use Disorder Medication Assisted Treatment	823
935	Substance Use Disorder Recovery Support Services	1,169

Table 13 contains data about numbers of individuals who received CSB services and were enrolled in Medicaid or were uninsured.

Table 13: Individuals Enrolled in Medicaid or Uninsured Served by CSBs in FY 2017						
Services:	MH Services	DV Services	SUD Services	Emergency	Ancillary	Undupl.
Total Individuals	120,751	24,903	30,549	62,391	93,111	218,121
On Medicaid	84,457	21,816	13,865	28,381	51,821	125,705
Percent of Total	69.94%	87.60%	45.39%	45.49%	55.65%	57.63%
Uninsured	17,084	1,763	11,477	23,368	28,209	59,447
Percent of Total	14.15%	7.08%	37.57%	37.46%	30.30%	27.25%

Service Capacities of CSBs and State Facilities

Table 14 displays full time equivalent (FTE), bed, or slot service capacities for each core service. Core Services Taxonomy 7.3 defines service capacities.

Table 14: Service Capacities of CSBs and State Facilities[1] in FY 2017				
Emergency Services	**485.62 FTEs**	Early Intervention Services		16.26 FTEs
Motivational Treatment Services	22.71 FTEs	Assessment and Evaluation		261.63 FTEs
Consumer Monitoring Services	87.90 FTEs	**Total Ancillary Services**		**388.50 FTEs**
Services in Program Areas	**MH**	**DV**	**SUD**	**Totals**
Training Center ICF/ID Services[2]		423.00 Beds		423.00 Beds
State Hospital ICF/Geriatric Services	203.00 Beds			203.00 Beds
CSB MH or SUD Inpatient Services	42.55 Beds		0.24 Beds	42.79 Beds
CSB SUD Inpatient Medical Detox			4.07 Beds	4.07 Beds
State Hospital Acute Inpatient	472.00 Beds			472.00 Beds
State Hospital Extended Rehab	443.00 Beds			443.00 Beds
State Hospital Forensic Services	373.00 Beds			373.00 Beds
HDMC[3]				84.00 Beds
VCBR[3]				450.00 Beds
Total CSB Inpatient Services	**42.55 Beds**		**4.31 Beds**	**46.86 Beds**
Tot. St. Facility Inpatient Services	**1,491.00 Beds**	**423.00 Beds**		**2,448.00 Beds**
Outpatient Services	833.45 FTEs	10.41 FTEs	306.29 FTEs	1,150.15 FTEs
Intensive Outpatient Services			32.57 FTEs	32.57 FTEs
Medication Assisted Treatment			34.43 FTEs	34.43 FTEs
Assertive Community Treatment	293.94 FTEs			293.94 FTEs
Total Outpatient Services	**1,127.39 FTEs**	**10.41 FTEs**	**373.29 FTEs**	**1,511.09 FTEs**
Case Management Services	**1,143.39 FTEs**	**600.03 FTEs**	**100.87 FTEs**	**1,844.29 FTEs**
Day Treatment/ Part. Hospitalization	3,228.59 Slots		60.00 Slots	3,288.59 Slots
Ambulatory Crisis Stabilization	81.51 Slots	21.00 Slots		102.51 Slots
Rehabilitation/Habilitation	2,204.00 Slots	2,348.00 Slots	19.00 Slots	4,571.00 Slots
Total Day Support Services	**5,514.10 Slots**	**2,369.00 Slots**	**79.00 Slots**	**7,962.10 Slots**
Sheltered Employment	14.00 Slots	380.95 Slots		394.95 Slots
Group Supported Employment	31.00 Slots	542.00 Slots		573.00 Slots
Total Employment Slots	**45.00 Slots**	**922.95 Slots**		**967.95 Slots**
Individual Supported Employment	**34.09 FTEs**	**41.09 FTEs**	**0.01 FTEs**	**75.19 FTEs**
Highly Intensive Residential Services	34.16 Beds	274.00 Beds	98.67 Beds	406.83 Beds
Residential Crisis Stabilization	176.62 Beds	30.00 Beds	5.35 Beds	211.97 Beds
Intensive Residential Services	190.73 Beds	673.83 Beds	255.75 Beds	1,120.31 Beds
Supervised Residential Services	755.73 Beds	487.76 Beds	87.40 Beds	1,330.89 Beds
Total Residential Beds	**1,157.24 Beds**	**1,465.59 Beds**	**447.17 Beds**	**3,070.00 Beds**
Supportive Residential Services	**334.43 FTEs**	**223.22 FTEs**	**6.94 FTEs**	**564.59 FTEs**
Prevention Services	**19.58 FTEs**	**0.25 FTEs**	**154.26 FTEs**	**174.09 FTEs**

[1] Source: 6/29/2017 weekly census report for all state facility beds.
[2] Tables 2 and 15 include skilled nursing services, but CVTC closed these beds in February 2017.
[3] HDMC and VCBR are not state hospitals; numbers of beds are shown in the total column.

Amounts of Services Provided by CSBs and State Facilities

Table 15 displays amounts of service hours, bed days, day support hours, and days of service provided in core services. Core Services Taxonomy 7.3 defines service units.

Table 15: Amounts of Services Provided by CSBs and State Facilities in FY 2017			
Emergency Service Hours	**383,935**	Early Intervention Services	19,023
Motivational Treatment Services	36,262	Assessment and Evaluation Services	312,270
Consumer Monitoring Services	85,435	**Total Ancillary Service Hours**	**452,990**

Services in Program Areas	**MH**	**DV**	**SUD**	**Total**
Training Center Skilled Nursing Services		6,384		6,384
Training Center ICF/ID Services		109,040		109,040
State Hospital ICF/Geriatric Services	70,306			70,306
CSB MH or SUD Inpatient Services	16,698		117	16,815
CSB SUD Inpatient Medical Detox			1,538	1,538
State Hospital Acute Inpatient Services	152,520			152,520
State Hospital Extended Rehabilitation	143,586			143,586
State Hospital Forensic Services	118,811			118,811
HDMC[1]				22,473
VCBR[1]				134,138
Total CSB Inpatient Bed Days	**16,698**		**1,655**	**18,353**
Total State Facility Bed Days	**485,223**	**115,424**		**757,258**
Outpatient Services	820,400	3,555	517,499	1,341,454
Intensive Outpatient Services			83,016	83,016
Medication Assisted Treatment			168,727	168,727
Assertive Community Treatment	299,029			299,029
Total Outpatient Service Hours	**1,119,429**	**3,555**	**769,242**	**1,892,226**
Case Management Service Hours	**1,101,858**	**600,450**	**94,823**	**1,797,131**
Day Treatment or Partial Hospitalization	2,774,449		35,767	2,810,216
Ambulatory Crisis Stabilization Services	85,087	36,855		121,942
Rehabilitation or Habilitation	2,395,233	2,756,003	19,948	5,171,184
Total Day Support Service Hours	**5,254,769**	**2,792,858**	**55,715**	**8,103,342**
Sheltered Employment	2,281	58,653		60,934
Group Supported Employment	2,983	142,039		145,022
Total Employment Days of Service	**5,264**	**200,692**		**205,956**
Supported Employment Service Hours	**30,586**	**48,860**	**1,052**	**80,498**
Highly Intensive Residential Services	11,332	93,026	26,536	130,894
Residential Crisis Stabilization Services	48,720	9,172	1,394	59,286
Intensive Residential Services	66,157	225,489	87,011	378,657
Supervised Residential Services	234,009	150,273	22,038	406,320
Total Residential Bed Days	**360,218**	**477,960**	**136,979**	**975,157**
Supportive Residential Services Hours	**398,942**	**373,805**	**3,092**	**775,839**
Prevention Service Hours[2]	**17,995**	**2,524**	**210,651**	**231,170**

[1] HDMC and VCBR are not state hospitals, bed days are shown in the total column.

[2]Includes 14,744 mental health service hours for ASSIST and MHFA.

Staffing of CSBs and DBHDS

Table 16 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; FTEs in CSB contract agencies are not included in the table.

Table 16: FY 2017 CSB, State Facility, and DBHDS Central Office Staffing (FTEs)	**Direct Care Staff**	**Peer Staff**	**Support Staff**	**Total Staff**
CSB Mental Health Services	4,538.94	105.32	762.49	5406.75
State Hospitals	2,496.90	10.00	1,394.40	3,901.30
Total Mental Health Services FTEs	**7,035.84**	**115.32**	**2,156.89**	**9,308.05**
CSB Developmental Services	3,726.59	30.00	465.22	4,221.81
Training Centers	786.00	0.00	386.00	1,172.00
Total Developmental Services FTEs	**4,512.59**	**30.00**	**851.22**	**5,393.81**
Hiram Davis Medical Center	130.00	0.00	33.00	163.00
Virginia Center for Behavioral Rehabilitation	237.00	0.00	193.00	430.00
CSB Substance Use Disorder Services FTEs	**981.86**	**56.93**	**248.96**	**1,287.75**
CSB Emergency and Ancillary Services FTEs	**902.12**	**25.51**	**150.59**	**1,078.22**
CSB Administration FTEs	**0.00**	**0.00**	**1,362.34**	**1,362.34**
DBHDS Central Office (CO) FTEs	0.00	0.00	412.00	412.00
Total CSB Full-Time Equivalents	**10,149.51**	**217.76**	**2,989.60**	**13,356.87**
Total State Facility and CO FTEs	**3,649.90**	**10.00**	**2,418.40**	**6,078.30**
Total State and CSB FTEs	**13,799.41**	**227.76**	**5,408.00**	**19,435.17**

Funds Received by CSBs and DBHDS

Figure 3: FY 2017 Total Funds Received by Type: $1,857,011,440

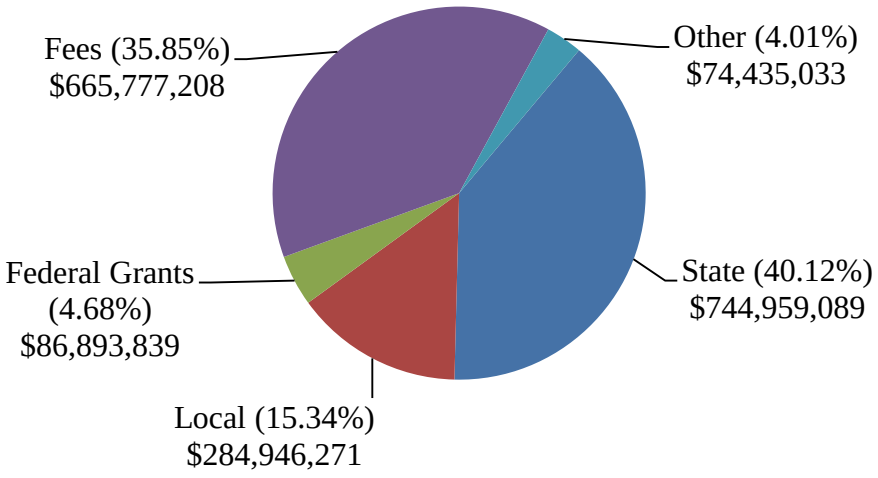
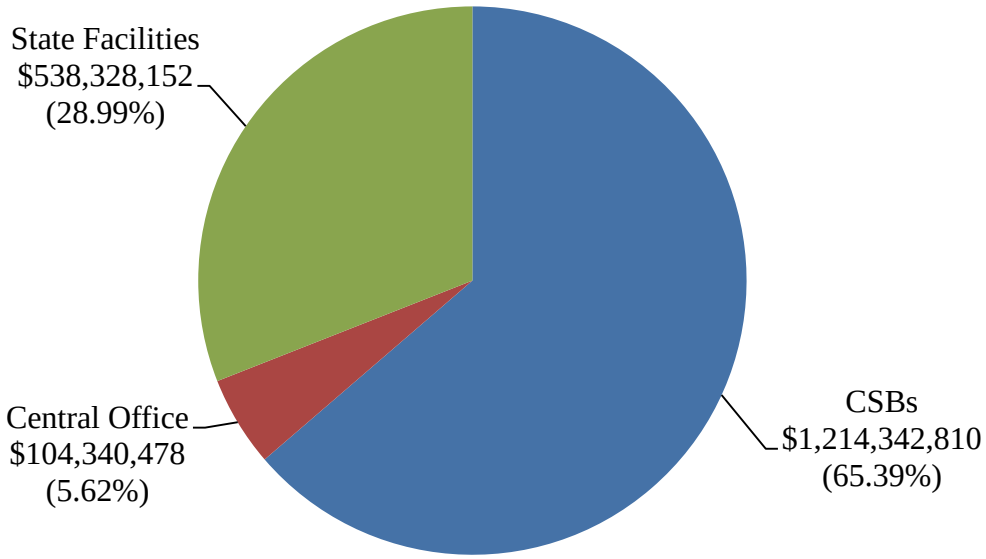


Figure 3 on the preceding page displays funds received for CSBs, state facilities, and the central office by type and the respective percentages. Fees include Medicaid payments, which consist of federal and state funds. Figure 4 depicts funds in the publicly operated behavioral health and developmental 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 2017 Total Funds in the Publicly Operated Behavioral Health and Developmental Services System: $1,857,011,440



CSBs reported receiving more than $1.2 billion from all sources to provide community-based services for 218,121 individuals; table 17 displays the specific amounts. 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 payments and payments from individuals. Other funds include workshop sales, retained earnings, and one-time funds.

Table 17: FY 2017 CSB Funds Received by Program Area

Funding Source	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Funds	Percent of Total
State Funds	$236,396,621	$34,189,593	$50,101,349	$320,687,563	26.41%
Local Funds	$147,333,151	$107,101,249	$30,511,871	$284,946,271	23.47%
Fees	$251,033,608	$232,293,017	$13,665,666	$496,992,291	40.93%
Federal Funds	$13,225,966	$0	$43,414,735	$56,640,701	4.66%
Other Funds	$39,028,153	$8,014,055	$8,033,776	$55,075,984	4.53%
Total Funds	$687,017,499	$381,597,914	$145,727,397	$1,214,342,810	100.00%
Percent of Total	56.58%	31.42%	12.00%	100.00%	

State facilities received $538 million from all sources to provide facility-based services for 7,177 individuals; table 18 displays specific amounts of funds.

Table 18: FY 2017 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	$297,876,023	$39,823,312	$26,882,589	$364,581,924	67.72%
Federal Funds	$113,890	$0	$39,152	$153,042	0.03%
Medicaid	$39,293,848	$14,870,296	$90,851,081	$145,015,225	26.94%
Medicare	$13,324,098	$693,062	$1,320,415	$15,337,575	2.85%
Commercial Insurance	$4,038,225	$522	$1,050	$4,039,797	0.75%
Private Payments	$3,539,762	$248,314	$604,244	$4,392,320	0.82%
Other Revenues	$1,675,956	$344,206	$2,788,107	$4,808,269	0.89%
Total Revenues	$359,861,802	$55,979,712	$122,486,638	$538,328,152	100.00%
Percent of Total	66.85%	10.40%	22.75%	100.00%	

[1] This table does not include total funds of $104,340,478 for the DBHDS central office: $59,689,602 of state general funds, $14,550,780 of special funds, and $30,100,096 of federal funds.

[2] Other State Facilities are HDMC and VCBR.

Expenditures by CSBs and DBHDS

Tables 19 and 20 display expenditures reported by CSBs, state facilities, and the DBHDS central office.

Table 19: FY 2017 CSB Expenditures by Program Area				
	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Expenditures[1]
CSB Services	$651,844,945	$370,370,000	$138,083,853	$1,160,298,798
Percent of Total	56.18%	31.92%	11.90%	100.00%

[1] This figure includes $137,539,019 for CSB administrative expenses, 11.85 percent of the total expenditures.

Table 20: FY 2017 State Facility and Central Office Expenditures		
	Expenses	Percent of Total
State Hospitals	$355,819,887	57.89%
Other State Facilities[1]	$55,631,452	9.05%
Training Centers	$110,850,607	18.03%
Central Office	$92,410,805	15.03%
Total Expenditures	$614,712,751	100.00%

[1] Other State Facilities are HDMC and VCBR.

Major New Initiatives and Accomplishments

Behavioral Health Services Initiatives and Accomplishments

System Transformation Excellence and Performance (STEP-VA) Launch

- To transform Virginia's public behavioral health services system in a strategic manner, DBHDS worked with the Administration, the General Assembly, and stakeholders to build STEP-VA, an innovative initiative to address the needs of Virginians with mental health and substance use disorders. STEP-VA features a uniform set of services with consistent availability across Virginia, high quality outcome measures, and improved oversight of services in all Virginia communities.

- The Governor and General Assembly funded STEP-VA's first phase by providing funds for 18 CSBs to implement same day access in FY 2018. In addition, the General Assembly passed legislation that requires all CSBs to implement same day access and primary care screening by FY 2019. The legislation also requires all CSBs to implement the following STEP-VA services by FY 2021:
  - crisis services for individuals with mental health or substance use disorders,
  - outpatient mental health and substance use disorder services,
  - psychiatric rehabilitation services,
  - peer support and family support services,
  - mental health services for members of the armed forces located 50 miles or more from a military treatment facility and veterans located 40 miles or more from a Veterans Administration medical facility,
  - care coordination services, and
  - case management services.

Same Day Access (SDA) Implementation

- SDA is the first phase of STEP-VA. SDA allows a person who calls or appears at a CSB seeking services to receive a clinical assessment the same day instead of waiting for days or even weeks for a mental health appointment. If the assessment determines the person needs services, he or she will receive a first appointment for the appropriate service within 10 days depending on his or her clinical condition.

- The Governor and the General Assembly provided $4.9 million for an initial group of 18 CSBs to implement SDA in FY 2018. Each CSB will receive $270,000 in on-going state mental health funds. Eight CSBs had already implemented some form of SDA and received funding on July 1 to address their implementation costs. The other 10 CSBs will receive funding later in FY 2018 as they prepare to implement SDA. The 2018 General Assembly will need to appropriate funds to implement SDA in the remaining 22 CSBs.

- The General Assembly also provided $4 million to support the expansion of the Governor's Access Plan (GAP) to increase eligibility for Medicaid from 80 to 100 percent of the federal poverty level for this plan.

Financial Realignment Plan Development

- The General Assembly required the Secretary of Health and Human Resources to develop an implementation plan for the financial realignment of Virginia's public mental health services system in an effort to address the increasing state hospital census, decrease the extraordinary barriers to discharge list (EBL), and refocus funding structures to increase the availability of community-based services. The plan is due December 1, 2017.

- The plan must address a variety of requirements, including reducing the EBL, identifying bridge funding sources, and determining state hospital appropriations that can be made available to CSBs to expand community services.

- DBHDS will continue working with CSBs into FY 2018 to collect data and feedback needed to build such a financial structure.

Acute and State Hospital Services

- Provided a professional development academy for 85 state hospital nurse managers. Participants received training about change management, engagement, accountability, time management, supervision, and the multi-cultural and multi-generational workforce.

- Completed advanced treatment plan training at ESH and started the training at PGH and CCCA. The new treatment plans mirror those in use by hospitals that have implemented the DBHDS OneMind electronic health record. This is part of a process to create uniform treatment planning across all state hospitals. Training related to standardization of treatment plan structure and required content across all state hospitals will continue.

- Worked closely with CCCA leadership for over a year to guide and assist it in the operational and philosophical transition from its historical identity as a residential treatment facility to its current identity as an acute care hospital.

- Launched a new version of the psychiatric bed registry required by § 37.2- 308.1 of the Code. Eighty-four facilities, including 17 CSB residential crisis stabilization units, used the registry.

- Provided logistical management for reviews mandated by the General Assembly of statewide geropsychiatric services and Hancock Geriatric Treatment Center certification options.

- Continued to produce the monthly report on key performance indicators for state hospitals. The data assists in early identification of good and bad trends and provides a format for uniform comparison of hospitals in several key areas.

Community Adult Behavioral Health Services

- Received a one-year $9.7 million federal Opioid Prevention, Treatment, and Recovery grant for services to mitigate the effects of the opioid overdose crisis. Allocated $5 million of treatment funds to 18 CSBs to improve access to medication-assisted treatment for 1,100 individuals with opioid use disorder. These CSBs also received funds to support evidence-based prevention services and establish regional recovery services that will employ individuals trained in recovery to staff warm lines and provide peer support in emergency departments to individuals who have survived an opioid overdose. An additional 17 CSBs received funding for prevention services to help their communities develop and implement effective community-based strategies engaging a wide variety of community partners. Funds also will:
  - provide technical assistance to physicians who want to utilize buprenorphine products to treat opioid use disorders,
  - improve access to naloxone that can be administered by trained nonmedical personnel to reverse opioid overdose,
  - improve addiction and pain management curricula for health professionals in training, and
  - assist the Prescription Monitoring Program operated by the Department of Health Professions to analyze its data to improve planning and resource allocation.

- Continued the Handle with C.A.R.E (Coordinating Access, Responding Effectively) initiative, a broad-based interagency collaboration to improve maternal and infant health affected by maternal substance use. C.A.R.E. workgroups developed publications to assist treatment providers and local hospitals with serving women who have substance use disorders and are pregnant or have recently given birth.

- Developed, piloted, and implemented an enhanced preadmission screening clinician certification process for CSBs in collaboration with the VACSB, its Emergency Services Council, and the Institute for Law, Psychiatry, and Public Policy at the University of Virginia. The new process enhanced standards for pre-service education, specified levels of required continuing education and clinical supervision, increased standards for those who provide this supervision, and specified a lengthy orientation process prior to certification. The process also increased state oversight and established quality improvement processes. As of July 1, 2017, certified 1,039 preadmission screening clinicians.

- Continued to expand REVIVE!, the opioid overdose reversal program. Provided trainings and distributed naloxone at no cost at three rural access medical clinics during the summer of 2016. The 2017 Session of the General Assembly enacted legislation that allowed certain organizations that meet Board of Pharmacy criteria to distribute naloxone directly at REVIVE! training events. All local health departments now distribute naloxone at no cost, and this effort will be supplemented with federal grant funds through an agreement with the Virginia Department of Health (VDH). Distributed approximately 400 doses of naloxone as a result of this collaboration.

- Received an additional $2.14 million and funded seven providers to serve up to 286 individuals in permanent supportive housing (PSH) in the northern, central, and tidewater regions. PSH is an evidence-based practice that pairs affordable, community-based rental housing with individualized, recovery-focused clinical and rehabilitative services for individuals with serious mental illness who are homeless or at risk of homelessness. By April 2017, these providers had served 211 individuals. Successful housing of these individuals reduces their psychiatric hospitalizations, use of crisis intervention services, and emergency room visits and decreases their criminal justice involvement.

- Sponsored a conference in Roanoke on September 12-13, 2016 for 221 peers and professionals working at CSBs and at state and local agencies and organizations to encourage and support the development of peer services.

- Sponsored a conference in Roanoke on November 30 - December 1, 2016 in collaboration with the Department of Criminal Justice Services for 130 law enforcement officers from around the state. Local and state law enforcement officials have increasingly acknowledged that the severity of the opioid overdose crisis requires community-based strategies beyond traditional law-enforcement approaches. The conference provided information about alternatives to arrest or incarceration, the neurology of addiction, evidence-based treatment and prevention, and alternative law enforcement strategies.

- Worked closely with the Department of Medical Assistance Services (DMAS) to develop a Medicaid substance use disorder waiver that permits provision of treatment services in residential settings with more than 16 beds. As a condition of approving the waiver, CMS required that a complete continuum of treatment services be available to individuals with substance use disorders who are eligible for Medicaid. In order to educate providers about the requirements for each level of care, DBHDS sponsored extensive training of over 800 addiction treatment professionals about the criteria established by the American Society of Addiction Medicine for these levels of care. CMS granted the waiver and the benefit became available on April 1, 2017 to individuals enrolled in Medicaid.

Community Child and Family Behavioral Health Services

- Promoted the STEP-VA model that supports consistent availability statewide of a uniform set of services for children and young adults. State funding of $8.4 million is currently supporting child psychiatry and crisis response services. Plans are underway to increase access to case managers with limited caseloads to assure the needed level of support to vulnerable children and families, including those who are not mandated to receive Comprehensive Services Act services.

- Trained 2,272 clinicians through the DBHDS Children's Behavioral Health Academy. DBHDS developed the Academy in response to a recommendation in its *Report to the General Assembly: A Plan for Children's Behavioral Health Services in Virginia* for an initiative to strengthen the children's behavioral health workforce and increase the availability of licensed clinicians in the public system.

- Successfully applied for two federal grants to supplement state funding for services to children and families. Systems of Care Expansion and Sustainability will provide $11.3 million over four years, and Young Adult Substance Abuse Treatment will provide $3.2 million over four years.

Behavioral Health and Wellness

- Continued the Regional Suicide Prevention Initiative to extend the reach and impact of suicide prevention efforts, afford greater access to suicide prevention resources by affected communities, and leverage and reduce costs for individual localities related to training or other action strategies to prevent suicide. Strategies include conferences on suicide prevention awareness, media campaigns, and trainings that promote best practices to build suicide-safer communities.

- Coordinated adoption of the Zero Suicide Initiative that promotes suicide prevention in health and behavioral health care systems. Served as a liaison with partners to assist in the development and implementation of work plans for their localities and promote best practices across Virginia.

- Implemented the Counter Tools project with all CSBs to provide merchant education and conduct store surveys with every tobacco retailer by June 30, 2018. This project addresses the federal regulation that all states must have a retailer violation rate of less than 20 percent. Virginia's current retailer violation rate is 9.5 percent, down from the previous year's rate of 10.4 percent.

- Strengthened the relationship with the VDH Office of Tobacco Control and presented the Counter Tools project to every health director across the state at their request. Served as the vice chair of the Tobacco Free Alliance of Virginia, a statewide coalition comprised of state departments and non-profit organizations that address tobacco control in Virginia. Selected to be part of the Centers for Disease Control and Prevention's tobacco control academy.

- Partnered with OMNI to help all CSBs identify the priority substance use disorder issues in their communities using data collected through the 2016 Virginia Social Indicator Study, State Epidemiological Outcomes, and local needs assessments conducted in 2017 and develop action plans to address the issues.

- Trained 757 Mental Health First Aid (MHFA) instructors who have trained 31,889 adults and youth in MHFA to date.

Major State Hospital Issues

- State hospital departments of public safety will work toward standardization of policies, practices, and operations. This will include everything from the application process to responses to threats from inside or outside of state hospitals.

- State hospital census pressures continue statewide. The extraordinary barriers to discharge list (EBL) remains around 200 individuals at any given time. Reduction of the EBL and overall census reduction requires an expansion of community-based services.

- DBHDS is working on multiple fronts with private psychiatric hospitals to increase collaboration with them and decrease state hospital census pressures. Fewer private hospitals have responded to solicitations for contracted inpatient services, and DBHDS is seeking to address their needs and concerns and obtain these needed services.

Integration of Behavioral and Primary Health Care

- Seventeen CSBs reported working 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 & Developmental Services Board
  - Horizon Behavioral Health
  - Mount Rogers CSB
  - New River Valley Community Services
  - Norfolk CSB
  - Northwestern CSB
  - Piedmont CSB
  - Planning District One Behavioral Health
  - Prince William County CSB
  - Region Ten CSB
  - Western Tidewater CSB

- Tables 21 and 22 display organizations with which CSBs partnered and the locations of care. The tables display more than 17 responses because some CSBs reported multiple organizations or locations.

Table 21: Organizations With Which CSBs Partnered in FY 2017			
FQHCs	9 CSBs	Local Health Department	2 CSBs
Free Clinics	5 CSBs	Other Organizations	9 CSB

Table 22: Location of Services	**Primary Health Care**	**Behavioral Health Care**
On-Site at CSB	9	15
On-Site at Primary Health Care	13	10
On-Site at Another Organization	1	1

Office of Recovery Support Services

- Trained and certified peer recovery specialists, individuals with lived experience of mental illnesses or substance use disorders:
  - Certified 465 peer recovery specialists as of September 2017;
  - Trained 354 new peer recovery specialists who are eligible for certification; and
  - Currently are training 252 students.

This will result in a trained workforce of over 1,000 peer recovery specialists, and 21 new classes are scheduled by January 2018 for a projected additional 216 students.

- Worked with DMAS and the Department of Health Professions (DHP) to obtain Medicaid reimbursement of services provided by peer recovery specialists. These joint efforts insured that DBHDS regulations for registration of certified peer recovery specialists through the DHP Board of Counseling and subsequent Medicaid reimbursement were in alignment with established best practice guidelines and the code of ethics for peer recovery specialists.

- Offered peer recovery specialists in emergency rooms across the state, and they supported statewide initiatives to reduce the impact of opioid addiction and other substance use disorders and mental illnesses by connecting with their peers at the time of an overdose.

- Identified several major recovery support services issues:
  - Medicaid reimbursement rates do not cover the total costs of peer recovery specialist services;
  - Peer recovery specialists should have opportunities to provide alternative or non-law enforcement transportation for their peers during the TDO process; and
  - Barrier crime legislation remains a hurdle to employing some qualified peer recovery specialists.

Developmental Services Initiatives and Accomplishments

U.S. Department of Justice Settlement Agreement

Virginia is in the sixth year of its 10-year implementation process of the Agreement to improve and expand services and supports for individuals with developmental disabilities (DD) and to create a framework that promotes integration and quality. Information on progress towards compliance with the Agreement and stakeholder feedback is available on the DBHDS web site at http://www.dbhds.virginia.gov/. DBHDS has moved forward substantially with its charge to create an integrated system of care. DBHDS continues to downsize and close four of its five training centers while integrating SEVTC and HDMC as parts of a more comprehensive array of community services. The focus in the final years of implementation will be on enhancements to case management, quality management, and provider development.

Transition of Individuals from Training Centers to Community Homes

- A total of 675 individuals have transitioned from training centers to new homes since October 2011. Of this total, 612 moved to group homes or intermediate care facilities, 23 chose to transfer to another training center, and 40 transferred to a nursing facility, hospital, or out of state to be closer to their families.

- Training center census decreased to 286 on June 30, 2017 from 353 on June 30, 2016, a 19 percent decrease.

- The expected closure date for SWVTC remains June 2018.

Crisis Services for Adults and Children

- Received 999 referrals to the child Regional Education Assessment Crisis Services Habilitation (REACH) crisis program, which is a 458 percent increase over the previous year's 179 referrals.

- Received 1,369 referrals to the adult REACH crisis program, which is a 60 percent increase from the previous year's 854 referrals.

- Started developing two children's crisis therapeutic homes to help families needing out of home crisis stabilization efforts.

- Started developing two adult transitional homes to help reduce lengths of stay at crisis therapeutic homes and in hospitals that are related to inadequate provider capacity.

Integrated Day/Supported Employment Services

- Published two semi-annual reports on employment with 100 percent participation from employment service organizations.

- Validated that 22 percent of individuals with DD who were adults ages 18 through 65 on a Medicaid waiver or the waiver wait list were employed; this was a total of 3,572 individuals who were working.

- Started Medicaid DD Waiver community engagement and coaching services in September. Currently, 1,526 individuals are authorized for community engagement services and 110 individuals are authorized for community coaching services with average authorized hours of 75 hours per month and 88 hours per month respectively.

Medicaid Waiver Services for Individuals with DD

- Implemented Community Living, Family Individual Supports, and Building Independence Waivers on September 1, 2016. Implemented several new services: community engagement, community coaching, private duty nursing, and electronic home based services. Shared living became available in early September 2017. Three other new services will be available once they are approved by CMS.

Community Services

- Diverted 31 out of 240 adults and nine out of 15 children with intellectual or other developmental disabilities referred to or seeking admission to nursing facilities through a

re-vamped Preadmission Screening and Resident Review Process that ensured individuals were placed in the least restrictive environment and produced fewer admissions and more diversions.

- Established three models of dental care through DBHDS' Health Support Network in two of five regions. The models, in varying degrees of operation, served 897 individuals.

- Registered nurse care consultants provided technical assistance for 429 points of contact, conducted 100 region-based nursing meetings, and offered 26 training programs that educated 473 attendees.

- DBHDS' Mobile Rehabilitation Engineering team conducted 685 safety assessments and 1,313 repairs and adjustments across the state.

Individual and Family Supports Program (IFSP)

- Established the IFSP State Council and IFSP Regional Council that adopted charters and provided programmatic recommendations to enhance the operation of the program.

- The councils developed *Virginia's Individual and Family Support Program State Plan for Increasing Supports for Virginians with Developmental Disabilities*. The plan establishes tasks and benchmarks to support Virginia's goal of providing comprehensive supports to individuals on the Medicaid DD Waivers waitlist.

- Approved 2,675 applications out of 3,046 received and disbursed $2,602,325.

Community Living Options-Independent Housing

- 324 individuals covered by the Settlement Agreement moved into independent living under the Housing Choice Voucher Admissions preference and the State Rental Assistance Program bringing the total number to 667 individuals living in their own rental housing in the community since the inception of this program.

- 1,900 individuals attended 71 events and information sessions hosted, sponsored, or co-sponsored by the DBHDS housing team in all five regions to increase interest in independent housing. The intent is to share information about the resources available to help individuals covered by the Settlement Agreement access their own homes in the community.

- Continued working with the Virginia Housing Development Authority to increase affordable housing units for individuals covered by the Settlement Agreement through changes in its Low-Income Housing Tax Credit Program's Qualified Allocation Plan.

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

- Developed *My Own Home*, an independent housing guidebook, to provide information about independent housing options and resources available to individuals covered by the Settlement Agreement.

- Developed a housing assessment tool and a housing action plan to help support coordinators identify barriers to housing early in the process. The plan serves as a template to help coordinators develop action steps to address any identified barriers.

- Produced a series of educational videos with the Arc of Northern Virginia to inform individuals about different housing options that separate housing from services. The videos expose individuals and families to different approaches for organizing housing and support services. Some approaches utilize rental assistance and Medicaid Waiver funded services, while others rely on family-driven housing options or alternative sources of support. The videos are a resource for support coordinators to help build awareness among individuals and families about integrated, independent housing options for individuals covered by the Settlement Agreement.

Provider Development

- Held 29 statewide stakeholder calls related to My Life My Community waiver redesign between July 13, 2016 and March 15, 2017.

- Developed and implemented statewide orientation training requirements and provider competencies on September 1, 2016.

- Trained 1,990 people on person-centered planning methods, DD waiver redesign, and documentation.

- Held ongoing regional information meetings attended by 2,085 provider staff, 443 support coordinators, and 218 CSB waiver experts.

- Provided technical assistance to providers following an audit on 66 occasions.

Quality Management and Development Initiatives and Accomplishments

Human Rights

- On February 9, 2017, the revised human right regulations became effective. These revisions improve the ability of the Office of Human Rights to perform its Code-mandated responsibilities and maximize resources in a manner that promotes the vision of recovery, self-determination, empowerment, and community integration for individuals receiving services.

Quality Management and Risk Management

- Continued development and implementation of a comprehensive quality and risk management program including:
  - a statewide Quality Improvement Committee (QIC) that reports to the commissioner,
  - five Regional Quality Councils (RQCs),
  - a Risk Management Review Committee,
  - a Mortality Review Committee, and
  - a Behavioral Health Quality Committee.

  Assessed services based on the degree to which they are person-centered, support the individual's health and well-being, are provided in the most integrated setting based on the individual's needs and wishes, and support individuals in being included in their communities.

- The Delmarva Foundation for Medical Care presented year one (FY 2016) Quality Service Review (QSR) findings to the QIC, RQCs, and DOJ Settlement Agreement Stakeholder Group. Findings were generally positive; a majority of individuals have their needs met and feel safe in their homes, jobs, and communities. However, reviews noted problems with high staff turnover, limited resources in rural areas, and limited resources for behavioral support. Delmarva completed the year two QSR process in August with 400 person-centered reviews and 50 provider quality reviews.

- Filled four quality improvement positions; they will provide oversight and technical assistance to community providers and case management programs to ensure implementation of a community-based quality improvement and risk management framework and compliance with support coordinator/case management requirements in the Settlement Agreement.

- Expanded into the area of data visualization and began to enable subject matter experts to answer key business questions through interactive mapping and data dashboards. These most recent visualizations support the following business goals:
  - Enabling the public to identify providers in their areas;
  - Ongoing assessment of the geographical distribution of services; and
  - Tracking the locations of participants and trainers of MHFA and Applied Suicide Intervention Skills Training classes.

- Continued implementation of the DBHDS data warehouse, OneSource. It 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:

- Added new data sets including REACH crisis data and Waiver Management System data,
- Collaborated with the Virginia Department of Corrections to support the Governor's rights restoration efforts,
- Fully decommissioned the Intellectual Disability Online System from data warehouse loads,
- Developed data quality standard reporting,
- Created specialty analytical extracts to support improved services to veterans,
- Geocoded several thousand provider locations,
- Added or amended several dozen reports to support human rights and licensing operations, and
- Initiated loading data from external partners, including birth and death data from VDH and jail data from the State Compensation Board Local Inmate Data System.

Administrative Initiatives and Accomplishments

Human Resources Management

- Completed the design of a coherent 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 people participated in the five-day March 2017 Virginia Public Sector Leadership Certificate (VPSL II) program. This annual training opportunity enhances leadership and supervision competencies for middle managers and is a component of DBHDS' leadership development program, System LEAD. The program nurtures high potential employees and builds on retention and succession planning activities. To date 75 people have completed the program. For the first time, the 2017 VPSL II offering included six employees from the Hanover County, Mount Rogers, Alleghany Highlands, and Fairfax-Falls Church CSBs.

- Thirty participants attended the five day June 2017 VPSL I program, bringing the cumulative total of DBHDS employees completing this program to 60. Each VPSL level contains five core elements: emotional intelligence, management functions, leadership and decision-making, team building and influence, and strategic process. The VPSL I annual training opportunity enhances leadership and supervision competencies for middle managers in DBHDS. This program also nurtures high potential employees and builds on retention and succession planning activities.

- Twenty-two DBHDS employees will complete System LEAD in November 2017. This is a long-term organizational strategy that clearly defines a leader's roles, abilities, and pathway to improvement. The nine-month program is offered annually and instructs leaders on effective management principles and skills for successful agents of change in the public sector. To date 50 employees have completed System LEAD programs. DBHDS opened the program this year to CSBs.

- Conducted two provider training sessions in the effective use of interpreters in counseling and therapy; 56 behavioral health providers completed the four-hour training. Having an interpreter is vital for effective and accurate communication between the provider and an individual with limited English proficiency who is receiving services. This effort supports behavioral health providers in their practice and strengthens the delivery of mental health services to individuals in minority and limited English populations.

- Provided 24-hour qualified bilingual staff training in health interpreting using the Kaiser Permanente model to 48 participants who work in health and mental health settings and who speak another language than English. This adds to over 200 trained interpreters in health and mental health programs across the state. The training equips staff who sometimes serves as interpreters for individuals who are limited English proficient.

- Established another mental health referral network, so now there are six networks in the state. They 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 health disorders. 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.

- Offered four training sessions across the state on cultural and linguistic competence information delivered by cultural and linguistic competence certified trainers to 180 participants representing agency executives, behavioral health service providers, direct service professionals, community leaders, and volunteers. This information is needed to meet compliance standards under Title V1 of the Civil Rights Act of 1964, the Americans With Disabilities Act, Executive Order 13166, and Enhanced CLAS Standards and to support diversity efforts and health equity across the state.

- Increased the number of participants in the Peer Leaders Program from 13 during the pilot program to over 40 this school year. DBHDS established this program in 2015 in collaboration with James Madison University's Center for International Stabilization and Recovery and the Church World Service Immigration and Refugee Office. It provides support services to recently-arrived students from refugee families with the goal of reducing stress related to the transition to a new community. The program helps students build a peer network quickly, feel welcomed and accepted in the school environment, accelerate social integration, improve academic acclimatization, keep from incurring disciplinary offenses, and improve their emotional and psychological health. DBHDS hired a part time peer adviser to support the program.

- Provided question, persuade, and refer (QPR) training for refugee gatekeepers to 24 people to strengthen the mental wellness of refugees. Gatekeepers included resettlement case managers, ESL teachers, ethnic community-based organization members, behavioral health providers, and volunteers who come into regular contact with refugees. The QPR refugee gatekeeper training is offered in Arabic, Amharic, Dari, Spanish, and Tagalog.

Architecture and Engineering

- Started design work for a 56-bed expansion of WSH.
- Began design work for temporary overflow accommodations at VCBR.
- Implemented Advanced Information Management (AIM) project management software to improve financial management of capital projects. AIM is a software suite for property, property asset, and maintenance information management.
- Provided information to assist development of a strategic plan for DBHDS that would refine the state facilities master plan and more clearly identify capital budget priorities.

Fiscal and Grants Management

- Implemented the FY 2017 Cardinal financial management system. Implementation of a new statewide financial system was a unique challenge that forged a special bond among finance and administration staffs across state government who attended one-day training sessions. Hundreds of staff continued the learning past the go-live date in February 2017.

Systemic Outcome and Performance Measures

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 of adults in mental health case management services
2. Intensity of engagement of adults in substance use disorder outpatient services
3. Intensity of engagement of children in mental health case management services

4. Retention of individuals in community substance use disorder services for three months
5. Retention of individuals in community substance use disorder 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

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 measure
19. Day activity measure

Training Center Measure

20. Change in training center census

Appointments of Individuals and Family Members to CSBs

Section 37.2-501 of the Code requires one-third of appointments to CSB boards of directors 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 who are receiving or have received services and 54 family members served on boards out of 490 appointed board members or 11.43 percent of all appointments.

Over the intervening 26 years, the number of individual and family member appointments to CSBs has increased by 286 percent. In FY 2017, CSBs reported there were 72 individuals who are receiving (22) or who have received (50) services and 144 family members out of 486

appointed board members. These 216 individuals or family members represent 44 percent of all filled appointments. However, appointments to 13 CSBs did not meet the requirement for one-third of the members being individuals receiving services or family members, and 20 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 a CSB, and some CSBs may have little opportunity to affect appointments to their boards.

Systemic Oversight: Licensing Service Providers

DBHDS licenses public and private providers of mental health, developmental, substance use disorder, and residential brain injury services pursuant to § 37.2-403 et seq. of the Code. The Office of Licensing:

- ensures providers adhere to regulatory standards for health, safety, service provision, and individual rights;
- conducts an unannounced inspection every year of each service;
- 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 initially collects information on and investigates the deaths of all individuals with developmental disabilities that occur in licensed providers. The DBHDS Mortality Review Committee examines this information as required by the Settlement Agreement. The office also reviews over 700 reports of serious incidents, including deaths and serious injuries, which providers report to DBHDS daily. A review of serious incidents includes reading reports from providers, following up with providers, launching investigations, obtaining and collecting information, finalizing investigations, issuing corrective action plans, and following up with providers on corrective action plans.

The office also assists in the development of and licenses all new providers of Medicaid Addiction and Recovery Treatment Services (ARTS) Waiver services. During FY 2017, the office licensed 92 new substance use disorder service provider locations. In response to the DMAS initiative to change its children's residential services requirements, the office started licensing children's residential facilities. The Virginia Department of Social Services previously licensed these facilities, and the office is working to transition them to DBHDS licensed facilities for reimbursement purposes. In response to the redesigned Medicaid DD Waivers, the office licensed new providers, transitioned licensing of supported employment providers from the Department for Aging and Rehabilitative Services to DBHDS, and developed guidance and crosswalks on reimbursement options with DBHDS licenses. With the significant expansion in Medicaid providers, the office has experienced a tremendous workload increase, particularly for children's mental health services and Medicaid DD Waiver services. Many providers offer more than one licensed service, often at several different licensed locations. Currently, there is a waiting list of over 300 applicants to become licensed providers. More information about the office's activities is available on the DBHDS web site at http://www.dbhds.virginia.gov/ on the Office of Licensing page. The following tables depict the office's activities and the significant increase in its workload.

Table 24: Overview of Licensing Statistics in FY 2017							Change From FY 2012
Statistic	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	
Licensed Providers	744	844	917	965	1,041	1,053	+41.5%
Licensed Services	1,860	2,038	2,218	2,319	2,608	2,818	+51.5%
Licensed Locations	6,302	7,063	7,519	8,290	8,447	9,158	+45.3%

Table 25: New Providers Licensed by DBHDS in FY 2017			
Services	Number	Services	Number
Inpatient Services	14	Crisis Stabilization Services	49
Methadone/Inpatient Detox Services	32	Residential Treatment Services	17
Intensive Outpatient Services	37	Children's Residential Services	11
Intensive In-Home Services	39	Group Home Services	87
Intensive Community Treatment Services	9	Supervised Living Services	8
Therapeutic Day Treatment Services	45	Sponsored Home Services	13
Psychosocial Rehabilitation Services	16	In-Home Support Services	44
Day Support Services	213	Autism Services	0
Mental Health Support Services	84	Total Conditional Licenses	718

Per DBHDS Licensing Regulations, all new providers receive conditional licenses. The 718 new providers represent a 63.2 percent increase over the 440 new providers in FY 2016.

Table 26: FY 2017 Licensing Inspections and Visits Conducted by DBHDS	
Type of Visit	Number
Unannounced Complaint Investigation	94
Consultation	604
Department of Justice Unannounced Visit or Consultation	29
Other DOJ-Related Visits	1,849
Unannounced Visits	539
Service Modification Visits	908
Other Types Of Visits	1,031
In-Office Reviews	2,405
Other Licensing-Related Activities	269
Total Licensing Inspections	7,728

The office did not revoke or suspend any licenses in FY 2017, but it issued six provisional licenses in response to issues with those providers.

Systemic 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 on the DBHDS web site at http://www.dbhds.virginia.gov/ on the human rights page.

This year, 218,121 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 1,133 human rights complaints filed in community programs, and 212 complaints (18.7 percent of the total) resulted in violations being determined.

- Over 98.9 percent of complaints were resolved at or below the program director level.

- There were 8,761 allegations of abuse, neglect, or exploitation filed, and 1,083 (12.4 percent of the total) were founded. All founded allegations were resolved at or below the program director level.

Table 27: FY 2017 Human Rights Data Reported by Community Providers			
Total Number of Human Rights Complaints			1,133
Numbers of Complaints Finally Resolved at the Following Levels			
Director and Below	1,121	State Human Rights Committee	6
Local Human Rights Committee	6	DBHDS Commissioner	0
Number of Complaints That Did Not Result in a Violation Being Determined			921
Number of Complaints That Resulted in a Violation Being Determined			212
Total Number of Allegations of Abuse, Neglect, or Exploitation			8,761
Total Number of Founded Allegations of Abuse, Neglect, or Exploitation			1,083
Numbers of Founded Allegations Resolved at the Following Levels			
Director and Below	1,083	State Human Rights Committee	0
Local Human Rights Committee	0	DBHDS Commissioner	0
Numbers of Founded Allegations by Type			
Physical Abuse	124	Exploitation	20
Verbal Abuse	48	Neglect	837
Sexual	7	Other	47

This year, 7,177 individuals received services in state facilities.

- There were 1,950 human rights complaints filed in state facilities, and 155 complaints (7.9 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 2,141 allegations of abuse, neglect, or exploitation filed in state facilities, and 107 (5.0 percent of the total) were determined to be founded. All founded allegations were resolved at or below the director level.

Table 28: FY 2017 Human Rights Data Reported by State Facilities				
Total Number of Human Rights Complaints				1,950
Numbers of Complaints Resolved at The Following Levels				
Director and Below	1,947	State Human Rights Committee	0	
Local Human Rights Committee	3	DBHDS Commissioner	0	
Number of Complaints That Did Not Result in a Violation Being Determined				1,795
Number of Complaints That Resulted in a Violation Being Determined				155
Total Number of Allegations of Abuse, Neglect, or Exploitation				2,141
Total Number of Founded Allegations of Abuse, Neglect, or Exploitation				107
Numbers of Founded Allegations Resolved at the Following Levels				
Director and Below	107	State Human Rights Committee	0	
Local Human Rights Committee	0	DBHDS Commissioner	0	
Numbers of Founded Allegations by Type				
Physical Abuse	34	Exploitation	1	
Verbal Abuse	20	Neglect	48	
Sexual	1	Other	3	

Conclusion

In response to Item 313.J of the 2017 Appropriation Act and § 37.2-304 of the Code, DBHDS is pleased to submit its seventh annual report. The report 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.