



COMMONWEALTH of VIRGINIA

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DEPARTMENT OF
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December 9, 2018

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 310.J. of the 2018 *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 310.J. Staff at the department are available should you wish to discuss this request.

Sincerely,

A handwritten signature in cursive script that reads "S. Hughes Melton" with a small mark at the end.

S. Hughes Melton, MD, MBA

Enc.

Cc: The Honorable Daniel Carey, M.D.
Marvin Figueroa
Susan Massart
Mike Tweedy



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December 9, 2018

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

Dear Delegate Jones:

Item 310.J. of the 2018 *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 9, 2018

The Honorable Ralph S. Northam, Governor
Commonwealth of Virginia
Patrick Henry Building
P.O. Box 1475
Richmond, VA 23218

Dear Governor Northam:

Item 310.J. of the 2018 *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 310.J. Staff at the department are available should you wish to discuss this request.

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S. Hughes Melton, MD, MBA

Enc.

Cc: The Honorable Daniel Carey, M.D.
Marvin Figueroa
Susan Massart
Mike Tweedy



Fiscal Year 2018 Annual Report (Item 310.J)

December 1, 2018

DBHDS Vision: A Life of Possibilities for All Virginians

DBHDS Fiscal Year 2018 Annual Report

Preface

Item 310.J of the 2018 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 for the preceding fiscal 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.

Subsection 12 of § 37.2-304 of the Code of Virginia establishes 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.

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Virginia's Public Behavioral Health and Developmental Services System

Virginia's public behavioral health and developmental services system provides services to individuals with mental illness, developmental disabilities, or substance use disorders through state-operated state hospitals and training centers, hereafter referred to as state facilities, and 39 community services boards and one behavioral health authority, hereafter referred to as CSBs.

While not part of the Department of Behavioral Health and Developmental Services (DBHDS), locally-operated CSBs are key operational partners. 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. Virginia's 133 cities or counties established CSBs pursuant to Chapter 5 or 6 of Title 37.2 of the Code of Virginia (Code). DBHDS negotiates a performance contract with each CSB for the provision of services, provides state funds, monitors, licenses, regulates, and provides leadership, guidance, and direction to 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, Northern Virginia Mental Health Institute (NVMHI) in Falls Church, Piedmont Geriatric Hospital (PGH) in Burkeville, 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, nursing, psychological, psychosocial rehabilitation, support, and specialized programs for older adults, children and adolescents, and individuals with a forensic status. DBHDS provides rehabilitation services at the Virginia Center for Behavioral Rehabilitation (VCBR) in Burkeville for persons determined to be sexually violent predators. DBHDS provides medical services at the Hiram Davis Medical Center (HDMC) in Petersburg for individuals in state facilities.

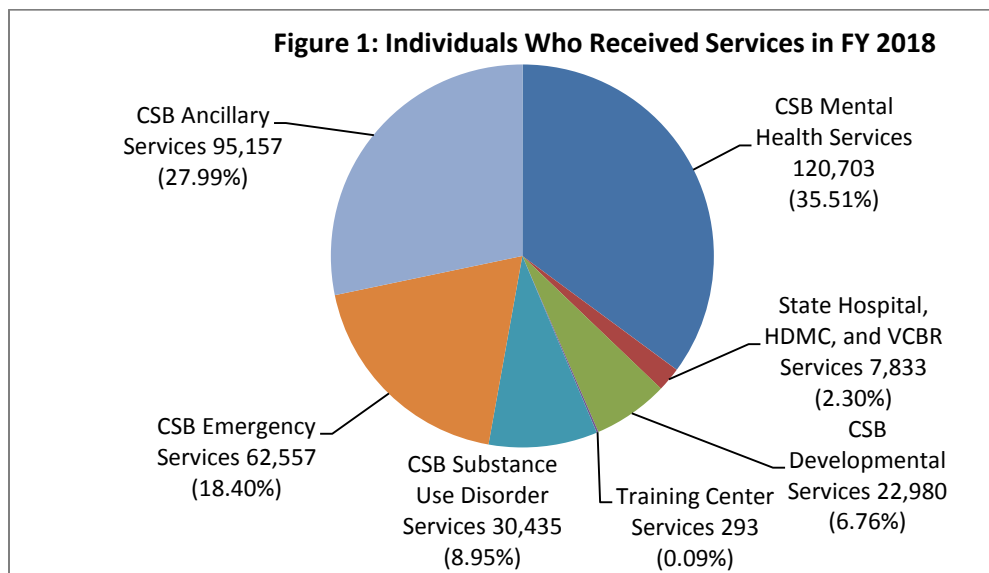
In FY 2018, DBHDS operated three training centers to serve individuals with intellectual disability: Central Virginia Training Center (CVTC) in Lynchburg, scheduled to close in 2020; Southeastern Virginia Training Center (SEVTC) in Chesapeake, will remain open; and Southwestern Virginia Training Center (SWVTC) in Hillsville, closed in July 2018. DBHDS previously closed Southside Virginia Training Center (SVTC) in Petersburg and Northern Virginia Training Center (NVTC) in Fairfax. 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. 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, below, displays the declining census trend for 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	June 30 2018 Census	Decrease 2000 to 6/30/2018
	2000 Census	2010 Census								
SVTC	465	267	201	114	0	0	0	0	0	100%
NVTC	189	170	153	135	106	57	0	0	0	100%
SWVTC	218	192	173	156	144	124	97	70	16	93%
CVTC	679	426	350	301	288	233	191	144	86	87%
SEVTC	194	143	106	84	75	69	65	72	72	63%
Totals	1,745	1,198	983	790	613	483	353	286	174	90%

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 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 2018, a total of 219,815 unduplicated individuals received services in the public behavioral health and developmental services system: 218,894 received services from CSBs, 8,116 received services in state facilities, and many individuals received services from both. Figure 1, below, 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.



Notes: 1) The DBHDS "OneSource" data warehouse identifies uniquely each individual who receives services. These figures are unduplicate: If an individual received services at more than one CSB or at CSBs and state facilities, the individual is counted only once. 2) Individuals in Figure 1 total more than the unduplicated number of 219,815 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, below, displays 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 the 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 (it is found on the DBHDS website at www.dbhds.virginia.gov/ in the Performance Contract Resources section).

Table 2: Individuals Who Received CSB or State Facility Services in FY 2018					
Total Emergency Services	62,557	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, 10,929 individuals participated in these services.			
Motivational Treatment Services	4,274				
Consumer Monitoring Services	16,145				
Early Intervention Services	2,574				
Assessment and Evaluation Services	82,592				
Total Ancillary Services¹	95,157				
Services Available in Program Areas¹		MH	DV	SUD	Total²
Training Center ICF/ID Services			293		293
State Hospital ICF/Geriatric Services	519				519
CSB MH or SUD Inpatient Services	2,478			10	2,488
CSB SUD Inpatient Medical Detox Services				279	279
State Hospital Acute Psychiatric Inpatient Services	4,181				4,181
State Hospital Extended Rehabilitation Services	2,088				2,088
State Hospital Forensic Services	1,369				1,369
HDMC ³					85
VCBR ³					480
Total CSB Inpatient Services¹	2,478			289	2,760
Total State Facility Inpatient Services¹	7,833		293		8,116
Outpatient Services	54,865		25	22,086	73,140
Medical Services	73,166		205	1,915	74,707
Intensive Outpatient Services				3,270	3,270
Medication Assisted Treatment				3,152	3,152
Assertive Community Treatment	2,494				2,494
Total Outpatient Services¹	99,609		229	25,610	117,258
Total Case Management Services	61,512		20,560	9,006	89,042
Day Treatment or Partial Hospitalization	5,459			605	6,061
Ambulatory Crisis Stabilization Services	2,584		778		3,250
Rehabilitation or Habilitation	4,328		2,839	40	7,193
Total Day Support Services¹	11,932		3,594	645	16,062
Sheltered Employment	12		472		484
Individual Supported Employment	1,416		1,090	60	2,557
Group Supported Employment	53		706		759
Total Employment Services¹	1,461		2,160	60	3,666
Highly Intensive Residential Services	61		266	2,958	3,271
Residential Crisis Stabilization Services	4,857		279	248	5,351
Intensive Residential Services	246		641	1,669	2,555
Supervised Residential Services	1,098		588	365	2,044
Supportive Residential Services	3,615		975	126	4,703
Total Residential Services¹	9,356		2,675	4,159	15,631

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

Figures in the preceding table include 13,493 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 20,560 individuals who received developmental case management services from CSBs. Figures in the table also include 2,478 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, including Figure 2 and Table 3 below, which show the ages of people served by CSBs in FY 2018.

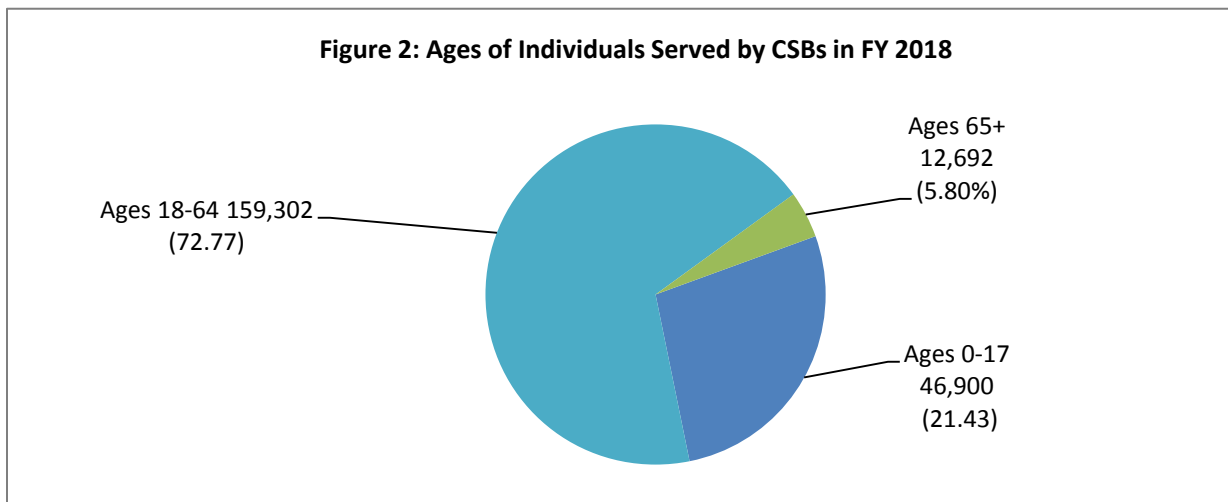


Table 3: Ages of Individuals Who Received Services From CSBs in FY 2018

Ages	MH Services	DV Services	SUD Services	Emergency	Ancillary
0 – 12	15,689 (13.0%)	2,219 (9.6%)	14 (<0.0%)	2,892 (4.6%)	9,651 (10.1%)
13 – 17	16,119 (13.4%)	1,649 (7.2%)	617 (2.0%)	6,977 (11.2%)	11,453 (12.1%)
18 – 64	81,722 (67.7%)	17,664 (76.9%)	29,179 (95.9%)	48,022 (76.8%)	70,880 (74.5%)
65+	7,165 (5.9%)	1,447 (6.3%)	620 (2.0%)	4,631 (7.4%)	3,158 (3.3%)
Unknown	8 (< 0%)	1 (< 0%)	5 (< 0%)	35 (< 0%)	15 (< 0%)
Total	120,703 (100%)	22,980 (100%)	30,435 (100%)	62,557 (100%)	95,157 (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, below, contains data about the numbers of individuals with Alzheimer’s Disease or related dementias who received services from CSBs or state facilities.

Diagnosis	In CSB MH Services	In All CSB Services	In State Hospitals	In All State Facilities
Individuals 18 - 64	81,722	159,302	5,906	6,574
Other Dementias	34	51	15	15
Alzheimer’s	239	357	94	98
Dementia	273	379	49	56
Unduplicated Total	526	764	145	155
Percent of 18 - 64	0.64%	0.48%	2.46%	2.36%
Individuals 65+	7,165	12,692	774	931
Other Dementias	92	168	134	139
Alzheimer’s	285	583	204	216
Dementia	120	173	54	57
Unduplicated Total	465	879	313	328
Percent of 65+	6.49%	6.93%	40.44%	35.23%

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

Race	Total	Race	Total
Alaska Native	142	American Indian or Alaska Native & White	286
American Indian	475	Asian and White	510
Black or African American	60,505	Black or African American and White	4,763
White	127,293	American Indian or Alaska Native and Black	208
Other	10,659	Other Multi-Race	2,977
Asian	3,444	Unknown	7,439
Hawaiian or Pacific Islander	193	Total Unduplicated Individuals	218,894

Table 6, below, contains data about individuals of Hispanic origin who received CSB services. Of the 218,894 unduplicated individuals who received CSB services, 17,902 identified themselves as having a Hispanic origin, 8.18 percent of the total unduplicated individuals.

Puerto Rican	1,649	Other Hispanic	10,366
Mexican	1,560	Hispanic – Specific Origin Not Specified	4,119
Cuban	208	Total Number of Individuals	17,902

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

Table 7: Gender of Individuals Who Received CSB Services in FY 2018				
Female	100,782	Unknown	166	Total Unduplicated Individuals Receiving CSB Services: 218,894
Male	117,946	Not Collected	0	

Table 8, below, 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 2018			
Total Unduplicated Adults	88,887	Total Unduplicated Children	31,808
Adults with SMI	60,175	Children with or At-Risk of SED	25,516
Percent of Total	67.70%	Percent of Total	80.22%

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 2018				
Program Area	All Services	MH Services	DV Services	
Unduplicated Individuals Served	218,894	120,703	22,980	
Individuals With ASD	11,379	5,647	5,208	
Percent of Unduplicated Individuals	5.20%	4.68%	22.66%	

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 2018						
Employment Status	MH	DV	SUD	Emergency	Ancillary	Undupl. ¹
Total Adults Who Received Services	88,887	19,111	29,799	52,653	74,038	171,994
Employed Full-Time (35+ hours)	8,324	230	6,287	4,961	9,667	19,083
Employed Part-Time (<35 hours)	8,721	1,595	3,494	3,424	7,138	15,335
Subtotal Employed (full+part-time)	17,045	1,825	9,781	8,385	16,805	34,418
In Supported Employment	474	1,266	38	98	474	1,590
In Sheltered Employment	227	662	23	30	176	746
Total Adults Employed	17,746	3,753	9,842	8,513	17,455	36,754
Percent of Total Adults	19.97%	19.64%	33.03%	16.17%	23.58%	21.37%
Unemployed	16,829	1,399	9,339	8,833	16,207	30,129
Not in Labor Force	50,153	13,267	8,879	22,538	30,299	81,396
Unknown/Not Collected	4,159	692	1,739	12,769	10,077	23,715
Total Unemployed	71,141	15,358	19,957	43,020	51,273	135,240
Percent of Total	80.03%	80.36%	66.97%	83.83%	76.42%	78.63%

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.

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

Type of Residence	MH	DV	SUD	Emergency	Ancillary	Undupl ²	% Total
Total Unduplicated Individuals	120,703	22,980	30,435	62,557	95,157	218,894	100.00%
Private Residences/Households	99,495	15,908	24,307	39,621	71,257	161,348	73.71%
Community Placements ¹	7,262	5,466	890	2,350	3,789	12,477	5.70%
Jails and Prisons	2,338	20	1,488	3,141	3,950	7,876	
Juvenile Detention Centers	642	3	43	207	536	1,037	
Inpatient/ Nursing Home Beds	620	167	18	501	301	1,075	
Other Institutions	391	263	90	201	402	878	
Total Institutional Settings	3,991	453	1,639	4,050	5,189	10,866	4.96%
Homeless/Homeless Shelters	3,495	66	1,423	2,661	4,013	6,011	2.75%
Unknown or Not Collected	6,460	1,087	2,176	13,875	10,909	28,192	12.88%

¹ Boarding, foster, or family sponsor homes; licensed assisted living facilities; shelters; community residential programs; and residential treatment 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.

Code	Consumer Designation	Individuals
905	Mental Health Mandatory Outpatient Treatment (MOT) Orders	331
910	Discharge Assistance Program (DAP)	1,420
915	Mental Health Child and Adolescent Services Initiative	2,454
916	Mental Health Services for Children in Juvenile Detention Centers	2,581
918	Program of Assertive Community Treatment (PACT)	2,368
919	Projects for Assistance in Transition from Homelessness (PATH)	2,140
920	Medicaid Developmental Disability (DD) Waiver Services	13,493
933	Substance Use Disorder Medication Assisted Treatment	1,564
935	Substance Use Disorder Recovery Support Services	975

Table 13 contains insurance data about numbers of individuals who received CSB services.

Services:	MH Services	DV Services	SUD Services	Emergency	Ancillary	Undupl.
Total Individuals	120,703	22,980	30,435	62,557	95,157	218,894
On Medicaid	85,300	20,943	13,669	28,736	50,397	126,215
Percent of Total	70.67%	91.14%	44.91%	45.94%	52.96%	57.66%
Other Insurance	17,841	1,079	4,256	9,537	13,163	30,441
Percent of Total	14.78%	4.69%	13.98%	15.24%	13.83%	13.91%
Uninsured	17,148	931	11,940	23,790	30,817	60,799
Percent of Total	14.21%	4.05%	39.23%	38.03%	32.38%	27.78%

¹ Percents do not total 100% due to small numbers of unknowns (e.g., 1,439 for Undupl. column).

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 Facilities¹ in FY 2018				
Emergency Services	497.80 FTEs	Early Intervention Services		17.30 FTEs
Motivational Treatment Services	18.50 FTEs	Assessment and Evaluation		276.21 FTEs
Consumer Monitoring Services	96.27 FTEs	Total Ancillary Services		408.28 FTEs
Services in Program Areas	MH	DV	SUD	Totals
Training Center ICF/ID Services		281.00 Beds		281.00 Beds
State Hospital ICF/Geriatric Services	203.00 Beds			203.00 Beds
CSB MH or SUD Inpatient Services	51.58 Beds		1.17 Beds	52.75 Beds
CSB SUD Inpatient Medical Detox			4.02 Beds	4.02 Beds
State Hospital Acute Inpatient	462.00 Beds			462.00 Beds
State Hospital Extended Rehab	451.00 Beds			451.00 Beds
State Hospital Forensic Services	375.00 Beds			375.00 Beds
HDMC ³				84.00 Beds
VCBR ³				450.00 Beds
Total CSB Inpatient Services	51.58 Beds		5.19 Beds	56.77 Beds
Tot. St. Facility Inpatient Services	1,491.00 Beds	281.00 Beds		2,025.00 Beds
Outpatient Services	511.64 FTEs	0.53 FTEs	261.13 FTEs	773.30 FTEs
Medical Services	330.14 FTEs	3.61 FTEs	9.20 FTEs	342.95 FTEs
Intensive Outpatient Services			83.41 FTEs	83.41 FTEs
Medication Assisted Treatment			58.28 FTEs	58.28 FTEs
Assertive Community Treatment	318.38 FTEs			318.38 FTEs
Total Outpatient Services	1,160.16 FTEs	4.14 FTEs	412.02 FTEs	1,576.32 FTEs
Case Management Services	1,144.49 FTEs	631.85 FTEs	109.02 FTEs	1,885.36 FTEs
Day Treatment/ Part. Hospitalization	3,095.00 Slots		37.00 Slots	3,132.00 Slots
Ambulatory Crisis Stabilization	74.63 Slots	29.00 Slots		103.63 Slots
Rehabilitation/Habilitation	2,186.00 Slots	2,353.70 Slots	20.00 Slots	4,559.70 Slots
Total Day Support Services	5,355.63 Slots	2,382.70 Slots	57.00 Slots	7,795.33 Slots
Sheltered Employment	13.00 Slots	368.80 Slots		381.80 Slots
Group Supported Employment	8.00 Slots	587.00 Slots		595.00 Slots
Total Employment Slots	21.00 Slots	955.80 Slots		976.80 Slots
Individual Supported Employment	38.08 FTEs	37.27 FTEs	0.80 FTEs	76.15 FTEs
Highly Intensive Residential Services	43.00 Beds	262.86 Beds	101.85 Beds	407.71 Beds
Residential Crisis Stabilization	184.90 Beds	36.00 Beds	6.38 Beds	227.28 Beds
Intensive Residential Services	204.53 Beds	653.75 Beds	295.57 Beds	1,153.85 Beds
Supervised Residential Services	853.66 Beds	481.23 Beds	97.17 Beds	1,432.06 Beds
Total Residential Beds	1,286.09 Beds	1,433.84 Beds	500.97 Beds	3,220.90 Beds
Supportive Residential Services	321.69 FTEs	196.01 FTEs	6.10 FTEs	523.80 FTEs
Prevention Services	22.18 FTEs	0.25 FTEs	149.32 FTEs	171.75 FTEs

¹ Source: State facility operational capacities in 6/28/2018 weekly census report.

² 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 2018			
Emergency Service Hours	400,143	Early Intervention Services	21,401
Motivational Treatment Services	29,785	Assessment and Evaluation Services	299,475
Consumer Monitoring Services	107,825	Total Ancillary Service Hours	458,486
Services in Program Areas	MH	DV	SUD
Training Center ICF/ID Services		87,658	
State Hospital ICF/Geriatric Services	72,483		
CSB MH or SUD Inpatient Services	19,034		201
CSB SUD Inpatient Medical Detox			1,547
State Hospital Acute Inpatient Services	148,211		
State Hospital Extended Rehabilitation	147,627		
State Hospital Forensic Services	116,574		
HDMC ¹			
VCBR ¹			
Total CSB Inpatient Bed Days	19,034		1,748
Total State Facility Bed Days	484,895	87,658	
Outpatient Services	498,495	299	410,720
Medical Services	280,336	4,677	4,469
Intensive Outpatient Services			155,459
Medication Assisted Treatment			131,463
Assertive Community Treatment	286,600		
Total Outpatient Service Hours	1,065,431	4,976	702,111
Case Management Service Hours	1,069,285	618,781	103,787
Day Treatment or Partial Hospitalization	2,581,371		35,767
Ambulatory Crisis Stabilization Services	86,622	15,797	
Rehabilitation or Habilitation	2,263,942	2,550,041	16,501
Total Day Support Service Hours	4,931,935	2,565,838	52,268
Sheltered Employment	2,484	59,026	
Group Supported Employment	1,856	146,482	
Total Employment Days of Service	4,340	205,508	
Supported Employment Service Hours	26,072	45,338	
Highly Intensive Residential Services	10,145	89,565	25,270
Residential Crisis Stabilization Services	47,947	8,179	1,697
Intensive Residential Services	68,179	212,723	78,639
Supervised Residential Services	258,158	158,657	26,206
Total Residential Bed Days	384,429	469,124	131,812
Supportive Residential Services Hours	364,180	343,986	2,079
Prevention Service Hours	29,559	2,229	182,655

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

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).

Table 16: FY 2018 CSB, State Facility, and DBHDS Central Office Staffing (FTEs)	Direct Care Staff	Peer Staff	Support Staff	Total Staff
CSB Mental Health Services	4,666.78	100.17	784.52	5,551.47
State Hospitals	2,642.00	9.00	1,244.00	3,895.00
Total Mental Health Service FTEs	7,308.78	109.17	2,028.52	9,446.47
CSB Developmental Services	3,760.69	30.00	527.93	4,318.62
Training Centers	603.00	0.00	210.00	813.00
Total Developmental Service FTEs	4,363.69	30.00	737.93	5,131.62
HDMC FTEs	132.00	0.00	25.00	157.00
VCBR FTEs	410.00	0.00	66.00	476.00
CSB Substance Use Disorder Service FTEs	1,006.70	66.46	268.15	1,341.31
CSB Emergency & Ancillary Service FTEs	956.16	27.99	151.06	1,135.21
CSB Administration FTEs	0.00	0.00	1,373.28	1,373.28
DBHDS Central Office (CO) FTEs	0.00	0.00	437.00	437.00
Total CSB Full-Time Equivalents	10,390.33	224.62	3,104.94	13,719.89
Total State Facility and CO FTEs	3,787.00	9.00	1,982.00	5,778.00
Total State and CSB FTEs	14,177.33	233.62	5,086.94	19,497.89

Note: 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 available personnel resources. Peer staff are receiving or have received services and are employed as peers to deliver services. CSB numbers include only FTEs in programs CSBs directly operate; the table does not include FTEs in contract agencies.

Funds Received by CSBs and DBHDS

Figure 3, below, 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. Figures 3 and 4 (preceding page) do not include direct Medicaid payments to private providers or Part C funds. DBHDS submits a report on Part C services to the General Assembly.

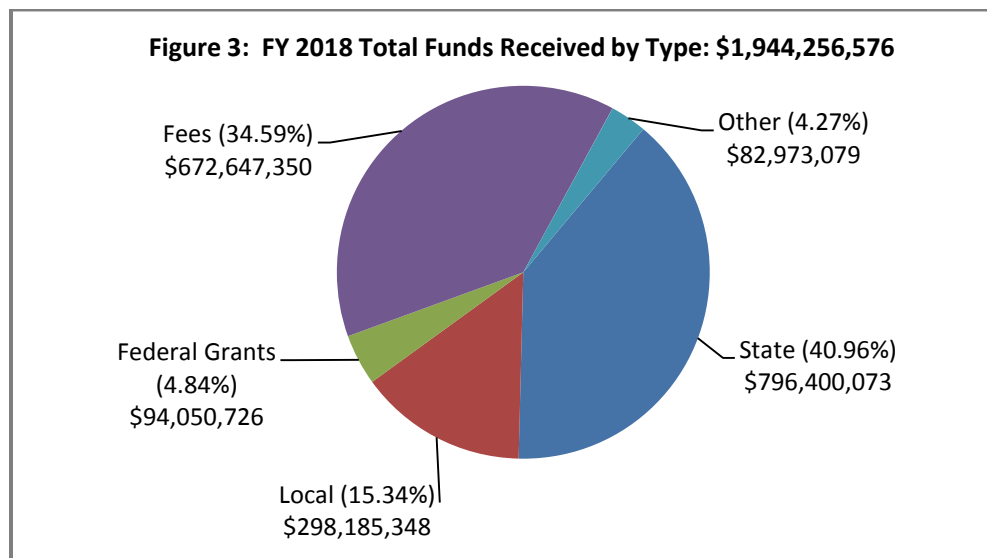
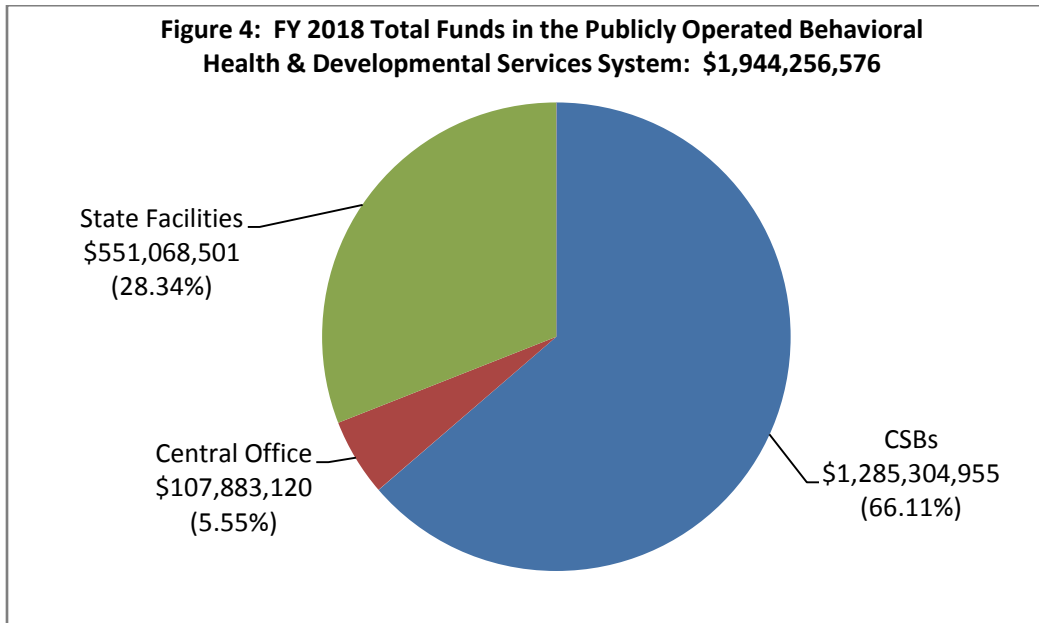


Figure 4, below, depicts funds in the publicly operated behavioral health and developmental services system for CSBs, state facilities, and the central office and the respective percentages.



CSBs reported receiving more than \$1.3 billion from all sources to provide community-based services for 218,894 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 2018 CSB Funds Received by Program Area

Funding Source	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Funds	Percent of Total
State Funds	\$255,622,592	\$45,609,850	\$50,690,183	\$351,922,625	27.38%
Local Funds	\$159,162,181	\$106,478,774	\$32,544,393	\$298,185,348	23.20%
Medicaid Fees	\$197,946,400	\$224,561,914	\$8,710,380	\$431,218,694	33.55%
Other Fees	\$46,819,119	\$14,529,603	\$12,395,732	\$73,744,454	5.74%
Federal Funds	\$13,575,536	\$0	\$53,142,585	\$66,718,121	5.19%
Other Funds	\$40,669,305	\$14,625,360	\$8,221,048	\$63,515,713	4.94%
Total Funds	\$713,795,133	\$405,805,501	\$165,704,321	\$1,285,304,955	100.00%
Percent of Total	55.54%	31.57%	12.89%	100.00%	

State facilities received \$551 million from all sources to provide facility-based services for 8,116 individuals; Table 18, below, displays specific amounts of funds.

Funding Source	State Hospitals	Other State Facilities ²	Training Centers	Total Revenues	Percent of Total
State General Funds	\$310,372,262	\$40,681,843	\$27,387,637	\$378,441,742	68.67%
Federal Funds	\$75,500	\$0	\$15,000	\$90,500	0.02%
Medicaid	\$31,843,547	\$17,897,630	\$96,694,571	\$146,435,748	26.57%
Medicare	\$12,072,952	\$379,062	\$969,891	\$13,422,251	2.44%
Commercial Insurance	\$4,358,767	\$87	\$750	\$4,359,604	0.79%
Private Payments	\$2,721,969	\$136,191	\$608,439	\$3,466,599	0.63%
Other Revenues	\$2,399,053	\$268,367	\$2,184,637	\$4,852,057	0.88%
Total Revenues	\$363,844,050	\$59,363,526	\$127,860,925	\$551,068,501	100.00%
Percent of Total	66.03%	10.77%	23.20%	100.00%	

¹ This table does not include total funds of \$107,883,120 for the DBHDS central office: \$66,035,706 of state general funds, \$14,605,309 of special funds, and \$27,242,105 of federal funds.

² Other State Facilities are HDMC and VCBR.

Expenditures by CSBs and DBHDS

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

	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Expenditures ¹
CSB Services	\$674,913,589	\$380,902,702	\$155,308,457	\$1,211,124,748
Percent of Total	55.73%	31.45%	12.82%	100.00%

¹ This figure includes \$147,146,101 for CSB administrative expenses, 12.15 percent of the total CSB expenditures.

	Expenses	Percent of Total
State Hospitals	\$385,455,579	59.55%
Other State Facilities ¹	\$59,669,770	9.22%
Training Centers	\$101,916,055	15.75%
Central Office	\$100,219,491	15.48%
Total Expenditures	\$647,260,895	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) Continuation

- To continue transforming Virginia's public behavioral health services system in a strategic manner, DBHDS worked with the Administration, the General Assembly, and stakeholders to develop STEP-VA, an innovative initiative to address the needs of Virginians with mental health or substance use disorders across the lifespan. STEP-VA features a uniform set of services with consistent availability and improved oversight of services across all Virginia communities.
- The General Assembly funded STEP-VA's second phase by appropriating funds for the 22 remaining CSBs to implement same day access (SDA) in FY 2019:
 - 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 services appointment. If the assessment determines the person needs services, he or she will receive a first appointment for the appropriate service within 10 days or sooner depending on his or her clinical condition.
 - The Governor and the General Assembly provided \$5.9 million for the second group of 22 CSBs to implement SDA in FY 2019. Each CSB will receive \$270,000 in ongoing state mental health funds. Eight CSBs had already implemented some form of SDA and received funding on July 1 to address their implementation costs. By the end of calendar year 2018, all but five CSBs will have implemented SDA, and the remaining CSBs will implement SDA in early 2019.
- The 2018 General Assembly also funded primary care screening and outpatient and detoxification services:
 - Primary care screening will ensure individuals at high risk of physical health issues related to behavioral health conditions receive needed health screening and monitoring and connection to appropriate healthcare providers. The General Assembly appropriated \$3.7 million for implementation of primary care screening and monitoring in FY 2019 and \$7.4 million for these activities in FY 2020. In addition, the General Assembly appropriated \$15 million for outpatient counseling services and \$2 million for detoxification services in FY 2020.
 - Expansion of outpatient counseling services will allow for the majority of individuals requesting services to receive services within 10 business days of a SDA clinical assessment. Additional detoxification services will help divert individuals from admission to state hospitals while under the influence of substances during emergency services evaluations.

Major State Hospital Issues

- Temporary detention order (TDO) admissions to state hospitals have increased 276 percent since 2014, leading to extraordinarily high occupancy rates and census pressures.
- Average occupancy rates at state hospitals are consistently at 95 percent or higher, and these rates pose operational challenges and risks.
- Total medical costs for individuals in state hospitals have grown from \$3.1 million in FY 2013 to nearly \$7 million in FY 2018.
- Meeting stricter Joint Commission accreditation requirements for ligature risk abatement will cost an estimated \$20 million for state hospitals to meet current standards.

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 was completed in December 2017 and addressed 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 2019 to collect data and feedback needed to build such a financial structure.

Acute and State Hospital Services

- Contracted with Gateway Homes to operate four transitional group homes for individuals who need a supervised level of residential care to be discharged from state hospitals.
- Provided funds to and contracted with a CSB for the operation of an assisted living facility (ALF) to serve individuals leaving state hospitals who meet the requirements for and need this level of residential care.
- Provided funds to another CSB to begin renovations of a facility it will operate as an ALF. This facility should open in the second quarter of FY 2019.
- Revised the Discharge Assistance Program (DAP) Administrative Manual to reflect current DAP operating, utilization management, and monitoring processes.

- ESH and PGH completed training on revision of their treatment planning processes. The Joint Commission review of ESH’s new treatment plans was very favorable.
- Continued 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.

Community Adult Behavioral Health Services

- Received \$9,762,332 for the second year of a federal State Targeted Response to the Opioid Crisis grant in May 2018. The first annual award was received in May 2017. DBHDS will use the continued award to support, expand and develop these efforts in close collaboration with work occurring in other agencies. DBHDS used these funds to:
 - Support the development and maintenance of coalitions, community education and implementation of strategies such as lock boxes for prescription drugs, which impacted over 6 million Virginians;
 - Provide medication assisted treatment using one of three FDA approved medications, counseling and support services for over 1,000 individuals; and
 - Establish ten “warm lines” operated by trained individuals with lived experience of recovery from addiction (Certified Peer Recovery Specialists) throughout the state and introduce this workforce to emergency departments to assist in connecting individuals who had overdosed to treatment and support services.
- Expanded REVIVE! to provide training on how to use naloxone, a drug that reverses opioid overdose, to family members and friends of individuals who are using opioids and are, therefore, at risk of death due to opioid overdose. As of the end of June 2018, 14,099 friends or family members have been trained to use this life-saving medication since the program’s inception. In addition, 5,391 law enforcement officers in 286 law enforcement agencies have been trained.
- Developed training modules on SUD for Pregnant and Parenting Women (PPW) in partnership with the Virginia Department of Social Services, a two-module eLearning course on the Virginia Learning Center to educate child protective services workers about maternal substance use and working with families of substance-exposed infants.
- Developed a three-module eLearning course in partnership with Early Impact Virginia that is located on its website, and the webinars are hosted on the Institute for the Advancement of Family Support Professionals website.
- Received a three-year federal grant for a pilot program, Treatment for Pregnant and Postpartum Women (PPW-PLT). DBHDS receives \$1 million each year to expand Project LINK, an intensive case management and treatment program that provides trauma-informed and family-centered SUD services to pregnant and postpartum women.
- Hosted two statewide Assertive Community Treatment/Coordinated Specialty Care (ACT/CSC) Peer Specialists and Supervisors Training events in spring 2018 attended by

29 ACT/CSC supervisors and 32 peer specialists from 24 CSBs. Training on SUD issues was provided for peer specialists whose primary lived experiences are with mental health disorders, and ACT/CSC supervisors were trained on how best to build cohesive teams and integrate peer supports into daily practice.

- Participated in interagency leadership and planning groups to coordinate efforts to end homelessness and improve housing options for individuals with behavioral health disorders. Groups included the Governor’s Coordinating Council on Homelessness, the Housing and Supportive Services Interagency Leadership Team, the Housing Strategies Workgroup for Individuals with Serious Mental Illness, and the Housing Expert Advisory Panel of the Joint Subcommittee to Study Mental Health Services in the 21st Century.
- Provided \$1.47 million in Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) funds to 14 CSBs to provide outreach and case management services to individuals with behavioral health disorders who were experiencing homelessness. Virginia PATH providers engaged more than 3,000 homeless individuals.
- Served as lead agency for SSI/DI Outreach, Access, and Recovery (SOAR), a national training and technical assistance initiative, that improves access to disability benefits and health insurance for individuals with mental illnesses who are homeless or at risk of homelessness. SOAR-certified workers across the state assisted more than 100 individuals with securing disability income, and 86 new providers were trained in SOAR.
- Funded five providers through the Virginia Road2Home initiative, using a \$2.3 million SAMHSA Collaborative Agreements to Benefit Homeless Individuals grant, to reach out, engage, and house individuals with behavioral health disorders who were chronically homeless, including veterans. Road2Home providers have reached out to more than 1,200 individuals and assisted 259 with securing and maintaining permanent housing.
- Used \$9.17 million in state funds to establish 14 permanent supportive housing providers across the state to serve up to 700 individuals with serious mental illness; providers include CSBs and non-profit supportive housing agencies. Outcomes demonstrate significant improvements in participants’ housing stability, reductions in state and local hospitalizations, and decreases in emergency and crisis services utilization.
- Entered into agreements with three CSBs, Blue Ridge Behavioral Healthcare, Mount Rogers CSB, and Richmond Behavioral Health Authority, to be providers for Virginia’s Auxiliary Grant in Supportive Housing initiative; together, they will serve 60 individuals who choose to leave ALFs to live in supportive housing.

Community Child and Family Behavioral Health Services

- Trained 845 clinicians through the DBHDS Children’s Behavioral Health Academy, developed to strengthen the children’s behavioral health workforce and increase the availability of licensed clinicians in the public services system.

- Supported opening a new children's residential crisis stabilization unit in eastern Virginia as part of Child Psychiatry and Children's Crisis Response Services.
- Trained Office of Child and Family Services staff through the adverse childhood experiences (ACE) interface to begin providing community-based trainings on trauma.
- Served 232 youth and their families through the SAMHSA System of Care Expansion and Sustainability Grant, including family support partner services and intensive care coordination through high fidelity wraparound (HFW).
- Provided initial HFW training to 170 participants, initial family support partner training to 52 participants, HFW supervisor training to 50 participants, HFW refresher training to 151 participants, and an HFW overview to 129 participants.
- Credentialed 10 new HFW coaches and five new family support partner coaches in partnership with the University of Pittsburgh Youth and Family Training Institutes to ensure that providers are practicing the HFW skills correctly.
- Received a four-year \$3.2 million SAMHSA Young Adult Substance Abuse Treatment Implementation grant to serve transition age youth, ages 16-25; selected the Richmond Behavioral Health Authority and the Rappahannock-Rapidan, Western Tidewater, and Mount Rogers CSBs to implement this grant. Trained staff at these CSBs in evidence-based models of assessment and treatment, the GAIN (Global Appraisal of Individual Needs) and the A-CRA (Adolescent-Community Reinforcement Approach); and each CSB is beginning to implement the assessment tool and the treatment model.

Behavioral Health and Wellness

- Expanded the Lock and Talk Virginia Campaign (Lethal Means Safety Campaign) to northern, southwestern, and central Virginia; the campaign is designed to reduce access to lethal means and increase knowledge of suicide prevention techniques for participants, offer instruction on coordinating and implementing lethal means safety campaigns, and provide templates for materials needed to implement the environmental strategies.
- Implemented the Zero Suicide Initiative at four additional CSBs: Alleghany Highlands, Eastern Shore, Northwestern, and Rappahannock Area; the initiative promotes suicide prevention in health and behavioral health care systems. These CSBs will continue to work with partners to assist in the development and implementation of work plans for their localities and promote best practices across Virginia to prevent suicide.
- Certified 15 new trainers in Applied Suicide Intervention Skills Training (ASIST); as of June 2018, 2,210 people have received ASIST training.
- Have trained 46,594 people to date in the eight-hour Mental Health First Aid (MHFA) training; MHFA has specific curricula that are designed for target populations including:

adults, youth, higher education, public safety, older adults, rural communities, and Spanish-speaking audiences.

- Funded eight CSBs to begin creating ACE-prepared communities across their service areas; the first cohort to create ACE master trainers included 25 participants from throughout Virginia and the central office. These trainers will train others in the ACE Interface to heighten awareness of the impact of childhood trauma and its relationship to mental, physical, and emotional disorders.
- Sponsored a Virginia Community Anti-Drug Coalition (CADCA) Academy to train 13 community coalitions on evidence-based approaches to address substance misuse.
- Hired a behavioral health equity consultant and continued development of an assessment tool to understand DBHDS staff's knowledge of health equity and how well office policies support health equity-oriented practices and policies.
- Oversaw the Virginia Refugee Healing Partnership (VRHP), a grant awarded to the Virginia Department of Social Services; the VRHP held mental health conferences in Roanoke, Arlington, and Richmond attended by 380 clinicians, agency executives, service providers, community support partners, volunteers, and refugee leaders.

Integration of Behavioral and Primary Health Care

- Nineteen 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	Mount Rogers CSB
Arlington County CSB	New River Valley Community Services
Colonial Behavioral Health	Norfolk CSB
Crossroads CSB	Northwestern CSB
Eastern Shore CSB	Piedmont CSB
Fairfax-Falls Church CSB	Planning District One Behavioral Health
Hampton-Newport News CSB	Prince William County CSB
Henrico Area	Region Ten CSB
Horizon Behavioral Health	Western Tidewater CSB
Loudoun County	
- Tables 21 and 22, below, display CSB partner organizations and the locations of care. The tables display more than 19 responses because some CSBs reported multiple organizations or locations.

Table 21: CSB Partner Organizations in FY 2018			
FQHCs	15CSBs	Local Health Department	2 CSBs
Free Clinics	3 CSBs	Other Organizations	6 CSB

Table 22: Location of Services	Primary Health Care	Behavioral Health Care
On-Site at CSB	9	16
On-Site at Primary Health Care	13	6
On-Site at Another Organization	3	2

Office of Recovery Support Services

- Trained and certified peer recovery specialists, individuals with lived experience of mental illnesses or substance use disorders:
 - Trained 571 new peer recovery specialists who are eligible for certification, resulting in a workforce of 925 peer recovery specialists trained since January 2017; and
 - The Virginia Certification Board reported 517 certified peer recovery specialists.
- Trained 88 peer recovery specialist (PRS) supervisors, resulting in 282 PRS supervisors trained since January 2017 to support the new PRS workforce.
- Continued training for peer recovery specialists and PRS supervisors in the five DBHDS regions, including 66 active PRS trainers provided multiple training opportunities. Also offered PRS supervisor training every other month, rotating throughout the regions.
- Expanded PRS services:
 - Increased the number of people receiving opioid use disorder recovery services by providing State Targeted Response Opioid Grant funding to CSBs to expand access to a comprehensive array of PRS services to diverse populations in multiple settings:
 - Offered PRS services to individuals recovering from unintentional overdoses in hospital emergency departments and community mobile integrated healthcare teams;
 - Implemented 10 peer support regional and local warm lines to provide telephonic PRS support services during traditional and non-traditional hours;
 - Offered PRS services to individuals engaged in medication assisted treatment; and
 - Offered PRS services for pregnant and post-partum women (PPW) with substance use disorders referred to CSBs and Departments of Social Services by hospitals.
 - Increased the number of people receiving mental health or substance use disorder recovery services by utilizing mental health block grant funds and substance use disorder state general funds to expand access to a comprehensive array of PRS services to diverse populations in multiple settings:
 - Funded development of three new peer recovery centers operating under CSBs that are peer-run and operated to provide mutual recovery support services in non-clinical environments;
 - Funded two supported employment initiatives to increase access to employment and employment support provided by peer recovery specialists and other support services staff; and
 - Funded *Expansion of Evidence-Based Peer Practice* training opportunities for peer recovery specialists and the community. Trainings included, eCPR,

Pathways to Recovery, Community Inclusion, SMART Recovery, Trauma-Informed Care, and Peer Support Whole Health and Resiliency.

- Identified major recovery support services issues:
 - Medicaid reimbursement requirements, including licensed clinical oversight and a reimbursement rate that does not cover the total cost of services, continue to pose challenges for providers seeking payment for peer support services; and
 - Barrier crime legislation remains an impediment to employing some qualified peer recovery specialists.

Developmental Services Initiatives and Accomplishments

U.S. Department of Justice Settlement Agreement

Virginia is in the seventh 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

- There have been 774 individuals who have transitioned from training centers to new homes since October 2011.
- Training center census has decreased from 1,084 in June 2011 to 174 as of June 30, 2018 an 84 percent reduction.
- SWVTC census is 16 individuals, and facility operations will cease on August 31, 2018. All individuals will move to alternative homes by August 21, 2018.
- CVTC census is 86 individuals, and it remains on schedule to close by June 2020.
- SEVTC census is 72 individuals, and the facility will remain open with a bed capacity to support 75 individuals.

Crisis Services for Adults and Children

- Received 1,294 referrals to the child Regional Education Assessment Crisis Services Habilitation (REACH) crisis program, which is a 30 percent increase over the previous year's 999 referrals.

- Received 1,837 referrals to the adult REACH crisis program, which is a 34 percent increase from the previous year's 1,369 referrals.
- Began building two children's crisis therapeutic homes; the homes will help families needing out-of-home crisis stabilization supports.
- Began building two adult transitional homes; the homes will help reduce lengths of stay at crisis therapeutic homes and in hospitals that are caused by 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 25 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.

Medicaid Waiver Services for Individuals with DD

- Updated DD Waiver supports packages based on the latest Medicaid claims data, and developed the individual planning calendar/supports packages module in the Waiver Management System (WaMS).
- CMS renewed the Building Independence and Family and Individual Supports Waivers for five years and approved the Community Living Waiver Evidence Report.
- CMS approved the four remaining new services from the DD Waiver redesign: Benefits Planning, Community Guide, Employment and Community Transportation, and Peer Mentor Supports.
- Reviewed Home and Community-Based Services (HCBS) settings regulation self-assessments completed by all providers; the review determined compliance, partial compliance, or non-compliance with the regulation by providers.
- Developed with DMAS staff a toolkit of resources related to HCBS settings regulation compliance to assist providers found partially compliant or non-compliant for them to make modifications and come into compliance with the federal requirements.

Waiver Waitlist

- Developed and implemented a redesigned process for capturing accurate data on individuals on the DD Waiver waitlist. The process enables centralized data collection for more accurate data in WaMS.
- The Waiver Wait List team sent individual choice forms to 2,780 individuals and families and received 2,090 completed forms, a 75 percent response rate.

Community Services

- Provided dental services to 1,192 individuals with DD without using restraints or general anesthesia through the Health Support Network program with only two dental FTEs. Extended existing contracts for fixed rate and sedation dental services.
- Performed 3,647 repairs and 72 custom adaptations on durable medical equipment, 86 percent of which specifically reduced risk of injury to the individuals served, done by only four FTEs technicians in the Mobile Rehabilitation Engineering (MRE) team. Expanded MRE services into western Virginia.
- Conducted 758 DD Preadmission Screening and Resident Review evaluations that diverted 42 adults and one child referred to or seeking admission to nursing homes and resulted in 22 adult transitions and five child transitions to the community.
- Engaged in 1,443 registered nurse community interactions provided by three FTEs: 59 percent addressed risk aversion, 26 percent communicated best practices, 14 percent increased access to services, and one percent reduced costs.

Individual and Family Supports Program (IFSP)

- Assisted 3,210 individuals with \$3,150,945 for supports.
- Worked with Senior Navigator to redesign the My Life My Community website that provides information to individuals and families on Waiver redesign and rebrand it to serve as a centralized on-line portal for families to access relevant information including information about family supports, housing, and accessing waiver service providers.
- Finalized a partnership with Virginia Commonwealth University (VCU) to support the expansion of its Family to Family Program to provide social and emotional support through peer mentoring to families with an adult relative with DD.
- Continued to emphasize community coordination and developing local networks to support individuals and families, growing regional IFSP Councils, and expanding the partnership with VCU to increase the number of family navigators in communities.

- The State IFSP Council adopted the state Individual and Family Support Plan, and communities continued to meet at the local level to further the goals in the plan.

Community Living Options-Independent Housing

- 132 individuals covered by the DOJ Settlement Agreement moved into independent living under the Housing Choice Voucher Admissions preference and the State Rental Assistance Program, bringing the total number to 809 individuals living in their own rental housing in the community since the inception of this program.
- Created a webinar series on housing information for individuals with DD. Individuals and family members can access the webinars to learn how to plan the transition to independent housing and to find out about resources that assist people in the Settlement Agreement population with moving to their own homes in the community. In addition, updated the independent housing training curriculum for support coordinators.
- 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 37 units in six properties.
- Expanded the eligible funding activities within the Flexible Funding Program to include employment and community transportation assistance for individuals in the Settlement Agreement population. This activity will be funded on a short-term basis until the DD Waiver begins covering employment and community transportation services.

Provider Development

- Held two state-of-the-state webinars for providers of DD Waiver services that made data and tools available to assist in meeting gaps in services statewide; held a provider innovation collaborative to highlight best practices in DD Waiver services.
- Developed an electronic individual support plan (ISP) for DD Waiver services in WaMS; continued to test and complete implementation of the ISP and related data exchanges; and funded CSB data exchanges to input ISPs into WaMS.
- Obtained \$2.5 million for development of new, more integrated service options across regions and a program designed to administer them.

- Published DD Waiver training materials, ISP samples, and training materials on new Waiver services and the customized rate process; offered a DD Waiver Guidebook to families, CSBs, and providers.
- Produced a semi-annual report on provider development efforts, continued refinement of a baseline measurement tool that tracks service development statewide, and implemented a pre-licensing orientation process for providers.

Quality Management and Development Initiatives and Accomplishments

Quality Management and Risk Management

- Restructured the Quality Improvement Committee to focus on four key performance areas: health, safety, and well-being; community inclusion and integration; provider capacity and competence; and person centeredness.
- Continued tracking and follow-up of 24-hour reporting of serious injuries.
- Completed a retrospective review of human rights investigations, assuring that provider investigations adhered to regulatory requirements, reached valid determinations, and assured the protection of individuals.
- Recommended expansion of regional trainings for providers about skin integrity to reduce the incidence of decubitus ulcers in individuals receiving services.
- Completed a comprehensive data quality and case management review at all 40 CSBs to focus on improvements in case management processes and improvements in the accuracy and completeness of case management services data collection and reporting; and initiated a workgroup with the VACSB to develop process improvements in the CSB case management services system.
- Contracted with Partnership for People with Disabilities at VCU to conduct a study of case management processes and recommend improvements, develop a case management services orientation manual, and update case management services training modules.
- Oversaw the completion of quality service reviews, including 400 person-centered reviews and 50 provider quality reviews, and the completion of 800 surveys of individuals with developmental disabilities for National Core Indicators.

OneSource Data Warehouse

- Added Local Inmate Data System data affecting individuals with behavioral health disorders or developmental disabilities to the warehouse.

- Added Virginia Health Information hospital discharge data to the warehouse to offer richer data about medical services provided the Commonwealth.
- Integrated data on deaths to enrich the understanding of mortality for individuals who receive services in state facilities or community services.
- Greatly expanded data in the warehouse on REACH programs and related crisis services.
- Continued to support the restoration of rights efforts initiated but the previous Administration and continued by the current Administration.
- Completed a variety of reports supporting quality and coordination efforts including the assurance indicators used to support the DMAS.
- Successfully completed comprehensive reporting to SAMHSA on the federal mental health block grant received by Virginia.
- Testing integration of ISP data from the WaMS.

Administrative Initiatives and Accomplishments

Human Resources Management

- Continued to integrate human capital policies, programs, and practices with the DBHDS strategic plan. This includes expanding learning management opportunities, developing additional career pathways, enhancing recruitment and retention strategies, and succession planning.
- Ninety participants attended the five-day Virginia Public Sector Leadership Certificate (VPSL I) program, bringing the cumulative total of DBHDS employees completing this program to 150. The VPSL I 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-five people participated in the five-day March 2018 VPSL II program. This annual training opportunity enhances leadership and supervision competencies for emerging leaders and is a component of DBHDS' leadership development program, System LEAD. To date, 100 people have completed the program.
- Began the VPSL III program in 2018 with all 25 DBHDS executive participants in the first cohort successfully completing the program. Participants in this VPSL level are agency executives nominated by the DBHDS senior leadership team. VPSL III uses the same core learning areas to explore topics in a higher-level method.

- Twenty-four DBHDS employees will complete System LEAD in November 2018. System LEAD, a long-term organizational strategy, clearly defines a leader's roles, abilities, and pathway to improvement. DBHDS offers this nine-month program annually, and it instructs leaders on effective management principles and skills for successful agents of change in the public sector. To date, 100 people have participated in the System LEAD programs.
- The Direct Support Professional Career Pathways Program aims to increase the overall competency level of staff, leading to a more positive workplace environment and improving recruitment and retention of staff. Since the program began in 2015, 568 employees have completed one Career Study Certificate program, and 194 employees have completed two programs.
- Started the Peer Mentoring Initiative in May 2018 with 25 participants. This is the first step in implementing a fully realized mentoring program. DBHDS is working to create and integrate an additional comprehensive succession planning approach.
- Continued to develop and expand the compensation toolbox to help recruit and retain a quality workforce. Tools include the International Registered Nurse (RN) Recruitment Program, job fairs (hire on the spot), academic partnerships, various bonuses, alternate pay bands, increased shift differentials, continuing medical education course payments (up to \$2,500 per fiscal year), and a student loan repayment program.
- Began the Leadership and Management Pathways Program at VCBR with 25 participants to offer leadership and management skills and collaboration and team building activities.

Office of Information Services and Technology

- Implemented IBM Box, becoming the only agency with Cloud file storage capability.
- Implemented and installed Accudose, a pharmacy management system, at SWVMHI and SVMHI.
- Decommissioned 14 central office servers running outdated technology, helping DBHDS remain compliant with the VITA outdated technology initiative and reduce its VITA bill by about \$42,000 per month or \$504,000 per year.
- Migrated all of DBHDS to the latest version of Kronos, the agency time keeping application, with no issues.
- Provided over 300 enhancements to the OneMind electronic health record (EHR) for state facilities and training to end users on any changes that affect the use of the EHR.

- Evaluated moving to the newest Cerner EHR product for state facilities as a result of deciding to replace the OneMind EHR. This will be a major change to end user workflow and will add significant functionality to the system.

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 its measures in collaboration with CSBs. See *Appendix A* for a listing of the 20 quality measures for behavioral health services and developmental services, and of five new outcome measures.

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 DOJ Settlement Agreement. The office also reviewed over 33,771 reports of serious incidents, including deaths and serious injuries, which providers report to DBHDS daily. Reviews may include 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 2018, the office issued 59 new licenses to SUD providers. 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

locations. The following tables depict the office’s activities and the workload increase:

Type of Visit	Number
Unannounced Complaint Investigation	342
Consultation	979
DOJ Investigation or Complaint	172
Other DOJ-Related Visits	434
Unannounced Visits	4,227
DOJ-Related Death Investigations	570
Other Death Investigations	274
Service Modification Visits	863
Other Types Of Visits	210
Total Licensing Inspections	8,071

Fiscal Year Change:	2012	2013	2014	2015	2016	2017	2018	Change From 2012
Licensed Providers	744	844	917	965	1,041	1,053	1,071	+43.9%
Licensed Services	1,860	2,038	2,218	2,319	2,608	2,818	2,780	+49.5%
Licensed Locations	6,302	7,063	7,519	8,290	8,447	9,158	8,778	+39.3%

Services	Number	Services	Number
Inpatient Services	16	Crisis Stabilization Services	33
Methadone/Inpatient Detox Services	11	Residential Treatment Services	11
Intensive Outpatient Services	61	Children’s Residential Services	34
Intensive In-Home Services	53	Group Home Services	62
PACT	2	Supervised Living Services	13
Therapeutic Day Treatment Services	62	Sponsored Home Services	30
Psychosocial Rehabilitation Services	13	In-Home Support Services	20
Day Support Services	111	Autism Services	0
Case Management Services	11	Out of Home Respite Services	6
Mental Health Support Services	90	Total Conditional Licenses	639

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

Type of Visit	Number
Unannounced Complaint Investigation	342
Consultation	979
Department of Justice Unannounced Visit or Consultation	172
Other DOJ-Related Visits	434
Unannounced Visits	4,227
DOJ-Related Death Investigations	570
Other Death Investigations	274
Service Modification Visits	863
Other Types Of Visits	210
Total Licensing Inspections	8,071

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 Virginia Code and is governed by the Regulations to Assure The Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by DBHDS. More detailed information about human rights activities can be found at www.dbhds.virginia.gov/ on the human rights page. This year, 218,894 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 1,113 human rights complaints filed in community programs, and 181 complaints (16.3 percent of the total) resulted in violations being determined.
- There were 9,018 allegations of abuse, neglect, or exploitation filed, and 1,146 (12.7 percent of the total) were founded.

Total Number of Human Rights Complaints				1,113
Total Number of Complaints That Resulted in a Violation of Human Rights				181
Total Number of Allegations of Abuse, Neglect, or Exploitation				9,018
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation				1,146
Substantiated Allegations by Type		Exploitation		50
Physical Abuse	118	Neglect	635	
Verbal Abuse	57	Neglect (Peer-to-Peer)	219	
Sexual Abuse	13	Other	54	
Resolution Levels for the 1,113 Human Rights Complaints and 9,018 Allegations of Abuse, Neglect, or Exploitation				
Director and Below	10,113	State Human Rights Committee	6	
Local Human Rights Committee	12	DBHDS Commissioner	0	

This year, 8,116 individuals received services in state facilities:

- There were 1,746 human rights complaints filed in state facilities, and 74 complaints (4.2 percent of the total) resulted in violations being determined.
- There were 2,428 allegations of abuse, neglect, or exploitation filed in state facilities, and 81 (3.3 percent of the total) were determined to be founded.

Total Number of Human Rights Complaints				1,746
Total Number of Complaints That Resulted in a Violation of Human Rights				74
Total Number of Allegations of Abuse, Neglect, or Exploitation				2,428
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation				81
Substantiated Allegations by Type		Exploitation		0
Physical Abuse	21	Neglect	46	
Verbal Abuse	9	Neglect (Peer-to-Peer)	2	
Sexual Abuse	1	Other	2	
Resolution Levels for the 1,746 Human Rights Complaints and 2,428 Allegations of Abuse, Neglect, or Exploitation				
Director and Below	4,165	State Human Rights Committee	3	
Local Human Rights Committee	6	DBHDS Commissioner	0	

APPENDIX A: Quality Improvement Measures and Outcome 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 for Individuals Receiving DD Waiver Services

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

New Outcome Measures

DBHDS began developing the following outcome measures in collaboration with the VACSB Data Management Committee and a CSB User Acceptance Testing team:

1. Percentage of adults with a new or recurrent major depressive disorder diagnosis who received a suicide risk assessment,
2. Percentage of children with a new or recurrent major depressive disorder diagnosis who received a suicide risk assessment,
3. Percentage of adults with a serious mental illness who received a complete physical examination in the last 12 months,
4. Percentage of adults receiving medical services with a body mass index outside of the normal range who had a follow-up plan documented; and
5. Percentage of adults and children with a new diagnosis of SUD who:
 - a. initiated treatment by receiving at a SUD service within 14 days of the diagnosis,
 - b. were engaged in services by receiving two or more additional SUD services within 30 days of the first service, and
 - c. were retained in services by receiving two or more SUD services every 30 days for 90 days following initiation of treatment.

DBHDS will implement these new outcome measures in FY 2019.