



## COMMONWEALTH of VIRGINIA

MIRA SIGNER  
ACTING COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

December 5, 2019

The Honorable Thomas K. Norment, Jr.,  
The Honorable Emmett W. Hanger, Jr.  
Senate Finance Committee  
The Honorable S. Chris Jones, Chair  
House Appropriations Committee  
900 East Main Street,  
Richmond, VA 23219

Dear Senator Norment, Senator Hanger, and Delegate Jones:

Item 310.J. of the 2019 *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 blue ink that reads "Mira Signer".

Mira Signer  
Acting Commissioner

Enc.

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



## COMMONWEALTH of VIRGINIA

MIRA SIGNER  
ACTING COMMISSIONER

DEPARTMENT OF  
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

Post Office Box 1797  
Richmond, Virginia 23218-1797

Telephone (804) 786-3921  
Fax (804) 371-6638  
[www.dbhds.virginia.gov](http://www.dbhds.virginia.gov)

December 5, 2019

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 2019 *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 blue ink that reads "Mira Signer".

Mira Signer  
Acting Commissioner

Enc.

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



# **Fiscal Year 2019 Annual Report (Item 310.J)**

**December 1, 2019**

*DBHDS Vision: A Life of Possibilities for All Virginians*

# DBHDS Fiscal Year 2019 Annual Report

## Preface

Item 310.J of the 2019 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.*

## Table of Contents

Executive Summary .....	3
Individuals Who Received CSB or State Hospital and Center Services .....	4
Service Capacities of CSBs and State Hospitals and Centers .....	9
Amounts of Services Provided by CSBs and State Hospitals and Centers .....	10
Staffing of CSBs and DBHDS .....	11
Funds Received by CSBs and DBHDS .....	11
Expenditures by CSBs and DBHDS .....	13
New Major Initiatives and Accomplishments .....	14

## **Executive Summary – 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, 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 currently operates thirteen state hospitals and centers, as follows:

- **State Hospitals** – 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.
- **State Centers** – 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 hospitals or other centers. For the majority of FY 2019, DBHDS operated two training centers to serve individuals with intellectual disability: Southeastern Virginia Training Center (SEVTC) in Chesapeake, and Central Virginia Training Center (CVTC) in Lynchburg, which is scheduled to close in 2020. 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, socialization, 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 Virginia training centers by 2020.

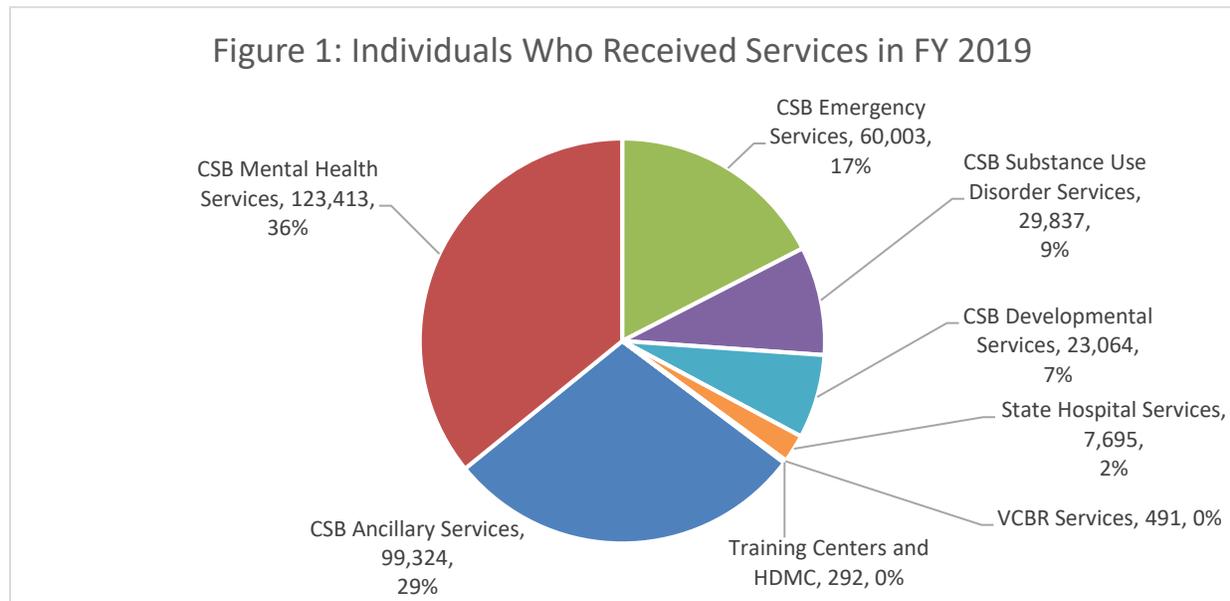
The DBHDS central office provides leadership that promotes partnerships among CSBs and state hospitals and centers with other agencies and providers. The central office supports the provision of accessible and effective services and supports by CSBs and other providers, directs the delivery of services in state hospitals and centers, protects the human rights of individuals receiving services, and assures that public and private providers adhere to licensing regulations.

In FY 2019, a total of 219,785 unduplicated individuals received services in the public behavioral health and developmental services system: 218,851 received services from CSBs, 8,417 received services in state hospitals and centers, and many received services from both.

The following report provides detailed information on people who received services throughout FY 2019 from CSBs or from state hospitals or centers. The report includes services capabilities, amounts of services and staffing capabilities of CSBs and state hospitals and centers, as well as information on funds received and expenditures by CSBs and DBHDS. Finally, the report provides new major initiatives and key accomplishments at DBHDS during FY 2019.

## Individuals Who Received CSB or State Facility Services

Figure 1, below, depicts the numbers of individuals who received services from CSBs or state hospitals and centers 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 unduplicated: 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 219,785 individuals because many received services in multiple program areas, such as mental health and emergency or ancillary services or in community services and state hospitals and centers.*

Figure 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/](http://www.dbhds.virginia.gov/) in the Performance Contract Resources section).

<sup>1</sup> Numbers in **Total Services** rows are unduplicated for the preceding services in each column.

<sup>2</sup> Figures in this column are unduplicated numbers of individuals across program areas.

Figure 2: Individuals Who Received CSB or State Facility Services in FY 2019				
<b>Total Emergency Services</b>	<b>60,003</b>	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, 13,683 individuals participated in these services.		
Motivational Treatment Services	3,609			
Consumer Monitoring Services	17,195			
Early Intervention Services	1,852			
Assessment and Evaluation Services	87,045			
<b>Total Ancillary Services<sup>1</sup></b>	<b>99,324</b>			
<b>Services Available in Program Areas<sup>1</sup></b>	<b>MH</b>	<b>DV</b>	<b>SUD</b>	<b>Total<sup>2</sup></b>
Training Center ICF/ID Services		176		176
State Hospital ICF/Geriatric Services	552			552
CSB MH or SUD Inpatient Services	2,070		6	2,076
CSB SUD Inpatient Medical Detox Services			236	236
State Hospital Acute Psychiatric Inpatient Services	4,434			4,434
State Hospital Extended Rehabilitation Services	2,338			2,338
State Hospital Forensic Services	1,467			1,467
HDMC <sup>3</sup>				86
VCBR <sup>3</sup>				491
<b>Total CSB Inpatient Services<sup>1</sup></b>	<b>2,070</b>		<b>242</b>	<b>2,306</b>
<b>Total State Facility Inpatient Services<sup>1</sup></b>	<b>8,245</b>	<b>176</b>		<b>8,417</b>
Outpatient Services	54,391	64	21,413	72,356
Medical Services	74,147	192	2,218	76,014
Intensive Outpatient Services			3,469	3,469
Medication Assisted Treatment			3,767	3,767
Assertive Community Treatment	2,667			2,667
<b>Total Outpatient Services<sup>1</sup></b>	<b>101,407</b>	<b>256</b>	<b>25,219</b>	<b>118,449</b>
<b>Total Case Management Services</b>	<b>62,639</b>	<b>20,754</b>	<b>9,046</b>	<b>90,183</b>
Day Treatment or Partial Hospitalization	5,377		714	6,081
Ambulatory Crisis Stabilization Services	2,212	455		2,655
Rehabilitation or Habilitation	4,159	2,660		6,800
<b>Total Day Support Services<sup>1</sup></b>	<b>11,346</b>	<b>3,092</b>	<b>714</b>	<b>15,071</b>
Sheltered Employment	16	481		496
Individual Supported Employment	1,413	1,127	70	2,604
Group Supported Employment	15	693		708
<b>Total Employment Services<sup>1</sup></b>	<b>1,444</b>	<b>2,152</b>	<b>70</b>	<b>3,657</b>
Highly Intensive Residential Services	26	260	2,805	3,090
Residential Crisis Stabilization Services	4,710	198	255	5,126
Intensive Residential Services	278	640	2,051	2,930
Supervised Residential Services	1,051	586	402	2,038
Supportive Residential Services	3,633	963	81	4,674
<b>Total Residential Services<sup>1</sup></b>	<b>9,202</b>	<b>2,583</b>	<b>4,208</b>	<b>15,515</b>

<sup>3</sup> HDMC and VCBR are not state hospitals; number of individuals are shown in the total column.

Figures in the preceding table include:

- 14,218 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. All individuals who received DD Waiver services received targeted case management services (a non-DD Waiver service) from CSBs. They are included in the 20,754 individuals who received developmental case management services from CSBs.
- 2,076 individuals who received acute, short term behavioral 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.
- 176 individuals who received training center services over the course of the fiscal year. The training center census has been declining for many years. Figure 3 below shows the training center census since 2000, the census on the last day of FY 2019, and the percent decrease during this time.

**Figure 3: Decline in Training Center Census**

Training Center	Before DOJ SA		2012	2013	2014	2015	2016	2017	2018	June 30, 2019	Decrease 2000 to 6/30/2019
	2000	2010									
SVTC	465	267	201	114	0	0	0	0	0	0	100%
NVTC	189	170	153	135	106	57	0	0	0	0	100%
SWVTC	218	192	173	156	144	124	97	70	16	0	100%
CVTC	679	426	350	301	288	233	191	144	86	45	93%
SEVTC	194	143	106	84	75	69	65	72	72	71	63%
<b>Totals</b>	<b>1,745</b>	<b>1,198</b>	<b>983</b>	<b>790</b>	<b>613</b>	<b>483</b>	<b>353</b>	<b>286</b>	<b>174</b>	<b>116</b>	<b>93%</b>

CCS 3 is the software application that transmits data about individuals and services from CSB information systems or electronic health records to DBHDS. 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 4, below, shows the ages of people served by CSBs in FY 2019.

**Figure 4: Ages of Individuals Who Received Services From CSBs in FY 2019**

Ages	MH Services	DV Services	SUD Services	Emergency	Ancillary
0 – 12	15,770	2,062	12	2,719	10,297
13 – 17	17,019	1,547	559	6,805	12,837
18 – 64	83,018	17,911	28,638	45,868	72,817
65+	7,600	1,543	625	4,572	3,367
Unknown	6	1	3	39	6
<b>Total</b>	<b>123,413</b>	<b>23,064</b>	<b>29,837</b>	<b>60,003</b>	<b>99,324</b>

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

Figure 5: Races of Individuals Who Received CSB Services in FY 2019			
Race	Total	Race	Total
Alaska Native	84	American Indian or Alaska Native & White	288
American Indian	398	Asian and White	539
Asian or Pacific Islander	0	Black or African American and White	4,983
Black or African American	60,412	American Indian or Alaska Native & Black	194
White	127,048	Other Multi-Race	3,217
Other	11,013	Unknown	6,824
Asian	3,664	Not Collected	0
Native Hawaiian or Other Pacific Islander	187	Total Unduplicated Individuals (Who received any valid CSB Services)	218,851

Figure 6, below, contains data about the gender of individuals who received CSB services.

Figure 6: Gender of Individuals Who Received CSB Services in FY 2019				
Female	100,666	Unknown	148	Total Unduplicated Individuals Receiving CSB Services: 218,851
Male	118,037	Not Collected	0	

Figure 7, below, contains data about CSB services for 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.

Figure 7: Individuals With SMI or SED Who Received CSB MH Services in FY 2019			
Adults 18-64 with SMI	60,175	Total Unduplicated Adults 18-64	88,887
Adults 65+ with SMI	5,845	Total Unduplicated Adults 65+	7,600
Children with or At-Risk of SED	25,516	Total Unduplicated Children	31,808

Figure 8 contains data about individuals with autism spectrum disorder (ASD) served by CSBs.

Figure 8: Individuals With ASD Who Received CSB Services in FY 2018			
Program Area	All Services	MH Services	DV Services
Individuals With ASD	12,880	6,311	5,686

Figure 9 contains employment data about adults (18+ years old) who received CSB services.

Figure 9: Employment Status for Adults Who Received CSB Services in FY 2019						
Employment Status	MH	DV	SUD	Emergency	Ancillary	Undupl. <sup>1</sup>
<b>Total Adults (18+) Who Received Services</b>	<b>90,618</b>	<b>19,454</b>	<b>29,263</b>	<b>50,440</b>	<b>76,184</b>	<b>171,344</b>
Employed Full Time (35+ hr./wk.)	9,185	238	6,480	4,811	11,228	20,328
Employed Part Time (<35 hr./wk.)	9,206	1,552	3,399	3,326	7,614	15,535
In Supported Employment	536	1,380	44	101	508	1,692
In Sheltered Employment	212	589	19	41	154	669
<b>Total Adults Employed</b>	<b>19,139</b>	<b>3,759</b>	<b>9,942</b>	<b>8,279</b>	<b>19,504</b>	<b>38,224</b>
Unemployed	17,176	1,454	9,370	8,469	16,697	30,331
Not In Labor Force: Homemaker	1,317	26	365	472	863	1,960
Not In Labor Force: Student/Job Training	6,007	2,663	582	2,503	4,978	11,606
Not In Labor Force: Retired	2,074	185	276	1,409	1,229	3,684
Not In Labor Force: Disabled	27,115	6,510	3,172	7,649	12,069	36,696

Not In Labor Force: Institution or inmate	5,667	1,480	1,640	5,776	5,979	13,084
Not In Labor Force: Other	8,609	2,823	2,459	3,589	6,327	14,600
Unknown	1,732	150	920	2,093	2,209	4,977
Not Collected	1,782	404	537	10,201	6,329	16,182
<b>Total Adults Unemployed</b>	<b>71,479</b>	<b>15,695</b>	<b>19,321</b>	<b>42,161</b>	<b>56,680</b>	<b>133,120</b>

<sup>1</sup> 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.

Figure 10, below, shows the total unduplicated number of individuals with military status who received CSB mental health, developmental disability or substance use disorder services.

Designation	Individuals
Armed Forces on Active Duty	239
Armed Forces Reserve	125
National Guard	177
Armed Forces or National Guard Retired	475
Armed Forces or National Guard Discharged	2,484
Armed Forces or National Guard Dependent Family Member	1,254
Not Applicable	146,247
Unknown	1,718
Not Collected	11,040
<b>Total Unduplicated Military Individuals Receiving CSB Services</b>	<b>159,169</b>

Figure 11 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	290
910	Discharge Assistance Program (DAP)	1,578
915	Mental Health Child and Adolescent Services Initiative	2,334
916	Mental Health Services for Children in Juvenile Detention Centers	2,518
918	Program of Assertive Community Treatment (PACT)	2,545
919	Projects for Assistance in Transition from Homelessness (PATH)	1,848
920	Medicaid Developmental Disability (DD) Waiver Services	14,218
933	Substance Use Disorder Medication Assisted Treatment	1,912
935	Substance Use Disorder Recovery Support Services	1,075

Figure 12 contains insurance data about numbers of individuals who received CSB services.

Services:	MH Services	DV Services	SUD Services	Emergency	Ancillary	Undupl.
<i>Total Individuals</i>	<i>123,413</i>	<i>23,064</i>	<i>29,837</i>	<i>60,003</i>	<i>99,324</i>	<i>218,851</i>
On Medicaid	91,244	21,377	16,602	30,396	58,734	135,925
Other Insurance	17,751	1,008	3,959	8,735	14,215	29,980
Uninsured	14,334	667	9,253	20,827	26,267	52,758

<sup>1</sup>Percents do not total 100% due to small numbers of unknowns

## Service Capacities of CSBs and State Hospitals and Centers

Figure 13 displays full time equivalent (FTE), bed, or slot service capacities for each core service. Core Services Taxonomy 7.3 defines service capacities.

<b>Figure 13: Service Capacities of CSBs and State Hospitals and Centers<sup>1</sup> in FY 2019</b>			
<b>Emergency Services</b>	<b>513.65 FTEs</b>	Early Intervention Services	15.44 FTEs
Motivational Treatment Services	20.26 FTEs	Assessment and Evaluation	293.79 FTEs
Consumer Monitoring Services	107.49 FTEs	<b>Total Ancillary Services</b>	<b>437.24 FTEs</b>
<b>Services in Program Areas</b>	<b>MH</b>	<b>DV</b>	<b>SUD</b>
Training Center ICF/ID Services		208 Beds	
State Hospital ICF/Geriatric Services	203 Beds		
CSB MH or SUD Inpatient Services	43.5 Beds		0.48 Beds
CSB SUD Inpatient Medical Detox			3.03 Beds
State Hospital Acute Inpatient	462 Beds		
State Hospital Extended Rehab	451 Beds		
State Hospital Forensic Services	375 Beds		
HDMC <sup>3</sup>			
VCBR <sup>3</sup>			
<b>Total CSB Inpatient Services</b>	<b>43.5 Beds</b>		<b>0.48 Beds</b>
<b>Total State Facility Inpatient Services</b>	<b>1,491 Beds</b>	<b>281 Beds</b>	
Outpatient Services	523.33 FTEs	1.26 FTEs	268.58 FTEs
Medical Services	327.47 FTEs	3.60 FTEs	18.91 FTEs
Intensive Outpatient Services			95.07 FTEs
Medication Assisted Treatment			64.53 FTEs
Assertive Community Treatment	312.09 FTEs		
<b>Total Outpatient Services</b>	<b>1,162.89 FTEs</b>	<b>4.86 FTEs</b>	<b>448.09 FTEs</b>
Case Management Services	1219.25 FTEs	667.16 FTEs	115.33 FTEs
Day Treatment/ Partial Hospitalization	2,809.60 Slots		50 Slots
Ambulatory Crisis Stabilization	86.75 Slots	29.00 Slots	
Rehabilitation/Habilitation	2,515.00 Slots	2,234.58 Slots	
<b>Total Day Support Services</b>	<b>5,411.35 Slots</b>	<b>2,263.58 Slots</b>	<b>54 Slots</b>
Sheltered Employment	13 Slots	355.60 Slots	
Group Supported Employment	9 Slots	565.00 Slots	
<b>Total Employment Slots</b>	<b>22 Slots</b>	<b>920.60 Slots</b>	
Individual Supported Employment	29.97 FTEs	37.69 FTEs	0.62 FTEs
Highly Intensive Residential Services	21.25 Beds	259 Beds	95.12 Beds
Residential Crisis Stabilization	172.78 Beds	30 Beds	14.17 Beds
Intensive Residential Services	226.35 Beds	633.89 Beds	329.96 Beds
Supervised Residential Services	825.98 Beds	470.64 Beds	113.51 Beds
<b>Total Residential Beds</b>	<b>1,246.36 Beds</b>	<b>1,393.53 Beds</b>	<b>552.76 Beds</b>
Supportive Residential Services	260.47 FTEs	201.07 FTEs	3.50 FTEs
Prevention Services	18.19 FTEs	0.25 FTEs	153.02 FTEs

<sup>1</sup> Source: State facility operational capacities in 7/01/2019 weekly census report.

<sup>2</sup> HDMC and VCBR are not state hospitals; numbers of beds are shown in the total column.

## Amounts of Services Provided by CSBs and State Hospitals and Centers

Figure 14 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.

<b>Figure 14: Amounts of Services Provided by CSBs and State Hospitals and Centers in FY 2019</b>			
<b>Emergency Service Hours</b>	<b>389,806</b>	Early Intervention Services	16,561
Motivational Treatment Services	25,892	Assessment and Evaluation Services	310,341
Consumer Monitoring Services	103,555	<b>Total Ancillary Service Hours</b>	<b>456,350</b>
<b>Services in Program Areas</b>	<b>MH</b>	<b>DV</b>	<b>SUD</b>
Training Center ICF/ID Services		49,785	
State Hospital ICF/Geriatric Services	71,238		
CSB MH or SUD Inpatient Services	14,763.48		76
CSB SUD Inpatient Medical Detox			1,141
State Hospital Acute Inpatient Services	153,965		
State Hospital Extended Rehabilitation	152,976		
State Hospital Forensic Services	113,795		
HDMC <sup>1</sup>			
VCBR <sup>1</sup>			
<b>Total CSB Inpatient Bed Days</b>	<b>14,763.48</b>		<b>1,217</b>
<b>Total State Facility Bed Days</b>	<b>660,037</b>	<b>49,785</b>	
Outpatient Services	487,589	476	361,702
Medical Services	301,482	5,365	4,333
Intensive Outpatient Services			163,386
Medication Assisted Treatment			114,059
Assertive Community Treatment	300,406		
<b>Total Outpatient Service Hours</b>	<b>1,089,476</b>	<b>5,840</b>	<b>643,480</b>
Case Management Service Hours	1,047,783	609,899	99,699
Day Treatment or Partial Hospitalization	2,399,409		32,237
Ambulatory Crisis Stabilization Services	67,924	6,611	
Rehabilitation or Habilitation	2,143,850	2,394,325	
<b>Total Day Support Service Hours</b>	<b>4,611,184</b>	<b>2,400,937</b>	<b>32,237</b>
Sheltered Employment	2,498	55,941	
Group Supported Employment	1,361	129,236	
<b>Total Employment Days of Service</b>	<b>3,859</b>	<b>185,177</b>	
Supported Employment Service Hours	23,975	49,684	
Highly Intensive Residential Services	6,956	90,950	30,713
Residential Crisis Stabilization Services	47,902	8,704	2,142
Intensive Residential Services	73,039	407,135	103,888
Supervised Residential Services	245,174	159,994	26,569
<b>Total Residential Bed Days</b>	<b>373,071</b>	<b>666,783</b>	<b>163,311</b>
Supportive Residential Services Hours	288,799	314,331	1,072
Prevention Service Hours	32,075	2,622	189,299

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

## Staffing of CSBs and DBHDS

Figure 15 contains staffing data about CSBs, state facilities, and the DBHDS central office, expressed as numbers of full time equivalents (FTEs).

<b>Figure 15: FY 2019 CSB, State Hospital and Center, and DBHDS Central Office Staffing (FTEs)</b>	<b>Direct Care Staff</b>	<b>Peer Staff</b>	<b>Support Staff</b>	<b>Total Staff</b>
<b>State Staff</b>				
DBHDS Central Office (CO)	22.00	0	445.00	467.00
State Hospitals	2,529.00	47	1,365.00	3,941.00
Training Centers	352.00	0	133.00	485.00
HDMC	126.00	0	29.00	155.00
VCBR	433.00	0	84.00	517.00
<b>Total State Hospital and Center and CO</b>	<b>3,462.00</b>	<b>47.00</b>	<b>2,056.00</b>	<b>5,565.00</b>
<b>CSB Staff</b>				
CSB Mental Health Services	4,569.10	108.83	816.28	5,494.21
CSB Developmental Services	3,646.01	25.00	487.44	4,158.45
CSB Substance Use Disorder Service	1,103.35	98.25	306.36	1,507.96
CSB Emergency & Ancillary Service	956.37	35.13	173.39	1,164.89
CSB Administration	0	0	1,457.72	1,457.72
<b>Total CSB</b>	<b>10,274.83</b>	<b>267.21</b>	<b>3,241.19</b>	<b>13,783.23</b>
<b>Totals</b>				
<b>Total State and CSB Mental Health Service FTEs</b>	<b>7,098.10</b>	<b>155.83</b>	<b>2,181.28</b>	<b>9,435.21</b>
<b>Total State and CSB Developmental Service FTEs</b>	<b>3,998.01</b>	<b>25.00</b>	<b>620.44</b>	<b>4,643.45</b>
<b>Total State and CSB FTEs</b>	<b>13,736.83</b>	<b>314.21</b>	<b>5,297.19</b>	<b>19,348.23</b>

*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 16, 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 16 and 17, below, 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.

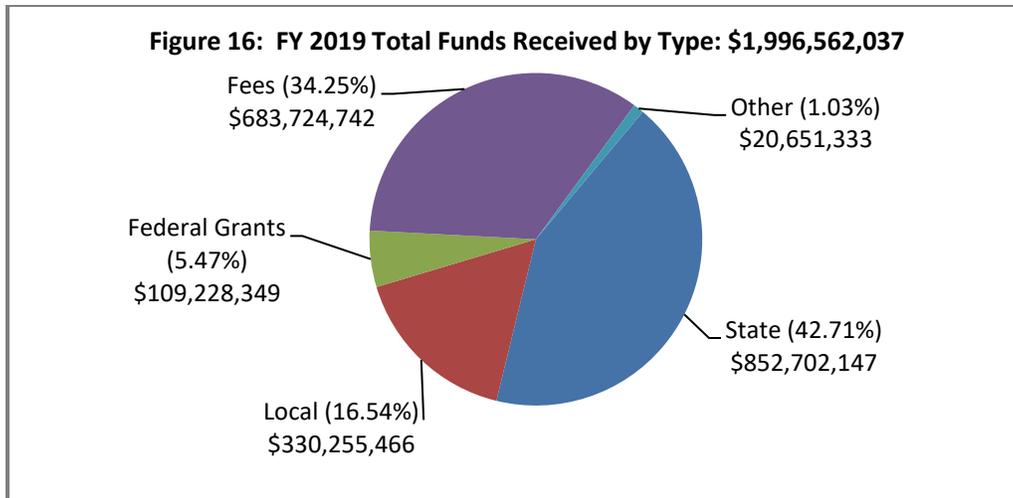
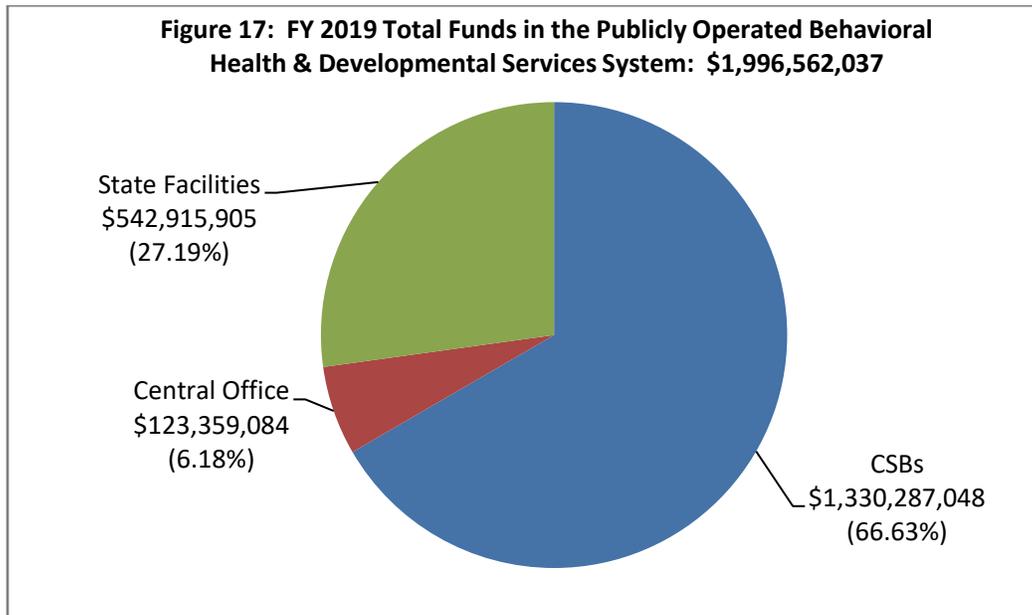


Figure 17, below, depicts funds in the publicly operated behavioral health and developmental services system for CSBs, state facilities, and the central office and the respective percentages.



CSBs reported receiving more than \$1.3 billion from all sources to provide community-based services for 218,851 individuals in FY 2019; Figure 18, below, 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.

**Figure 18: FY 2019 CSB Funds Received by Program Area**

Funding Source	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Funds	Percent of Total

State Funds	\$282,776,430	\$47,137,984	\$53,158,055	\$383,072,469	28.80%
Local Funds	\$167,212,936	\$116,175,306	\$46,867,224	\$330,255,466	24.82%
Medicaid Fees	\$203,681,900	\$232,809,099	\$16,246,295	\$452,737,294	34.03%
Other Fees	\$42,569,314	\$14,413,026	\$9,170,496	\$66,152,836	4.97%
Federal Funds	\$15,072,512	\$0	\$66,146,707	\$81,219,219	6.11%
Other Funds	\$9,279,490	\$3,880,066	\$3,690,208	\$16,849,764	1.27%
Total Funds	\$720,592,582	\$414,415,481	\$195,278,985	\$1,330,287,048	100.00%
Percent of Total	54.14%	31.17%	14.69%	100.00%	

State hospitals and centers received \$542.9 million from all sources to provide facility-based services for 8,417 individuals; Figure 19, below, displays specific amounts of funds.

**Figure 19: FY 2019 State Hospital and Center Funds Received by Type of State Hospitals and Centers<sup>1</sup>**

Funding Source	State Hospitals	Other State Centers <sup>2</sup>	Training Centers	Total Revenues	Percent of Total
State General Funds	\$318,188,513	\$44,718,520	\$28,146,383	\$391,053,416	72.03%
Federal Funds	\$75,500	\$0	\$15,000	\$90,500	0.02%
Medicaid	\$39,375,890	\$18,200,462	\$67,594,280	\$125,170,632	23.06%
Medicare	\$12,737,684	\$655,752	\$643,418	\$14,036,854	2.59%
Commercial Insurance	\$6,147,203	\$136	\$468	\$6,147,807	1.13%
Private Payments	\$2,282,556	\$116,807	\$215,754	\$2,615,117	0.48%
Other Revenues	\$2,409,702	\$217,955	\$1,173,912	\$3,801,569	0.70%
Total Revenues	\$381,217,058	\$63,909,632	\$97,789,215	\$542,915,905	100.00%
Percent of Total	70.22%	11.77%	18.01%	100%	

<sup>1</sup> This table does not include total funds of \$123,359,084 for the DBHDS central office: \$78,576,262 of state general funds, \$16,864,192 of special funds, and \$27,918,630 of federal funds.

<sup>2</sup> Other State Centers are HDMC and VCBR.

## Expenditures by CSBs and DBHDS

Figures 20 and 21, below, display expenditures reported by CSBs, state hospitals and centers, and the DBHDS central office.

**Figure 20: FY 2018 CSB Expenditures by Program Area**

	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Expenditures <sup>1</sup>
CSB Services	\$687,753,076	\$399,253,365	\$175,841,315	\$1,262,847,756
Percent of Total	54.46%	31.62%	13.92%	100.00%

<sup>1</sup> This figure includes \$160,659,680 for CSB administrative expenses, 12.72 percent of the total CSB expenditures.

**Figure 21: FY 2019 State Hospital and Center and Central Office Expenditures**

	Expenses	Percent of Total
State Hospitals	\$377,929,057	61.03%

Other State Centers <sup>1</sup>	\$63,044,769	10.18%
Training Centers	\$66,388,342	10.72%
Central Office	\$111,864,918	18.07%
Total Expenditures	\$619,227,086	100.00%

<sup>1</sup> Other State centers are HDMC and VCBR.

## Major New Initiatives and Accomplishments

### Behavioral Health Community Services Initiatives and Accomplishments

#### *System Transformation Excellence and Performance (STEP-VA) Continuation*

- DBHDS is continuing to transform Virginia’s public behavioral health services system in a strategic manner, DBHDS worked with the Governor’s Administration, the General Assembly, and stakeholders to continue implementation of STEP-VA, an initiative to improve the public mental health system to address the needs of Virginians with mental health or substance use disorders across the entire lifespan. STEP-VA features a uniform set of services with consistent availability and improved oversight of services across all Virginia communities. STEP-VA focuses on the following four goals: access, quality, consistency, and accountability.
- The General Assembly funded STEP-VA’s second phase by appropriating funds for the 22 remaining Community Services Boards (CSBs) to implement Same Day Access (SDA) in FY 2019:
  - SDA allows an individual 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 individual is in need of services, they will receive a first appointment for the appropriate service within ten days or sooner depending on their clinical condition.
  - The General Assembly provided \$5.9 million for the second group of 22 CSBs to implement SDA in FY 2019. By the end of FY 2019, SDA was available in every CSB across the Commonwealth. SDA increased the demand for outpatient and other services at the CSBs and in the community. Currently, we are monitoring the average length of time from the SDA evaluation and the first offered and attended appointments.
- The General Assembly also funded primary care screening:
  - Primary care screening ensures individuals at high risk of physical health issues related to behavioral health conditions receive needed health screening and monitoring and connection to appropriate health care 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.
  - As of July 1, 2019, primary care screening is available at all 40 CSBs. The screening available at all 40 CSBs currently includes at a minimum height, weight, Body Mass Index (BMI), blood pressure for all clients with serious mental illness or serious emotional disturbance receiving targeted case management services. Additionally, any individual over the age three prescribed an antipsychotic medication is screened for metabolic syndrome in line with American Diabetes Association requirements.

- 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 ten business days of a SDA clinical assessment. Additional detoxification services will help divert individuals from admission to state mental health hospitals while under the influence of substances during emergency services evaluations. Funding will be used to increase staffing of psychiatrists and other mental health clinicians to serve both adults and youth.
- In FY 2019, DBHDS worked on a cooperative planning project for Behavioral Health Redesign with Department of Medical Assistance Services (DMAS). Through this project, a proposed continuum of evidence-based, trauma-informed services across the lifespan was articulated, and six specific services were selected for a proposed Phase 1 study. These services focus on high acuity services to support individuals in the community as part of a comprehensive solution to the psychiatric bed crisis. The planning period involved extensive stakeholder feedback and a rate study to be presented to the General Assembly in December 2019 regarding the following services: Program of Assertive Community Treatment (PACT), Multisystemic Therapy, Functional Family Therapy, Comprehensive Crisis Services, Intensive Outpatient, and Partial Hospitalization Programs.

### ***Community Adult Behavioral Health Services***

- Received a federal State Opioid Response (SOR) grant in the amount of \$15.3 million each year beginning October 2018 through October 2020 for prevention, treatment, and recovery plus a supplementary onetime allocation of \$8.7 million. DBHDS will use the funds in several ways:
  - Starting a Jail Opioid Diversion program in Henrico County. Since May 2018, eleven people have graduated from the program and all are still engaged in treatment. This effort also resulted in a cost savings for the jail of over \$100,000.00. This program has also been nominated for a national award from the National Association of Counties. Two additional locations have been established, Chesterfield and Fredericksburg.
  - Establishing Medication Assisted Treatment (MAT) programs in five Department of Corrections (DOC) institutions statewide, and we are purchasing naloxone for all operational staff. This program has the potential to impact over 250 inmates.
  - In 18 months, over 2,000 individuals will receive methadone, buprenorphine, or naltrexone through CSBs. Expansion included Federal Qualified Health Centers (FQHC) with SOR funding. MAT expansion has introduced the ability to utilize naltrexone as a treatment method where cost has prohibited previous efforts.
- 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 at risk. In June 2018, over 14,000 individuals have been trained to use this life-saving medication as well as 5,391 law enforcement officers in 286 law enforcement agencies.
- Received a three-year federal grant for a pilot program, Treatment for Pregnant and Postpartum Women (PPW-PLT). Every year, DBHDS receives \$1 million to expand Project LINK, an intensive case management and treatment program that provides trauma-informed and family-centered Substance Use Disorder (SUD) services to pregnant and postpartum women.

- About 60 staff from across the state attended the Assertive Community Treatment (ACT) training. A second event is being planned for the fall to accommodate growing demand.
- Published findings from four years of data submitted by Coordinated Specialty Care (CSC) providers. This report was the first of its kind since CSC began. All eight of Virginia's CSC teams were selected to participate in a nationwide study testing a new web-based training platform known as CSC OnDemand. Only 30 teams were selected nationwide.
- Provided \$1.47 million in Substance Abuse and Mental Health Services Administration (SAMHSA) funds for Projects for Assistance in Transition from Homelessness (PATH) to 14 CSBs. These dollars will provide outreach and case management services to individuals with behavioral health disorders who are experiencing homelessness. Virginia PATH providers work with more than 3,000 homeless individuals.
- Served as lead agency for Supplemental Security Income/Disability Insurance (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 statewide assisted over 100 individuals with securing disability income, and 86 new providers were trained.
- Funded five providers through the Virginia Road2Home initiative, using a \$2.3 million SAMHSA Collaborative Agreements to Benefit Homeless Individuals grant, to engage and house individuals with behavioral health disorders who were chronically homeless, including veterans. Road2Home providers contacted over 1,200 individuals and assisted 259 others with securing and maintaining permanent housing.

### ***Community Child and Family Behavioral Health Services***

- Started training for 132 clinicians across the Commonwealth in two Evidence Based Practices (EBP) for workforce development efforts. These individuals include 17 clinicians in Parent Child Interaction Therapy (children ages 2-7) and 105 clinicians in Trauma Focused Cognitive Behavioral Therapy (ages 3 to 18). The Office of Children and Family Services (OCFS) continued training for the evidence-based practice, Adolescent Community Reinforcement Approach (ages 16-25) for ten clinicians.
- Developed Crisis Stabilization Unit (CSU) expectations for programs operated by CSUs and increased data quality with CSBs to enhance data evaluation and monitoring of services.
- Awarded a contract to a qualified vendor to develop the Virginia Wraparound Implementation Center (VWIC). The primary functions are to provide support to this Evidence-Based practice through workforce training and credentialing of EBP, technical assistance to wraparound implementing organizations and communities, and development and implementation of measures to ensure quality outcomes.
- As of July 2019, 154 individuals received services at the four Youth Substance Abuse and Treatment (YSAT) sites, and this number is expected to increase by the end of the grant year. YSAT provides Evidence-based practices for transition age youth using the ACRA model. DBHDS hosted a Provider Learning Collaborative for each YSAT project site.
- In 2019, the Early Intervention Part C program achieved the highest rating from the U.S. Department of Education. There were 21,034 infants and toddlers served in Early Intervention Part C in FY 2019, which is a four percent increase from the previous year.

## ***Behavioral Health and Wellness***

- **Suicide Prevention**
  - The Lock and Talk Virginia Campaign (Lethal Means Safety Campaign) is designed to reduce access to lethal means and increase knowledge of suicide prevention techniques. The campaign provides instruction on coordinating and implementing lethal means safety campaigns as well as templates for materials needed to implement the environmental strategies. We have expanded beyond Region 1 to include Region 2, Region 3 East, and Region 4.
  - The Zero Suicide Initiative promotes suicide prevention in health and behavioral health care systems, and it expanded to four additional CSBs beginning in 2018. Those CSBs are: Alleghany Highlands, Eastern Shore, Northwestern, Rappahannock Area. These sites will continue to work with partners to assist in the development and implementation of work plans for their localities and promote best practices.
  - To date, 72 trainers are certified in Applied Suicide Intervention Skills Training (ASIST). As of June 2019, 2,677 individuals have been trained as well.
- **Mental Health Awareness**
  - To date, trained 57,025 individuals in the eight-hour Mental Health First Aid (MHFA) course. Virginia has 596 MHFA trainers across the Commonwealth. MHFA has specific curriculums that are designed for target populations such as: adults, youth, higher education, public safety, older adults, rural communities, and Spanish speaking audiences. This training has been in high demand by the higher education and public safety sectors.
- **Substance Use Disorder Prevention**
  - The Substance Abuse Block Grant Prevention Set-Aside has transformed the CSB prevention system into a performance based system by utilizing the SAMHSA Strategic Prevention Framework (SPF). This year, all 40 CSBs, in partnership with their local community coalitions, implemented individually based prevention programs that served 25,276 individuals. Population substance misuse and use disorder prevention practices and strategies -such as media campaigns, community mobilization, policy changes, etc.- reached 8,101,533. This number is a duplicated count due to many citizens of the Commonwealth being impacted by more than one strategy.
  - Additionally the CSBs and their coalition partners participated in providing merchant education to tobacco retailers on the laws prohibiting tobacco sales to underage youth within their catchment areas, reducing youth access to tobacco to 10.1% from 13.2 % over the last five years.
  - The Partnership for Success Strategic Prevention Framework (PFS SPF) accomplishments included: coalition capacity building, media campaigns, local policy efforts, harm reduction efforts, and community-level education and training for nine grantees that reach 25 counties. PFS SPF targets prescription drug and heroin overdoses, targeting 18-25 year olds in the highest need communities.
  - The new SOR funds will enable 37 communities to expand their local efforts to prevent opioid misuse and addiction. Data collection will be available in the next annual report.
  - Numerous initiatives related to the Curb the Crisis website and marketing campaign rolled out, including radio ads, TV ads, billboards and gas station toppers to heighten community awareness on the dangers of opioids and proper prevention. In social media,

including Facebook, Twitter and Instagram, achieved 74,100,397 total impressions, 1,505,628 engagements and 3,327 new followers. The website and messaging is organized in the areas of opioid prevention, treatment, recovery and rescue through REVIVE! training. Curb the Crisis was managed in partnership with the Virginia Department of Health (VDH) and in conjunction with the social marketing firm Reingold.

- Nearly all CSBs have been trained to heighten awareness on Adverse Childhood Experiences (ACEs), and they have started creating ACE Prepared Self-Healing Communities. To date, DBHDS trained 122 trainers who will train others in the ACE Interface in an effort to heighten awareness of the impact childhood trauma and how it relates to mental, physical and emotional disorders.
- DBHDS sponsored two Virginia Community Anti-Drug Coalition (CADCA) Academies that trained 70 participants who represented 29 community coalitions in using evidence approaches to address substance misuse in their communities.

### ***Behavioral Health Equity***

- Held the first Behavioral Health Equity Summit, which had over 100 attendees representing 15 CSB catchment areas. The attendees could apply for small grants to improve equity in their communities, and seven grants were awarded.
- The former Cultural and Linguistic Competency (CLC) Advisory Group has been recalibrated into the Promoting Equity Advisory Council (PEAC). PEACs role is to identify opportunities to enhance equity in the behavioral health system.
- Oversaw the Virginia Refugee Healing Partnership (VRHP) a grant that was awarded to the Department of Social Services (DSS). In FY 2019, VRHP held mental health conferences in Roanoke, Arlington, and Richmond that were attended by 380 clinicians, agency executives, direct service providers, community support partners, volunteers, and refugee leaders.

### ***Office of Recovery Support Services***

- Trained and certified peer recovery specialists (CPRS) and family support partners who are individuals or family members with lived experience of mental illnesses or substance use disorders.
  - Currently, 943 new peer recovery specialists are eligible for certification. This number results in a workforce of 1514 peer recovery specialists and family support partners trained since January 2017.
  - The Virginia Certification Board reported 517 certified peer recovery specialists.
- Trained 158 peer recovery specialist supervisors, resulting in 519 PRS supervisors trained since January 2017 to support the new workforce.
- Continued training for peer recovery specialists and PRS supervisors in the five regions, and 76 active PRS trainers provided multiple training opportunities. We also offered PRS supervisor training on demand for groups of ten or more.
- In July 2018, regulations required that CPRS be registered with Department of Health Professions (DHP) Board of Counseling, and 246 CPRS were registered.

### ***Military and Veterans Affairs***

- The Department created the first full-time Military and Veterans Affairs Manager position. This position coordinated the Richmond Mayor’s Challenge to Prevent Suicide among Military Service Members, Veterans, and Families (SMVF) with Mayor Levar Stoney’s Office and Richmond Behavioral Health Authority.
  - Richmond was one of the first eight cities to join the Challenge hosted by SAMHSA and the Veterans Health Administration (VHA).
  - Created an interagency team to use a comprehensive public health approach to regional suicide prevention for SMVF.
  - Since March 2018, the Challenge team has created specialized resource materials, conducted crisis intercept mapping in Richmond, and increased SMVF referrals from CSBs to VHA and Department of Veterans Services (DVS).
- Coordinated the Governor’s Challenge to Prevent Suicide among SMVFs, which was co-led by the Secretaries of Health and Human Resources and Veterans and Defense Affairs
  - Virginia was one of the first seven states to join the Challenge hosted by SAMHSA and VHA.
  - Since December 2018, the statewide Challenge team has attended two major Strategic Planning Academies and multiple best practice training sessions, expanded suicide prevention efforts with the National Guard, created specialized resource materials, conducted crisis intercept mapping in Greater Hampton Roads, and increased SMVF referrals from multiple state agencies to VHA and DVS.
- Hosted four Military Culture and Suicide Prevention Summits for Community Services Providers in Radford, Abingdon, Fairfax, and Lexington. To date, 325 Community Services Providers are trained in military culture, lethal means safety planning (with emphasis on firearm safety), and SMVF resources.
- Initiated a STEP-VA Veteran Workgroup (WG) with eight CSBs.

## **Developmental Services Initiatives and Accomplishments**

### ***U.S. Department of Justice Settlement Agreement***

Virginia is in the eighth year of its ten-year implementation process of the Settlement Agreement to improve and expand services and supports for individuals with developmental disabilities (DD) and to create a comprehensive system of home and community-based services that promotes community integration and quality. Information on progress towards compliance with the Agreement and stakeholder feedback is available on the DBHDS website. In September 2018, Judge John A. Gibney, Jr. ordered the parties in the matter to work collaboratively to develop compliance indicators to provide further details on actions the Commonwealth will take during the remainder of the term. At the conclusion of FY 2019, the parties reached agreement on provisions regarding case management, crisis services and family-to-family peer mentoring, representing 16 out of the remaining 54 outstanding provisions.

The focus in the final years of implementation of the Agreement will be on finalizing necessary enhancements to case management, fully implementing the Individual and Family Support State Plan (IFSP), building out the crisis intervention continuum in concert with STEP-VA, and continued provider development to ensure sufficient capacity of quality providers delivering

most integrated service options throughout the Commonwealth. The Division of Developmental Services will also work collaboratively with the Divisions of Licensing and Statutory Affairs and Quality Improvement in support of developing and implementing required state quality management and improvement functions for DD home and community-based service delivery systems as outlined in the Settlement Agreement and as required by the Centers for Medicare and Medicaid Services (CMS).

### ***Crisis Services for Adults and Children***

Crisis services are a critical component of a comprehensive community service delivery system that can respond to individual's needs where they are and play a significant role in avoiding unnecessary hospitalization and further trauma.

- DBHDS received 1,467 referrals to the child Regional Education Assessment Crisis Services Habilitation (REACH) crisis program, which is a 13 percent increase over the previous year's 1,294 referrals.
- DBHDS received 2,347 referrals to the adult REACH crisis program, which is a 28 percent increase from the previous year's 1,837 referrals.
- Two children's crisis therapeutic homes have been built to help families needing out of home crisis stabilization efforts.
- Two adult transitional homes have been built to help reduce lengths of stay at crisis therapeutic homes and in hospitals that are related to inadequate provider capacity.
- Since the inception of REACH services, the length of stay in state psychiatric hospital for individuals with developmental disabilities decreased from an average length of stay of 113 days to 42 for adults and an average length of stay of 19 days to ten for children.

### ***Integrated Day/Supported Employment Services***

The Commonwealth as an Employment First state continues to promote the value of employment for all persons with disabilities. Through the DD Waiver Redesign, DBHDS expanded the array of integrated day and employment related services and supports meant to support youth and adults with gaining access to meaningful participation in their communities and increasingly join the workforce. Achieving compliance with the Settlement Agreement will require continued expansion of qualified providers to offer the new integrated day services throughout the Commonwealth.

- Published two semi-annual reports on employment with 100 percent participation from employment service organizations.
- For the first time, more individuals are receiving individualized supported employment than group supported employment services, which is a reflection on increasing numbers of individuals gaining access to competitive, integrated employment in their communities.

### ***Medicaid Waiver Services for Individuals with Developmental Disabilities***

The Medicaid Home and Community-Based Services (HCBS) waiver program forms the backbone, as in all states, of the DD community service delivery system in the Commonwealth. The HCBS waivers prescribe, based on the Commonwealth's approved applications to CMS, the types of services the Commonwealth may offer and provides the funding for the vast majority of those children and adults receiving services through a combination of state and federal funding.

- The DD HCBS waivers are also subject to the 2014 Settings Rule found at 42 CFR §441.301(c)(4). There are approximately 3,000 settings serving children and adults in the DD service delivery system that have submitted self-assessments of compliance with the Settings Rule. The self-assessment results found 22 settings fully compliant with the rule, 2,890 settings do not comply but could with modifications, and 66 settings will require heightened scrutiny review to determine compliance. Settings must achieve compliance with the Settings Rule by December 2021 to ensure continued participation in the Medicaid program.
- Using principles based in the *Supporting Families Across the Lifespan Community of Practice* supported by The National Association of State Directors of Developmental Disabilities Services (NASDDDS), DBHDS implemented a test of the Individual Planning Calendar module in the Waiver Management System (WaMS) with five CSBs. Based on feedback, modifications were made to certain elements in preparation for statewide roll out of the module in early FY 2020.
- CMS renewed the DD Community Living Waiver for five years.
- Worked with DMAS staff to review and respond to nearly 2,000 public comments about the proposed permanent DD waiver regulations
- Reviewed the HCBS settings regulation second round self-assessments completed by all providers, which determines compliance, partial compliance, or non-compliance with the regulation by providers. DBHDS worked with DMAS to complete the HCBS Statewide Transition Plan for submission to CMS for final approval. Along with DMAS staff, began to conduct onsite reviews of those DD waiver providers identified as likely requiring "heightened scrutiny" related to HCBS settings regulation compliance.

### **Waiver Waitlist**

- As of June 30, 2019, there were 13,589 active individuals on a waiver.
- As of June 30, 2019, the waitlist was as follows:
  - Priority One: 3,555
  - Priority Two: 5,833
  - Priority Three: 3,692
  - Total Wait List: 13,080
- Conducted onsite reviews of documentation for a five percent sample of each CSB's individuals on the DD waiver waitlist to ensure accuracy and consistency of interpretation across the state for waitlist placement criteria and priority level status.
- Sent individual choice forms to over 11,600 individuals and families and received 9,600 completed forms, an 83 percent response rate. This response rate is an improvement over the previous year's 75 percent response rate.

### ***Integrated Health***

The Office of Integrated Health (OIH) was established by DBHDS in response to the need for improved access to identified gaps in services, to improve quality of life and overall health. The Health Support Network (HSN), under the umbrella of the Office of Integrated Health (OIH), has identified short and long term goals of identifying gaps in services and supports to immediately improve the quality of care and health. In the long-term, the goal is to build an infrastructure of health professional knowledge through outreach and education. During FY 2019, the OIH continued to provide gap services and continue working towards OIH's long-term goal through our educational trainings and technical assistance. The HSN has three programs designed to provide gap services to include: dental, mobile rehab engineering, and community nursing.

- Performed 7,408 repairs to 3,415 pieces of equipment and made 53 custom adaptations, 85 percent of which specifically reduced risk of injury to the individuals served. Six technicians in the Mobile Rehabilitation Engineering (MRE) team completed the work.
- Engaged in 2,389 registered nurse community interactions: 90 percent addressed risk aversion and communicated best practices, eight percent increased access to services, and two percent reduced costs.
- Provided dental services to 1,355 individuals with DD without using restraints or general anesthesia through the Health Support Network program with only four dental full time employees (FTEs). Extended existing contracts for fixed rate and sedation dental services.
- Conducted 659 DD Preadmission Screening and Resident Review evaluations that diverted 50 adults and three children referred to or seeking admission to nursing homes and resulted in 18 adults and six children transitioned to their communities.

### ***Provider Development and Improvement***

Provider Development and Improvement is charged with monitoring provider network capacity, supporting provider development to meet gaps in services, and providing training and technical support to improve provider performance.

- Held quarterly Provider Round Tables attended by 1,254 provider representatives
- Held quarterly Support Coordination Meetings attended by 304 support coordination representatives to share updates, initiatives, and obtain stakeholder feedback
- Supported the statewide effort to provide Person-Centered Thinking and related training to 673 people
- Coordinated provider development activity support and technical assistance with 72 providers, in addition to fielding daily technical support calls and emails
- Launched a streamlined, online Individual Support Plan that reduced content redundancy by approximately 60 percent from earlier versions
- Processed 406 Regional Support Team (RST) referrals to review informed choice and increase consideration of more integrated service options statewide and provided RST training to 519 people
- Provided Individual Support Plan (ISP) and waiver-related training to 2,132 people from provider agencies and CSBs, as well as ten Medicaid audit staff
- Published two semi-annual reports on Provider Development efforts that summarized program development by region and locality and areas of continued need

- Completed two semi-annual Provider Data Summary webinars to 400 registrants to increase awareness of service gaps and share ways to use data in strategic planning efforts
- Developed and maintained a Baseline Measurement Tool that provides baseline and subsequent data on integrated services, collected at six month intervals, across all cities and counties in Virginia
- In March 2019, hosted a Provider Innovation Collaborative that focused on quality and best practice attended by 400 people and included speakers from Virginia and national experts
- Developed and implemented a Provider Readiness Education Program designed to enable newly licensed providers to increase their understanding of Virginia’s expectations and requirements. This effort also provides the tools to be successful with 38 providers completing the first semi-annual session.

## **Administrative and Community Operations**

### ***Individual and Family Supports Program (IFSP)***

IFSP was created to help families and individuals with developmental disabilities find supports in their communities and connect with other families. IFSP helps individuals and families by providing financial assistance; education, information, and referrals; family mentoring; and, support for community action. There is a statewide IFSP Council and five regional IFSP Councils led by individuals and families who guide the program.

- The IFSP funding program assisted 3,028 individuals with \$2,998,243 for supports.
- In April 2019, DBHDS launched the revised “My Life My Community” website to provide person-centered information to individuals and families on access to services and supports. The site provides information on waiver, housing, family support, and provider development. The DD Service Availability Survey fields were also included on the Provider Portal resource directory for providers to update when they register as a Professional Member. <http://www.mylifemycommunityvirginia.org/>. Below are stats for the MyLifeMyCommunityVirginia.org page:
  - Number of visits: 7,253
  - Number of Users: 5,459
  - Number of Page Views: 11,509
  - Number Users Who Used the Map: 1,451
  - 20 percent of Visitors are ‘Returning Visitors’
  - 80 percent of Visitors are ‘New Visitors’
  - Average Duration on the Site: 2:12 minutes
  - 80 percent of calls to the call center were from individual/families and 20 percent were from providers
- DBHDS established 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. During its first year of the collaboration, VCU Center Family Involvement (CFI) maintained 60 active family navigators, employed five regional navigator coordinators, and managed quarterly call volumes for assistance for over 230 unduplicated households.

- The State IFSP Council adopted benchmarks to demonstrate progress towards meeting the goals of the IFSP State Plan.

### ***Office of Integrated Supports Services (OISS)***

The Office of Integrated Supports Services manages the data and analytics for the division. Scoring the Supports Intensity Scale® (SIS) is a critical function that is mandatory for the administration and distribution of the DD waivers. WaMS is the primary data source utilized for reporting. OISS manages the administration of the DD Waivers Customized Rate process.

- OISS created the Developmental Services DataMart that is updated each business day in the morning. It provides data and analysis upon request for daily operation of various divisions in DBHDS.
- This feature was introduced in the new Developmental Services Dashboard at the end of FY 2019.
- DBHDS completed 443 ad-hoc tasks in FY 2019. Many quality metrics are available on a daily basis in the OISS Reportmart, and the team continues to build and maintain production reports critical to efficient operations and Settlement Agreement compliance reporting.
- DBHDS scored and distributed a total of 4,802 Supports Intensity Scale® assessments and imported the results to WaMS. Currently, there 13,861 active individuals on DD Waivers and 13,080 individuals on the waiting list in WaMS.

### **DD Waivers Customized Rate Process**

The customized rate helped individuals on the DD Waiver to successfully live in the community by providing funding for additional one-to-one and two-to-one staffing supports. The customized rate also allowed providers to hire staff with higher levels of combined training, experience, and education to ensure that individuals receive the highest quality supports available. Since the inception of the customized rate, providers have been successful at mitigating risks associated with challenging medical and behavioral support needs and have been able to offer individuals increased opportunities to successfully integrate in their communities.

- Customized rates have been approved for a total of 151 applications. This number represents total applicants and not total individuals. Some applicants have applied for more than one service type or have multiple applications for the same individual due to annual review requirements.
- The position of Customized Rate Consultant (CRC) has been added to the team, which provides direct on-site support to providers across all five regions. The CRC conducts pre-review assessments to confirm that providers have sufficient evidence to justify a customized rate prior to committee review, provides technical support to providers who need assistance navigating the process, and works with providers to ensure best practice standards are in place as it relates to properly documenting and analyzing medical and behavioral data.

### **Cross-Disability Services**

In FY 2019, DBHDS conducted a leadership reorganization that recognized services that span the disability continuum through the creation of an integrated team of mental health, developmental disability, and substance use disorder staff. These services included items such as housing, case management crisis services, and supported employment.

### *Cross-Disability Crisis Services*

DBHDS is working to build a cross-disability, child and adult crisis services delivery system. In FY 2019, DBHDS formed a crisis workgroup focused on STEP-VA, Behavioral Health Redesign, and general crisis service transformation.

- DBHDS held two focus groups with CSB partners to review National Best Practice Models and the future of the system in Virginia.
- DBHDS and CSB partners visited Georgia and Arizona to learn from their best practice models.
- DBHDS and DMAS instituted a combined focus group and behavioral health redesign workgroup and successfully developed service definitions for crisis services with general consensus.

### *Community Housing*

- Established the Office of Community Housing, which combined two existing teams into a single, cross-disability operational unit. This office develops, coordinates, and administers supportive housing resources for individuals with developmental disabilities and behavioral health disorders.
- Participated in interagency leadership, planning, and advisory bodies to coordinate efforts to end homelessness and increase housing options for individuals with behavioral health disorders and developmental disabilities. 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, the Housing Expert Advisory Panel of the Joint Subcommittee to Study Mental Health Services in the 21<sup>st</sup> Century, the Permanent Supportive Housing (PSH) Steering Committee, and the Integrated Housing Advisory Committee.
- Through the PSH Steering Committee, DBHDS produced a comprehensive, interagency Action Plan to increase PSH for individuals with serious mental illness.
- Allocated \$1.47 million in SAMHSA Projects for Assistance in Transition from Homelessness (PATH) funds to 14 CSBs to provide outreach and case management services to individuals with serious mental illness who were experiencing homelessness. Virginia PATH providers engaged more than 3,000 homeless individuals through street outreach and shelter in-reach.
- Served as lead state agency for Supplemental Security Income/Disability Insurance (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 illness who are homeless or at risk of homelessness. DBHDS provided targeted SOAR training to state hospital, behavioral health jail discharge planners, and community

homeless services providers resulting in increases in both the number of disability applications submitted and the application approval rate.

- Funded four providers through the Virginia Road2Home initiative, using SAMHSA Collaborative Agreements to Benefit Homeless Individuals (CABHI) grant funds to outreach, house, and provide behavioral health services to individuals experiencing chronic homelessness, including veterans. Road2Home providers engaged more than 2,500 individuals through street outreach and assisted over 350 people with securing and maintaining permanent housing.
- Used \$10.5 million in state funds to establish sixteen PSH providers across the state to serve 900 individuals with serious mental illness. These 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. By the end of FY 2019, 135 individuals had been discharged directly from state hospitals into PSH.
- Implemented the PSH for Pregnant or Parenting Women with Substance Use Disorders Initiative at three CSBs: Northwestern, Richmond Behavioral Health Authority, Blue Ridge Behavioral Healthcare, and Hampton-Newport News CSB. Together, they will assist 75 households and provide or coordinate a comprehensive array of community-based supportive services for all household members.
- Under the Housing Choice Voucher Admissions preference and the State Rental Assistance Program, 147 individuals covered by the DOJ Settlement Agreement moved into independent housing. Since these efforts were initiated, 956 individuals now live in their own rental housing in their communities.
- Funded a Community Housing Development Initiative in Prince William County, providing a \$2.5 million capital subsidy to develop ten units of affordable housing for individuals in the Settlement Agreement population.

## **Facility Services**

### ***Major State Hospital Issues***

Since the enactment of the mental health law changes in FY 2014, the state mental health hospitals have experienced an average annual growth rate of two percent, or more, using approximately 30 additional beds each year. Although the average annual number of civil temporary detention orders (TDOs) has remained relatively stable, the role of the private hospitals in admitting those individuals has continued to decline, contributing to 333 percent increase in civil TDO admissions between FY 2013 (1,359 TDOs) and FY 2019 (5,877 TDOs). The civil census pressures were further compounded by a 199 percent growth in total forensic admissions during the same time, growing from 930 admissions in FY 2013 to 1,852 admissions in FY 2018.

In the fourth quarter of FY 2019, the state hospital census increased significantly relative to the growth rate in prior years, growing from an average census of 94 percent in FY 2018, to a current census of 98 percent, with many of the hospitals routinely being at or over census on a daily basis. From a point in time perspective, bed use in a hospital fluctuated by five percent or more given daily variations in admission rates. Thus, even those state hospitals operating at 95

percent capacity were frequently three or more patients over funded bed capacity *before* diverting to other state hospitals. Emergency diversions from one state hospital to another occurred multiple times each week.

### ***Community Integration Services***

Community Integration Services (CIS) provides a critical role in state hospital census management through the administration of Discharge Assistance Plan (DAP) funds. DAP is a major tool for overcoming the extraordinary barriers to discharge (EBL) for individuals in state mental health hospitals who are clinically ready to leave but unable to do so due to the lack of needed community housing, services, and supports. Each year, approximately 750 new individuals are added to the EBL and the average number of individuals on the EBL grew from 152.5 in FY 2015 to 186.7 in FY 2018.

- In FY 2019, CIS oversaw the use of \$30,853,523 in DAP funds used to assist individuals leaving state hospitals and continuing their recovery in more integrated community settings. In the past four years, the total number of individuals served with DAP in the community has grown by 65%, increasing from 1,123 individuals in FY 2015 to 1,860 individuals in FY 2018. Additionally, DAP funds are also used to support 145 assisted living facility beds in three locations, and 48 group home beds in six locations throughout the state.
- In FY 2019, CIS began a statewide, region by region, in-depth review of processes around utilization of DAP funds. This review involved a review of DAP plan submission and approval processes, tracking and accounting of funds and plans, regional invoicing processes, adherence to the DAP Administrative Manual, and practices in place to assure all available funding sources are maximized prior to utilization.
- CIS revised the Individual Discharge Assistance Program plans (IDAPPs) reporting forms to provide for better tracking of DAP expenses, individual contribution amounts, benefit payments and types of services and supports that are funded. The revised quarterly regional reporting form will reflect not only funds encumbered, but rate of spending and available balances. The CIS also revised the Collaborative Discharge Protocols for Community Services Boards and State Hospitals: Adult and Geriatric. These protocols define current role expectations, timeframes and requirements related to CSB and state hospital involvement in the discharge process.

### ***Training Centers***

In 2018, DBHDS closed Southwestern Virginia Training Center (SWVTC), and we continue to downsize Central Virginia Training Center (CVTC) with a plan to close in FY 2020. Closure will leave Southeastern Virginia Training Center (SEVTC) and Hiram Davis Medical Center (HDMC) as parts of a comprehensive array of community and facility-based services.

- CVTC continued to downsize as individuals transitioned to community settings throughout the year with 45 individuals remaining at the close of the Fiscal Year.
- SEVTC census ended the year serving 72 individuals, and the facility will remain open with a bed capacity to support 75 residents.

### ***Major Hospital and Center Milestones***

### *Central State Hospital Rebuild*

- The 2019 Appropriation Act, Chapter 854 Item C-43.50, provided funding for the preparation of a pre-planning study for the replacement of Central State Hospital. This study was a joint effort between the Department of General Services and DBHDS. The pre-planning study, prepared by HDR Architecture, Inc., was submitted on December 1, 2018, for funding consideration.
- The 2019 session of the General Assembly provided funding, available July 1, 2019, for the replacement of Central State Hospital. The first step in this process was the procurement of Architectural & Engineering Services. The Architectural and Engineering Firm Selection process began on May 6, 2019 through posting of a request for proposal.

### *Western State Hospital Expansion*

- In anticipation of the issuance of a building permit for the expansion of Western State Hospital the following action items were completed in FY 2019:
  - Preliminary drawings for the expansion were approved in July 2018.
  - Working drawings were submitted for approval by the Department of Engineering and Buildings in November 2018.
- The construction of this project will be procured through the standard Design-Bid-Build process, but pre-qualified contractors will be used. Related action items completed in FY2019.
  - A Request for Qualifications was posted on November 11, 2018.
  - Qualifications were received on December 11, 2018 and reviewed by the selection committee.
  - Eight firms were pre-qualified to bid for this project.

### *Virginia Center for Behavioral Rehabilitation (VCBR) Expansion*

- Renovated a unit at Piedmont Geriatric Hospital to help manage growing VCBR census. Unit is designed for individuals with significant medical needs thus mitigating risk.
- Broke ground for the VCBR expansion which will ultimately add 182 more beds to the overall capacity at VCBR and will address some long standing-needs for treatment space.

### *Alternative Transportation*

Currently, most individuals who are being transported to inpatient treatment under a TDO are placed in a law enforcement vehicle and may be handcuffed even though the vast majority of individuals committed no crime. The current practice of transporting people in need of involuntary hospitalization can intensify trauma and make people less likely to engage in treatment in the future. Alternative transportation will provide safe and secure transportation that is trauma informed and focused on the individuals' recovery and engagement in treatment. G4S, the private company under contract with DBHDS, will provide alternative transportation to an estimated 50 percent of all TDOs in Virginia during the contract period. In FY 2019, there were over 25,000 TDOs of adults and children. Additionally, alternative transportation has the benefit of alleviating burden on law enforcement, who are currently providing nearly all of the statewide transportation services of people under a TDO. During FY 2019, DBHDS:

- Developed the request for proposal (RFP) based on the results of the Alternative Transportation Pilot Project with Mount Rogers CSB
- Hired Alternative Transportation Coordinator
- Awarded G4S with a three-year contract for the statewide provision of transportation services for people experiencing a mental health crisis and are under a TDO and clinically assessed to be appropriate for such transportation
- Began meeting with statewide stakeholders in June, including magistrates, Virginia Association of Chiefs of Police, Virginia Sheriffs Association, Virginia Hospital and Healthcare Association (VHHA), and VACSB to work on operational guidelines for adults
- Convened a work group to develop guidelines for the transportation of children
- Ordered new alternative transportation vehicles along with equipment to retrofit them with safety equipment for the service

### ***Forensic Services***

#### *Jail Diversion*

- Released funding for Forensic Discharge Planners in two jails with the highest number of individuals with serious mental illnesses (SMI): Hampton Roads Regional Jail and Southwest Virginia Regional Jail
- Funded three Rural Intercept 2 (initial detention and court hearings) Jail Diversion Programs at two CSBs: Northwestern, Piedmont, and Mount Rogers
- Funded rural Crisis Intervention Team (CIT) Assessment Sites at the following CSBs: Highlands, Crossroads, Northwestern, Planning District 1, and Alleghany Highlands
- Managed the Comprehensive Addiction and Recovery Act (CARA) planning grant with Department of Criminal Justice Services (DCJS), which was focused on addressing opioid issues in the criminal justice system. DBHDS also conducted five mappings across the state and developed a statewide plan. There will be a conference in October, and DBHDS will make notifications for implementation grant recipients in October

#### *Mental Health and Jails*

- Drafted report and re-convened work group to assist Board of Corrections (BOC) in developing minimum standards for behavioral health, medical, and pharmacy in all local and regional jails in Virginia
- Convened a work group to create a process for information sharing between jails and CSBs
- Worked with the State Compensation Board and the Department of Corrections to create a uniform release of information to be used by DOC, CSBs, local and regional jails, and state mental health hospitals

#### *Forensic Population and State Hospitals*

- Conducted 29 cases of individuals declared Not Guilty by Reason of Insanity (NGRI) on an outpatient basis, saving the state hospitals a minimum of 2900 occupied bed days. This effort was accomplished with no additional resources
- Successfully managed the pending forensic admission list to the degree the vast majority of were admitted within ten days

- Amended the manner by which risk assessments are completed within state hospitals and centers for forensic patients bringing the standard of practice in line with generally accepted professional practices
- At the close of FY 2019, the Juvenile Competency Restoration Program had 248 court orders to provide juvenile restoration services across the Commonwealth. At no time was a hospital bed at the Commonwealth Center for Children and Adolescents (CCCA) used to provide juvenile restoration services

#### *Office of Sexually Violent Predators (OSVP)*

- Facilitated a multi-agency initiative to coordinate sex offender treatment services across DBHDS, Department of Corrections (DOC) and community treatment providers. This increased treatment consistency and created a continuum of care across relevant programs.
- Collaborated with DOC on implementation of a new screening protocol to ensure the appropriate individuals, who are at highest risk for sexual offending, are referred for review for civil commitment

#### *Other Accomplishments*

- Supported outpatient competency restoration services in the community. In FY 2019, there were 384 outpatient restoration cases, representing a 100% increase from FY 2018. If not for the existence of outpatient competency restoration services, these 384 individuals would have been otherwise admitted to state hospitals and centers.
- Collaborated with the University of Virginia's Institute of Law, Psychiatry & Public Policy (ILPPP) on research about forensic evaluations of adult competency to stand trial and sanity at the time of the offense resulting in publications and professional presentations
- Provided peer review to psychologists and psychiatrists who conduct competency and sanity evaluations. The overall ratings improved since implementation of the peer review process.

## **Administrative Services Initiatives and Accomplishments**

### ***Human Resources Management***

- DBHDS 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, evaluating compensation tools, and succession planning.
- 120 participants attended the five-day Virginia Public Sector Leadership Certificate (VPSL I) program, bringing the cumulative total of DBHDS employees completing this program to 270. 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.
- 25 people participated in the five-day March 2019 VPSL II program. This annual training opportunity enhances leadership and supervision competencies for emerging leaders and is a

component of DBHDS' leadership development program, SystemLEAD. To date, 125 people have participated.

- The VPSL III program continued in 2019 with another 25 DBHDS executive participants successfully completing the program, bringing the cumulative total DBHDS executives completing this program to 50. 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.
- There were 24 DBHDS employees who started System LEAD in FY 2019 (graduation is in November 2019). SystemLEAD, 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, 125 people have participated in the SystemLEAD programs.
- The Direct Support Professional Career Pathways Program aim 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, 634 certificates have been awarded, 200 employees have completed two certificate programs.
- Expanded the compensation toolbox to help recruit and retain a quality workforce. Tools include the International Registered Nurse (RN) Recruitment Program, the Military Medics and Corpsman 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 loan repayment programs.
- In order to reduce turnover and enhance retention, a stay interview initiative was implemented statewide in May 2019. A proven employee retention solution was selected, utilizing Finnegan's Arrow in a systematic way for the department. It will continue to be implemented throughout FY 2020.

### ***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 Southwestern Virginia Mental Health Institute (SWVMHI) and Southern Virginia Mental Health Institute (SVMHI)
- Decommissioned 14 Central Office servers running outdated technology, helping DBHDS remain compliant with the VITA outdated technology initiative. This reduced costs to VITA by about \$42,000 per month or \$504,000 per year.
- Migrated 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 hospitals and training to end users on any changes that affect the use of the EHR

### ***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 more detailed data about medical services provided the Commonwealth

- Integrated data on deaths to increase the understanding of mortality of individuals who receive services in state mental health hospitals or community services
- Expanded data in the warehouse on REACH programs and related crisis services
- Continued to support the restoration of rights efforts initiated by the Governor’s Office.
- 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 Individual Support Plans (ISP) data from the Waiver Management System (WaMS)

***Procurement***

- Developed and presented "Procurement 101" training for the Central Office. This three hour training guides staff on state and agency laws and procedures when buying goods or services.
- Developed a revised building plan to remove walls and build cubicles increasing the staff capacity within Central Office
- Developed and presented a Procurement Symposium for DBHDS facilities and CSBs. This one day event was held at the Central State Hospital and covered topics such as Audit Findings, Business Associate Agreements, and Online Purchase Card Reconciliations.

**Compliance, Legislative, & Regulatory Affairs**

***Licensing Service Providers***

The Rules and Regulations for Licensing Providers by the Department of Behavioral Health and Developmental Services with the DOJ compliance emergency regulation language became effective September 1, 2018. Amendments to the licensing regulations in September 2018 strengthened requirements for providers to have quality and risk management programs; these will now be reviewed and enforced through licensing reviews. In conjunction with this, guidance documents and training materials were developed and shared with providers and posted on DBHDS’ Office of Licensing website.

There continues to be growth in the number of Medicaid Addiction and Recovery Treatment Services (ARTS) Waiver services. During FY 2019, the office licensed 208 new locations for providers of Substance Use Disorder (SUD) services. Additionally, in response to the redesigned Medicaid DD Waivers, the office licensed 205 new locations for providers serving individuals with developmental disabilities.

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
Complaint Investigation	1060
Consultation	1401

DOJ Investigation or Complaint	254
Other DOJ-Related Visits	30
Unannounced Visits	4102
DOJ-Related Death Investigations	732
Other Death Investigations	309
Service Modification Visits	987
Other Types Of Visits	85
Total Licensing Inspections	8960

Fiscal Year Change:	2012	2013	2014	2015	2016	2017	2018	2019	Change From 2012
	Licensed Providers	744	844	917	965	1,041	1,053	1,071	
Licensed Services	1,860	2,038	2,218	2,319	2,608	2,818	2,780	2456	
Licensed Locations	6,302	7,063	7,519	8,290	8,447	9,158	8,778	8133	

Services	Number	Services	Number
Inpatient Services	01	Crisis Stabilization Services	38
Methadone/Inpatient Detox Services	10	Residential Treatment Services	07
Intensive Outpatient Services	93	Children’s Residential Services	14
Intensive In-Home Services	63	Group Home Services	89
Outpatient	49	Supervised Living Services	06
Therapeutic Day Treatment Services	233	Sponsored Home Services	29
Psychosocial Rehabilitation Services	10	In-Home Support Services	22
Day Support Services	39	Autism Services	0
Case Management Services	8	Respite Services	4
Mental Health Support Services	96	Total Conditional Licenses	811

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

Type of Visit	Number
Complaint Investigation	1060
Consultation	1401
DOJ Investigation or Complaint	254
Other DOJ-Related Visits	30
Unannounced Visits	4102
DOJ-Related Death Investigations	732
Other Death Investigations	309
Service Modification Visits	987
Other Types Of Visits	85
Total Licensing Inspections	8960

**Human Rights**

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 1,028 human rights complaints filed in community programs, and 121 complaints (11.7 percent of the total) resulted in violations being determined.
- There were 8,768 allegations of abuse, neglect, or exploitation filed, and 1,265 (14.4 percent of the total) were founded.

<b>Table 27: FY 2019 Human Rights Data Reported by Community Providers</b>			
Total Number of Human Rights Complaints			1,028
Total Number of Complaints That Resulted in a Violation of Human Rights			121
Total Number of Allegations of Abuse, Neglect, or Exploitation			8768
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation			1265
Substantiated Allegations by Type		Exploitation	30
Physical Abuse	150	Neglect	817
Verbal Abuse	92	Neglect (Peer-to-Peer)	140
Sexual Abuse	12	Other	24
Resolution Levels for the 1,028 Human Rights Complaints and 8768 Allegations of Abuse, Neglect, or Exploitation			
Director and Below	9781	State Human Rights Committee	3
Local Human Rights Committee	12	DBHDS Commissioner	0

This year, 8,116 individuals received services in state hospitals and centers:

- There were 1,746 human rights complaints filed in state hospitals and centers, 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 hospitals and centers, and 81 (3.3 percent of the total) were determined to be founded.

<b>Table 28: FY 2019 Human Rights Data Reported by State Hospitals and Centers</b>			
Total Number of Human Rights Complaints			1,795
Total Number of Complaints That Resulted in a Violation of Human Rights			69
Total Number of Allegations of Abuse, Neglect, or Exploitation			2,856
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation			126
Substantiated Allegations by Type		Exploitation	27
Physical Abuse	26	Neglect	45
Verbal Abuse	22	Neglect (Peer-to-Peer)	3
Sexual Abuse	2	Other	1
Resolution Levels for the 1,795 Human Rights Complaints and 2,856 Allegations of Abuse, Neglect, or Exploitation			
Director and Below	4,645	State Human Rights Committee	3
Local Human Rights Committee	3	DBHDS Commissioner	0

## Division of the Chief Clinical Officer Initiatives and Accomplishments

The Division of the Chief Clinical Officer was established in August 2019 upon the reorganization of the senior leadership structure of DBHDS. The Division provides cross disability clinical and technical expertise and support across all program areas of the agency, to aid in leading system-wide transformation and enhance cross disability collaboration. The position of Chief Clinical Officer is a newly defined role for the agency and replaces the previous title of Medical Director. There are three offices that report to the Chief Clinical Officer: Clinical Quality Management, Data Quality and Visualization, and Pharmacy Services. The Chief Clinical Officer also serves as the lead for a number of interagency collaborations.

### ***Chief Clinical Officer***

- Medicaid Behavioral Health Redesign
  - DBHDS is the lead for interagency collaboration with DMAS, for the Medicaid Behavioral Health Redesign, to develop an evidence-based, trauma-informed, cost-effective, comprehensive continuum of behavioral health services for the Commonwealth.
  - In December 2018, co-led a stakeholder workgroup inclusive of over 100 participants, including representatives from state agencies, public and private provider organizations, professional organizations, advocacy groups, academic centers, and hospital systems. This group informed the publication of four documents and worked in collaboration with the Farley Center for Health Policy at the University of Colorado School of Medicine on: 1) *Evidence Based Review of Effective Psychosocial Interventions*; 2) *Service Gap Analysis*; 3) *Stakeholder Survey Report* and; 4) *Virginia Medicaid Continuum of Behavioral Health Services*.
  - Developed a four phase implementation plan for the development of new, redesigned, and/or enhanced services that align with behavioral health initiatives across the state, including STEP-VA, the Department of Juvenile Justice (DJJ) Transformation, the Families First Prevention Services Act Implementation, the Governor's Children's Cabinet on Trauma Informed Care, and the Department of Education (DOE) Project AWARE and Tiered Systems of Support.
- Emergency Department Care Coordination (EDCC) - EDCC serves as the DBHDS liaison for the Virginia Department of Health (VDH) led EDCC Advisory Group and the Clinical Consensus Group to ensure behavioral health priorities and initiatives are enhanced by the use of the technology.
- Criteria for Medical Assessment Guidelines - In collaboration with VHHA, Virginia College of Emergency Room Physicians (VACEP), VACSB and the Psychiatric Society of Virginia (PSV), DBHDS published the *Criteria for Medical Assessment Guidelines* in November 2018 after a two year collaboration on a consensus guideline document to improve the quality of care, efficiency of operations and the standardization of the medical assessment of individuals presenting to emergency departments, with behavioral health emergencies. The Protocol Review and Monitoring Committee continues to meet monthly to monitor and review the implementation of the guidelines and develop targeted interventions for improvement.
- Virginia Mental Health Access Program (VMAP) - The General Assembly awarded DBHDS \$1.2 million for implementation of the program, an initiative led by the Virginia Chapter of

the American Academy of Pediatrics to train and build capacity among pediatric primary care providers in providing evidence based mental health screening, treatment, and targeted referrals.

### ***Clinical Quality Management***

DBHDS defined the Quality Management System, which includes quality assurance, risk management and quality improvement. DBHDS's agency restructuring promoted the delineation and direction of efforts related to quality improvement, quality assurance and risk management. DBHDS formalized a quality improvement committee structure and continues implementing and refining quality improvement processes and quality measures.

### ***Quality Management System***

- Clearly defined the Quality Management System (QMS) functions to include quality assurance, risk management and quality improvement. Compliance, Legislative and Regulatory Affairs assumed responsibility for quality assurance and risk management. The Chief Clinical Officer assumed responsibility for quality improvement functions of the Quality Management System.
- The QMS structure, which includes quality assurance, risk management and quality improvement functions, was formalized. This structure is supported by quality improvement (QI) committees, workgroups and councils. The QI committee, council, and performance workgroup charters were developed to clearly define the charge and functions of each group.
- A Quality Improvement Plan was developed and monitored for each CSB as a follow up to the comprehensive onsite data quality and case management review conducted at all 40 CSBs. This effort focused on improvements in case management processes and in the accuracy and completeness of case management services data collection and reporting.
- The Settlement Agreement Independent Reviewer reported significant improvement in the discrepancy rate of Individual Support Plans. The discrepancy analysis showed a reduction of discrepancies from 20 percent to eight percent.
- In collaboration with the Partnership for People with Disabilities at VCU, DBHDS developed and published a case management services orientation manual and revised and published updated case management services training modules which are posted online.
- DBHDS completed quality service reviews, including 400 person-centered reviews and 50 provider quality reviews, and completed 800 surveys of individuals with developmental disabilities (National Core Indicators).

### ***Mortality Review***

- Revised the Mortality Review Committee (MRC) charter to ensure consistency with DBHDS QI committee, council, and workgroup charters.
- Continued tracking all relevant data to analyze for trends and patterns, by developing an electronic Mortality Review Form that replaced paper documents. Data is now tracked consistently and precisely, from one location, and is used to identify trends, patterns, service gaps, and quality measures; make recommendations; and evaluate outcomes.

- Completed 342 mortality reviews, performed and documented follow-up for recommended actions that were focused on system quality improvement measures.

### ***Data Quality and Visualization***

- The Office of Data Quality and Visualization began the implementation of a three phase Data Quality Plan which includes the assessment of data quality at the source system level, storage level, and reporting level.

### ***Pharmacy Services***

- Developed the following requests for proposals and participated in establishing statewide contracts:
  - *Automatic Dispensing Cabinets* - in process
  - *Pharmacy & Telehealth Services for CSBs* - in process
  - *VCBR - Automated Blister Pack Packaging System - SynMed* - in process
  - *After Hours Pharmacy On-Call Services* - infrastructure build in process
  - *Contract Administrator for Medicare Part D-Contracts* (8)
- Participated in three Remote Area Medical (RAM) Health Clinics.
- Provided Revive Training and Narcan Nasal Spray:
  - In 2018, 1,273 Units of Narcan Nasal Spray were dispensed to 1,273 “Revive Trained” individuals.
  - In 2019, 734 Units of Narcan Nasal Spray dispensed to 745 “Revive Trained” individuals.
- Established a Memorandum of Understanding (MOU) and training for Pharmacy Directors with VDH (for DBHDS Pharmacies), to become Closed Points of Dispensing (CPODs), in the event there is a public health emergency.