Agency Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Mission and Vision

Mission Statement

The Department of Behavioral Health and Developmental Services (the Department) provides leadership and service to improve Virginia's system of quality treatment and prevention services and supports for individuals and families whose lives are affected by mental health or substance use disorders or by intellectual disability. The Department seeks to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for these individuals.

Vision Statement

We envision an individual-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation in all aspects of community life, including work, school, family and other meaningful relationships.

Agency Values

- Focus First on Individuals Receiving Services
  Our decisions and actions consider first the best interests of individuals who receive services and their families. We respect the potential and capacity of each individual receiving services. We value and support the healing and recovery process.
- Responsiveness to External and Internal Customers
  We seek input and involvement from our customers. We share ideas and remain open to different opinions. We listen to and respect what our customers say and respond promptly to their requests.
- Partnership and Collaboration
  We create opportunities for partnerships, encourage teamwork, and support each other to succeed. We accept shared ownership and seek win-win (mutually acceptable) solutions. We communicate openly and clearly. We are willing to take risks as we look for creative solutions and new ways of solving problems. We make decisions and resolve problems at the level closest to the issue.
- Professionalism, Integrity, and Trust
  We recognize and celebrate individual and team successes. We use valid data that reflect best practices and positive results and outcomes. We take responsibility for ourselves, for our actions, and for how these actions affect others. We develop a supportive and learning environment and work continuously to improve the quality of the services we provide. We keep our word and deliver what we promise. We incorporate our values into everyday decisions.
- Stewardship
  We protect the assets and interests of the entire services system. We value and take care of staff. We use the Commonwealth's resources in the most effective and efficient manner.

Executive Progress Report

Service Performance and Productivity

- *Summary of current service performance*

  Virginia's public behavioral health (mental health or substance abuse) and developmental (intellectual disability) services system includes the Department's central office, 16 state facilities operated by the Department, and 39 community services boards and one behavioral health authority (referred to as CSBs) that provide behavioral health and developmental services directly or through contracts with private providers.

  Prevalence: Using prevalence rates from national epidemiological studies and the 2007 National Household Survey on Drug Use and Health and Weldon Cooper Center for Public Service 2008 population estimates for Virginia, the Department estimates that 316,552 adults in Virginia have a serious mental illness, 66,211 children or adolescents have an extreme emotional disturbance with significant impairment, 71,526 individuals have intellectual disability, 18,495 young children (from 0 to 5 years) have developmental delays requiring early intervention services, and 284,687 individuals have an illicit drug or alcohol dependence disorder. While not all of these individuals will seek services from the public sector, many with the most serious disorders will do so.

  State Facilities: The Department operates nine state hospitals, five training centers, one medical center, and one residential treatment program for individuals who meet commitment criteria as sexually violent predators (SVPs). An unduplicated count of individuals served across all state facilities in FY 2009 totaled 6,866.

  State hospitals provide a variety of services and supports to adults with serious mental illnesses and youth with serious emotional disturbances who are in crisis, who present with acute or complex conditions, or both, and who require the highly intensive and structured environments of care in an inpatient setting. Over the past three years, state hospitals have made significant progress in changing their culture to one that supports recovery, self-determination, empowerment, and person-centered planning. In FY 2009, the state hospital average daily census was 1,419 and hospitals served 5,306 individuals.

  Training centers provide medical and psychiatric assessment, preventive and general healthcare, medical stabilization, and supports focused on developing skills needed for successful community living to persons with intellectual disability who require highly intensive and structured environments of care. Although their traditional function has focused on longer-term care, training centers also provide short-term respite and emergency care. All training centers have Regional Community Support Centers, which offer an array of dental, behavioral, and other therapeutic services and supports to individuals receiving community-based supports. Over the past two years, training centers have been implementing person-centered planning processes and have expanded their missions to make short-term and transitional facility-based services more readily available. In FY 2009, the training center average daily census was 1,276 and training centers served 1,386 individuals.

  The Hiram Davis Medical Center (HDMC) provides medical and skilled nursing services to state facility consumers who have serious physical and medical care needs. In FY 2009, the center's average daily census was 46 and it served 122 individuals.

  The Virginia Center for Behavioral Rehabilitation (VCBR) provides evaluation and rehabilitation services in a secure setting to individuals committed as SVPs. In FY 2009, the center's average daily census was 114 and it served 152 individuals.

Community Services Boards: The Department supports the provision of accessible and effective public behavioral health and developmental services and supports through a network of CSBs that are established by local governments. CSBs are the single point of responsibility and authority for assessing individual needs, providing a comprehensive array of services and supports, and managing state-controlled funds for community-based services. CSBs also perform preadmission screening for admission to state facilities and prepare discharge plans for individuals receiving state facility services and supports who are returning to the community.

The total unduplicated count of individuals receiving CSB services in FY 2008 is 190,125. That year, 101,796 received mental health services, 25,053 received intellectual disability services, 43,657 received substance abuse services, and 73,123 received emergency, assessment and evaluation, motivational treatment, consumer monitoring, and early intervention or consumer-run services that are outside a specific program area. These counts are unduplicated within each program area but not across program areas. In FY 2008, the numbers of individuals receiving specific CSB services follow.
• Emergency services: 55,718
• Local inpatient services: 3,258
• Outpatient services: 123,009
• Case management services: 77,764
• Day support services: 13,893
• Employment services: 4,069
• Residential services: 22,228
• Infant and toddler intervention services: 10,185
• Motivational treatment services: 2,324
• Consumer monitoring services: 7,039
• Assessment and evaluation: 17,347
• Peer (consumer) run services: 1,057.

Annually, the Department surveys individuals and families in the community regarding their satisfaction with the behavioral health and developmental services they received. Adults and families receiving behavioral health services are surveyed separately. The results of the October 2007 survey of adults, which had a 62 percent response rate, indicated that 87 percent of individuals receiving services expressed general satisfaction with the services they received. In the survey of families with a child or adolescent receiving behavioral health services, which had a 24 percent return rate, 78 percent of respondents were satisfied with the services that their child received. Beginning in January 2008, families containing an adult with intellectual disability who received services for at least 12 months were surveyed. With a response rate of less than 11 percent, the survey found that more than 95 percent of families felt that the individual with an intellectual disability was in a healthy and safe environment during the day. More than 85 percent of respondents were satisfied with family involvement in the development and provision of services to meet the needs of the individuals with an intellectual disability. The area which demonstrated a significant decline in satisfaction was the availability of supports and services for individuals with intellectual disability when needed, where the satisfaction rate went from more than 95 percent in previous years to 31.5 percent in 2008.

Characteristics of Individuals Receiving Services: In FY 2009, 6,866 individuals were served in state facilities. Of these, 5,306 unduplicated individuals received 6,360 episodes of care in state hospitals; 1,386 unduplicated individuals received 1,436 episodes of care in training centers, and 152 unduplicated individuals were served at VCBR. In general, the individuals served in state facilities are Caucasian (64 percent), male (60 percent), between 18 and 64 years of age (79 percent), and receiving mental health services (78 percent).

In FY 2008, 1,620 unique individuals with a forensic legal status were served in state hospitals. These individuals occupied the equivalent of 535 beds and had an average length of stay of 120.5 days compared to 73.6 days for non-forensic individuals. Between FY 2000 and FY 2008, state hospital bed days occupied by individuals with a forensic status increased from 133,440 to 195,273 bed days or from 22.6 to 35.2 percent of total state hospital bed days.

The average age of individuals served in training centers was 48 years of age and their average length of stay was 28.6 years, with 2.6 percent of the episodes of care (38) being less than seven days and 10.1 percent (145) being more than 50 years. Most training center residents have either a hearing or visual deficit, or both, or one or more neurological conditions in addition to their intellectual disability. Many are non-ambulatory (requiring specialized wheelchairs) or need significant staff assistance to walk. A significant portion (34 percent) has at least one psychiatric diagnosis.

During FY 2009, 61 individuals were admitted to VCBR and three individuals were discharged. All of the individuals were male and 95 percent were between 21 to 64 years of age.

A significant number of individuals served by CSBs have severe disabilities. In FY 2008, of the individuals receiving mental health services, 42,529 adults (57 percent) had a serious mental illness and 19,448 youth (70 percent) had or were at risk of having a serious emotional disturbance. An additional 6,700 adults with serious mental illness and 2,000 youth with or at risk of serious emotional disturbance received only emergency services.

- *Summary of current productivity*

Following are specific improvements that the Department has implemented to increase productivity, improve service delivery, and achieve savings.

• Energy Performance Contract: The Department recognized the need to modernize an aging, energy delivery system that was wasting energy and was costly to operate. It entered into five separate energy performance contracts at the Petersburg Complex (including Southside Virginia Training Center, Hiram Davis Medical Center and Central State Hospital), Southwestern Virginia Mental Health Institute, Central Virginia Training Center, Southwestern Virginia Training Center, and Catawba Hospital. All of these contracts have proved successful and have met their objectives in modernizing the energy delivery systems and reducing energy consumption. Subsequently, the Department signed a statewide agreement to re-assess its state facilities and look for additional energy savings projects that were not considered in the first efforts. As a result of this effort, capital funds have been melded with the energy performance contract to replace the entire HVAC system at Southside Virginia Training Center.

• Renewable Energy Sources: Two state facilities have implemented renewal energy sources. Southwestern Virginia Training Center combined a capital project with the energy performance contract to convert its residential buildings to ground-source heat pumps; a system that uses the earth as an energy storage mechanism and is far more efficient in extreme temperatures. Piedmont Geriatric Hospital continues to seek the best energy alternatives and has obtained permission from the Department of Environmental Quality to utilize native warm season grasses (NWSG) as a source of fuel for its biomass boiler. This boiler alone was able to avoid more than $500,000 in fuel cost this past fiscal year by not burning fuel oil. With the addition of NWSG as a fuel source, the facility will have the flexibility of burning several, low-cost fuels while vastly mitigating the Department's carbon footprint.

• Laundry Energy Improvements: One of the largest energy consumers at the state facilities is the laundry operation. A comparison of laundry operations yielded opportunities at Piedmont Geriatric Hospital and Central Virginia Training

Center for reducing energy consumption and cost of operation. Piedmont Geriatric Hospital and Southside Virginia Training Center have regionalized their laundry operations. Central processing at SVTC is far more efficient and has saved both energy and cost at Piedmont Geriatric Hospital. Piedmont's energy plant was facing an increased demand due to the location of the new Virginia Center for Behavioral Rehabilitation at the Nottaway Complex with Piedmont Geriatric Hospital. At Central Virginia Training Center, most laundry is now processed through the Virginia Correctional Enterprise system. The central laundry facility has been eliminated, saving energy and cost of operation.

• Building Area Reductions: At Eastern State Hospita (ESH), the construction of the new Hancock Geriatric Treatment Center has reduced the building area and provides a more energy efficient building to serve individuals. This has occurred while improving the environment of care at the facility. The construction of the hospital's new adult mental health treatment center will further reduce the energy consumption at this campus. When all phases of construction are complete, this will reduce the ESH building area by nearly 50 percent. At Central Virginia Training Center, consolidation has allowed several buildings to be closed and taken off the energy system. This is reducing operating costs and the energy consumption at this large facility. At Western State Hospital, the Department is in the design phase for a replacement facility. This new facility will have the same bed capacity but will vastly reduce the building area, operating costs, and energy costs. It is being designed to meet the U. S. Green Building Council's LEED® criteria for SILVER.

• Geriatric Treatment Services: By removing significant barriers to community-based care, the state geriatric centers have been able to treat almost a third more individuals over the last year with no additional resources. The centers have developed strong partnerships with private nursing homes around the state to support and encourage the transition of individuals residing in state geriatric centers to the community and have developed partnerships with private and university-affiliated psychiatric facilities to create a system where acute care can be provided in community hospitals and longer-term treatment provided in state geriatric centers.

• State Facility Administrative Efficiencies: State facilities have implemented a variety of administrative efficiencies, including the regionalization of state facility human resources functions and sharing of specific services. In addition, the entire Hiram Davis Medical Center administrative function was absorbed by the Southside Virginia Training Center;

• Central Office Administrative Efficiencies: The Department's reimbursement function was transitioned from field to regional offices. Central office employees throughout the agency have picked up additional responsibilities to absorb the work of 43 classified and wage positions that were eliminated as a result of budget reductions.

• New Pharmacy Information System: Implementation by state facilities of a new pharmacy information system, scheduled to be completed by June 2010, will set the stage for later integration with a state facility electronic health record and support Department risk reduction efforts to mitigate errors and improve individual safety and pharmacy customer service.

Initiatives, Rankings and Customer Trends

- *Summary of Major Initiatives and Related Progress*

  Following are major Department initiatives.

  • System Transformation Initiative: The Department has implemented the first phase of what was envisioned by the Governor and General Assembly to be a multi-year System Transformation Initiative (STI) to invest in community services and supports and reduce Virginia's historic reliance on state facilities. For the 2008-2010 biennium, just over $187.5 million in state general and Medicaid funds were used to support a wide array of community investments, including:
  o Emergency acute psychiatric inpatient, ambulatory and residential crisis stabilization, residential, case management, day treatment, rehabilitation, discharge assistance plan, and peer-provided services for adults with mental health or co-occurring mental health and substance use disorders;
  o An expanded array of behavioral health services for individuals involved in local criminal justice systems;
  o CSB clinical and case management staff in all 23 juvenile detention centers;
  o Four child and adolescent systems of care projects and an array of new services, including foster care prevention, intensive in-home services, therapeutic day treatment, alternative day support services, case management, crisis, and psychiatry services;
  o Expanded local early intervention services for infants and toddlers with disabilities;
  o An additional 654 community ID waiver slots, including 110 slots for children, 117 slots for training center residents, and increased waiver reimbursement rates for congregate residential and other selected services; and
  o Guardianship services through a partnership with the Department for the Aging.

  • Mental Health Law Reform Initiative: The Department has worked closely with the Virginia Supreme Court's Commission on Mental Health Law Reform to reduce the need for involuntary commitment, improve access to behavioral health services, reduce criminalization of people with mental health disorders, make the process of involuntary treatment more fair and effective, increase choice for individuals receiving behavioral health services, and help young people with mental health problems and their families before these problems spiral out of control. In 2008, the General Assembly enacted a package of reforms that made major changes to Virginia's involuntary commitment laws and enhanced access to services to ensure individuals with mental health disorders get the treatment they need. Accompanying these statutory reforms was an infusion of $28.3 million in the 2008-2010 biennium budget to build additional emergency mental health service capacity and address the impact of civil commitment reforms. In 2009, the major areas of statutory reform focused on allowing transportation by persons other than law officers, instructional advance directives to be executed in circumstances other than end-of-life situation, and short-term psychiatric admission of incapacitated persons without judicial order. In addition, new laws were enacted to create a comprehensive mandatory outpatient treatment procedure for minors.

  • Autism Spectrum Disorder and Developmental Disability Services: Two new Department positions, a specialist in autism services and a specialist in general developmental disabilities, were funded by the 2009 General Assembly. These positions will concentrate on promotion of employment and housing initiatives and non-waiver funded service development.

  • Peer-Provided Services and Supports: One aspect of Virginia's commitment to consumer (or peer) involvement is financial support for direct services provided by individuals who have experienced mental health, substance use, or co-occurring disorders. Peer support is an important factor int he recovery process for many individuals with mental health or substance use disorders. Federal, state, and local funding in Virginia continues to be used to support peer-provided and peer-run services and supports delivered through CSBs, hospitals hiring their own peer staff and providing support for independent programs managed by peers through contracts or other partnership arrangements. The Department also contracts directly with several peer-run service programs throughout Virginia.

  • Virginia Services Integration Program (VASIP): The Department is in the final year of a five-year federal State Incentive Grant for the Treatment of Persons with Co-occurring Substance Related and Mental Disorders (COSIG) grant to improve Virginia's ability to address the complex treatment needs of individuals with co-occurring mental health and substance use disorders. VASIP has promoted the use of validated instruments to screen for co-occurring

disorders, built existing infrastructure capacity; provided training and technical assistance by nationally recognized experts on evidence-based and culturally competent treatment practices for individuals with co-occurring disorders; conducted workforce surveys of CSB and state facility staff; developed a workforce training and development plan to improve core competencies of staff providing services; trained consumers in a co-occurring self help model and provided support in establishing groups in their communities; trained a statewide network of trainers; and obtained training and consultation in the use of validated fidelity instruments to assist programs with evaluation and quality improvement.

• Children's Services System Transformation Initiative: The Commonwealth initiated a Children's Services System Transformation Initiative in late 2007 to improve outcomes for children and their families who are involved with Virginia's child-serving systems. This initiative is being implemented in partnership with national experts such as the Annie E. Casey Foundation. Its intent is to strengthen permanent family connections for children and youth by transforming how children's services are delivered. The Department and CSBs, along with other Virginia state and local child serving agencies, private providers, family members, and advocates, are active participants in this transformation process.

• Diversion and Treatment Services for Individuals Involved with the Criminal Justice System: In January 2008, the Governor issued Executive Order No. 62, establishing the Commonwealth Consortium for Mental Health and Criminal Justice Transformation. The Consortium has two goals: transformation planning to identify, evaluate, and support the development of jail diversion models and establishment of a Criminal Justice and Mental Health Training Academy for the Commonwealth. The Department is working with the Consortium to achieve these goals and is providing leadership in developing a comprehensive approach to addressing the needs of individuals at risk for or involved in Virginia's criminal justice system. The 2008-2010 biennium budget included almost $6 million for jail diversion services. Ten localities are expanding their jail-based services; six are developing or enhancing Crisis Intervention Team (CIT) programs, three have established post-booking diversion programs, six are providing enhanced assessment and linkage to services at the post-booking/pre-trial stage, three are enhancing limited re-entry and linkage to services, and one is funding a full time probation position to serve individuals with behavioral health needs on state probation.

• Behavioral Health Services for Virginia Veterans: Executive Order 19 (2006) calls on each state agency to identify opportunities for improving services and addressing the continuum of care needs of disabled veterans. The Department and CSBs have formed a strong partnership with the Virginia Department of Veterans Services (DVS) to implement the DVS Wounded Warrior Program (WWP), which was created in 2008 to ensure that behavioral health and brain injury services to veterans and their families are readily available in all areas of the state.

• Intellectual Disability Initiatives: The Department continues to be actively involved in promoting quality supports through training, capacity development, and systems changes that would make person-centered practices the norm in Virginia. The Department is participating in two multi-agency projects funded by the Centers for Medicare and Medicaid Services (CMS) that support systems change. The Real Choice Systems Transformation grant continues to help the Department, the Department of Medical Assistance Services, and other state agencies and partners to collaborate on focused system change initiatives, including infrastructure improvements that will provide better and more accessible information to Virginians. The Money Follows the Person demonstration grant is building community capacity and rebalancing Virginia's long-term support system to give individuals more informed choices and options about where they live and receive services and is supporting the transition of individuals from institutions to community-based alternatives. To continue its commitment to build community capacity, the General Assembly approved 600 ID waiver slots for FY 2009, 400 of which were distributed on July 1, 2008 and 200 were distributed in May 2009.

• Provider Cultural and Linguistic Competency: In 2008, the Department established a new Office of Cultural and Linguistic Services in the central office and a statewide steering committee to promote and improveaccess to behavioral health and developmental services for multicultural individualss across Virginia. The initial focus of the Office is to develop infrastructure supports, including a mission statement, vision, and policy; provide outreach to and linking stakeholders with community-based individuals who could serve as cultural brokers; and establish state and local advisory councils.

• High Performance Organization: The high performance organization (HPO) model introduces a series of lenses through which an organization can view itself and decide what changes may be necessary to improve its performance. State facilities and the central office have implemented unique plans of action to promote the HPO philosophy, and a statewide team for information sharing and guidance is in place. The statewide team, ALOT (Advancing Leadership and Organization Transformation), educates, motivates, and enhances leadership skill development. The central office team, LEEP (Leading through Empowerment, Excellence, and Partnership), works to continually improve the culture, operations, and environment of the central office by promoting empowerment, shared leadership, teamwork, collaboration, and quality.

• CSB and State Facility Accountability Measures: Over the next three years, the Department will post performance and outcome data about CSBs and state facilities on its website. The web site postings will include reference points (e.g., averages, ranges, or benchmarks), where possible or applicable, and definitions of the data and explanations of its significance to make the measures more useful and meaningful. Placing this data on the web site will provide useful information to individuals receiving services, family members, CSBs and state facilities, advocates, and the public about the services system.

- *Summary of Virginia's Ranking*

  The National Association of State Mental Health Program Directors (NASMHPD) Research Institute surveys the states mental health authorities to determine state-controlled expenditures. In 2006, the Research Institute reported that between 2001 and 2006, Virginia state-controlled expenditures for community mental health increased by 77.7 percent compared to a national average increase of 59.3 percent. During the same period, state-controlled expenditures for state psychiatric hospitals increased by 10.5 percent compared to a national average increase of 18.8 percent.

  The NASMHPD Research Institute reported that in FY 2006 Virginia ranked 9th in 2006 median state income but 31st in per capita state-controlled mental health expenditures. Virginia's state-controlled mental health expenditures were 1.9 percent of total state government expenditures compared to a national average of 2.3 percent, for a state ranking of 30. Virginia ranked 5th in state-controlled mental health expenditures for state psychiatric hospitals and 23rd in state-controlled mental health expenditures for community-based programs.

  The American Association on Intellectual and Developmental Disabilities publishes "The State of the States in Developmental Disabilities," a monograph that compares services and funding in the states for intellectual and developmental disabilities (I/DD). According to the 2008 monograph, public I/DD inflation-adjusted funding for community services in Virginia grew by 5.9 percent between 2004 and 2006, compared to a national average increase of 3.1 percent. In 2006, Virginia's ID waiver as a percent of total I/DD funding was 41 percent, compared to a national average of 45 percent. Virginia's federal-state per capita waiver spending per citizen of the general population ranked 47th.

  In 2006, Virginia had a larger proportion of individuals with intellectual or developmental disabilities in out-of-home

settings who resided in 16+ person settings compared to a national average (34 percent vs 19 percent) and a smaller proportion of individuals who resided in 1-6 person settings compared to a national average (59 percent vs 70 percent). Virginia's utilization rate by individuals with I/DD in settings for 1-6 persons ranked 47th.

Based on data from the National Survey on Drug Use and Health, Virginia compares very favorably to the national averages for the prevalence of substance abuse (for both illicit drug and alcohol) and treatment gaps. For example, the prevalence (2.31 percent) in Virginia for any illicit drug dependence or abuse in the past year by individuals ages 18 or older was the tenth lowest of the 50 states and the District of Columbia, based on 2005-2006 data. The national rate was estimated to be 2.62 percent. This was an improvement from the prevalence of 2.57 percent (ranking 16th lowest) found in 2004-2005. The survey also ranked Virginia well (7th lowest) in the percentage (2.01 percent) of individuals ages 18 or older who needed but were not receiving treatment for illicit drug use in the past year.

- *Summary of Customer Trends and Coverage*

  State Hospitals: Between FY 1996 and FY 2009, excluding the HDMC and VCBR, admissions declined by 35 percent (from 7,468 to 4,884) and separations (discharges) declined by 33 percent (from 7,529 to 5,042).

  Training Centers: Between FY 1996 and FY 2009, training center admissions increased by 28 percent (from 87 to 111). Between FY 1996 and FY 2009, training center separations (discharges) decreased by 20 percent (from 223 to 179).

  CSBs: Between FY 1986 (the first year that annual performance contract data was submitted by CSBs) and FY 2008, the numbers of individuals receiving CSB mental health services grew from 135,182 to 161,046 (19 percent); individuals receiving intellectual disability services grew from 20,329 to 36,141 (77 percent), and individuals receiving substance abuse services grew from 52,942 to 57,226, (8 percent). In FY 2008, the Department added a new area, Services Available Outside of a Program Area and some mental health, intellectual disability, or substance abuse services (i.e., Emergency, Motivational Treatment, Consumer Monitoring, Assessment and Evaluation, Early Intervention and Consumer-Run Services) were moved to this fourth area. If the individuals served in this new area were added to the other three program areas, the reported growth would be even greater.

Future Direction, Expectations, and Priorities

- *Summary of Future Direction and Expectations*

  The Department anticipates a variety of factors will converge to increase demand for services provided by the public behavioral health and developmental services system. These include:

  • Increasing services demand resulting from Virginia demographic trends, particularly the continued significant growth in Northern Virginia, Central Virginia, and Eastern Virginia; growing numbers of older adults who will require behavioral health services to enable them to reside in their homes or other community placements; and increasing cultural diversity of Virginia’s population;

  • Increasing numbers of veterans who are returning to Virginia from Iraq and Afghanistan and are experiencing behavioral health issues;

  • Increasing demand for specialized interventions and care by individuals with co-occurring combinations of mental health or substance use disorders, developmental disabilities or other cognitive deficits, chronic medical conditions, or behavioral challenges;

  • Evolving needs of individuals receiving behavioral health and developmental services who require ongoing preventive care, who have more complex medication regimes, or who are experiencing serious medical conditions requiring specialized health services;

  • Additional demands for specialized services resulting from the aging of current caregivers;

  • Increasing numbers of adults and juveniles in the criminal justice system with identified behavioral health issues; and

  • Emerging responsibilities of the behavioral health and developmental services system for serving individuals with developmental disabilities, including autism spectrum disorder.

  The policy agenda for Virginia's behavioral health and developmental services system for the 2010-2012 biennium will focus on sustaining the progress in implementing the vision of recovery and person-centered delivery of behavioral health and developmental services and investing in services capacity and infrastructure needed to address issues facing the services system. Department priorities for the biennium follow:

  • Initiatives to increase access to transitional and permanent community housing for individuals with behavioral health disorders or intellectual disability. Affordable community housing is the area most lacking in the Commonwealth's continuum of services and supports and is the primary barrier to individuals who are transitioning from state facilities to the community.

  • Initiatives to enhance the existing Medicaid waiver for individuals with intellectual disability to assure that they can receive “comparable services and supports” to those provided in an ICF/MR facility. This lack of comparability has increased family reliance on ICF/MR settings, which are more costly for the state and more restrictive and removed from individuals' family, friends, and their home communities.

  • Initiatives to build a Virginia behavioral health – medical health partnership that promotes a “one person, one team, one plan” approach to serving individuals. The need for such an integrated system of services and supports is well documented, yet there is little interface between these two systems, except at the crisis or emergency level of each system.

  • Initiatives to expand behavioral health and criminal justice partnerships and service delivery for individuals with mental health or substance use disorders who are at risk of or are currently involved in the criminal justice system. Diversion and intervention efforts will result in reduced reliance on jail beds and state facility beds devoted to forensic treatment needs.

  • Initiatives that advance a comprehensive system for health information exchange (HIE) across the behavioral health and developmental services system; with other providers that serve individuals with mental health or substance use disorders and intellectual disability; and with other state agencies that fund behavioral health or developmental services. A comprehensive HIE approach would produce improved efficiencies in service delivery, better service coordination, and enhanced capacity for performance measurement.

- *Summary of Potential Impediments to Achievement*

  A major impediment is the Commonwealth's substantial revenue shortfall. State general fund reductions impede the ability of the Commonwealth to respond to increased demand for behavioral health services resulting from the

economic crisis. Research suggests that factors such as higher unemployment that accompany economic crises are associated with increased prevalence and severity of some mental illnesses. Involuntary job loss increases the risk of psychiatric disorders, including clinical and subclinical depression, anxiety, substance abuse, and antisocial behavior.

Additionally, health economists predict that factors related to the recession will contribute to the expansion of demand for public services including:
o Increasing unemployment and associated loss of employer-provided health benefits;
o Decreasing ability of employers to subsidize health benefits;
o Decreasing ability of individuals with private insurance to afford increasing out-of-pocket expenses; and
o Decreasing availability of private providers to offer sliding scale or charity care due to smaller profit margins, investment losses, and decreased donor support.

These factors will place an additional strain on the public behavioral health care system at a time when state and local government revenues have been and are likely to continue to be cut in the near future.

Community providers of behavioral health and developmental services, already strained to keep pace with existing caseloads, are likely to experience increasing demand for services. During the first four months of 2009, CSBs reported that 14,579 individuals were on waiting lists for CSB services. Of these, 6,072 were waiting for mental health services, 6,458 for intellectual disability services, and 2,049 for substance abuse services.

Service Area List

Service Number	Title
720 197 08	Facility-Based Education and Skills Training
720 357 07	Forensic and Behavioral Rehabilitation Security
720 421 01	Aftercare Pharmacy Services
720 421 02	Inpatient Pharmacy Services
720 430 06	Geriatric Care Services
720 430 07	Inpatient Medical Services
720 430 10	State Intellectual Disabilities Training Center Services
720 430 14	State Mental Health Facility Services
720 445 01	Community Substance Abuse Services
720 445 06	Community Mental Health Services
720 445 07	Community Developmental Disability Services
720 498 00	Facility Administrative and Support Services
720 499 00	Administrative and Support Services
720 561 03	Regulation of Health Care Service Providers
720 787 01	Facility and Community Programs Inspection and Monitoring

Agency Background Information

Statutory Authority
State Statutes

• Article 31 (§ 2.2-2696 et seq.) of Chapter 26 of Title 2.2 of the Code of Virginia establishes the Substance Abuse Services Council to coordinate the Commonwealth's public and private efforts to control substance abuse, requires the Office of Substance Abuse Services in the Department to provide staff assistance to the Council, and requires a Comprehensive Interagency State Plan (subsection G of § 2.2-2696).

• Chapter 53 (§ 2.2-5300 et seq.) of Title 2.2 of the Code of Virginia establishes the Early Intervention Services System to implement Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and describes the lead agency's responsibilities. The Department is the lead agency (§ 2.2-5304).

• Chapter 11 (§ 16.1-241 et seq.) of Title 16.1 of the Code of Virginia sets out the provisions of juvenile and domestic relations court law, including Article 16 (§16.1-335 et seq.), the Psychiatric Inpatient Treatment of Minors Act, authorizing the Department to conduct evaluations of the competency of juvenile defendants to stand trial.

• Chapters 11 (§19.2-167 et seq.) and 11.1 (§19.2-182.2 et seq.) of Title 19.2 of the Code of Virginia authorize the Department to provide forensic services to individuals in the criminal justice system, including evaluations of competency, determinations of sanity, restoration to competency services, and treatment services for individuals adjudicated not guilty by reason of insanity.

• Chapter 2 (§§ 37.2-200 to 37.2-204) of Title 37.2 of the Code of Virginia establishes the State Board of Behavioral Health and Developmental Services and outlines its duties and powers.

• Chapter 3 (§§ 37.2-300 to 37.2-319) of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services under the supervision and management of the Commissioner. This chapter outlines duties and powers of the Commissioner, including supervising and managing the Department and its state facilities, which provide care and treatment of individuals with mental health disorders and treatment, training, or habilitation of individuals with intellectual disability (mental retardation). State facilities also provide inpatient pharmacy services, geriatric services for older adults, inpatient medical services, inpatient forensic services, education and training programs for school-age individuals, and facility administrative and support services. It also lists other responsibilities of the Department, including the development of a six-year comprehensive plan.

• Chapter 4 (§§ 37.2-400 to 37.2-440) of Title 37.2 of the Code of Virginia describes the protections available to individuals receiving behavioral health and developmental services, including their human rights and the Department's licensing of providers, and establishes the Office of the Inspector General for Behavioral Health and Developmental Services.

• Chapter 5 (§§ 37.2-500 to 37.2-512) of Title 37.2 of the Code of Virginia authorizes the establishment by local governments and operation of community services boards (CSBs) to provide community behavioral health and developmental services and authorizes the Department to contract with and fund CSBs.

• Chapter 6 (§§ 37.2-600 to 37.2-615) of Title 37.2 of the Code of Virginia authorizes the establishment by a specified county or city and operation of a behavioral health authority (BHA) to provide community behavioral health and developmental services and authorizes the Department to contract with and fund a BHA.

• Chapter 7 (§§ 37.2-700 to 37.2-721) of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state hospitals and training centers (state facilities) that serve individuals with mental health disorders or intellectual disability respectively.

• Chapter 8 (§§ 37.2-800 to 37.2-847) of Title 37.2 of the Code of Virginia addresses admissions to and discharges from state hospitals and training centers, involuntary commitment, and admissions to private facilities.

• Chapter 9 (§§ 37.2-900 to 37.2-920) of Title 37.2 of the Code of Virginia authorizes the civil commitment of sexually violent predators, requires the Department to operate or contract for a secure confinement facility to provide behavioral rehabilitation services to them, and requires the Department to implement conditional release orders.

• Section 54.1-3437.1 of the Code of Virginia authorizes the Board of Pharmacy to issue a limited manufacturing permit to the pharmacy directly operated by the Department that serves individuals receiving CSB services for the purpose of repackaging drugs.

Federal Statutes and Regulations

• Public Law 102-321 authorizes the federal Substance Abuse and Mental Health Services Administration to provide federal funds to the Department for community mental health services.

• The Nursing Home Reform provisions of the Omnibus Budget Reconciliation Act of 1987 allow for preadmission screening evaluations and determinations for OBRA eligibility.

• Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and 34 CFR 303.303.11-325 under the Individuals with Disabilities Education Act authorize the state to implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families. The Individuals with Disabilities Education Act also defines who receives special education services in state facilities.

• Sections 1921-1954 of the Public Health Services Act authorize the federal Substance Abuse Treatment and Prevention (SAPT) Block Grant, providing federal funds to the Department for community substance abuse treatment and prevention services.

• The federal Centers for Medicaid and Medicare (CMS) establishes certification requirements for all ICF/MR beds in training centers operated by the Department and acute care beds and skilled nursing beds at the CVTC.

Customers

Customer Group	Customers served annually	Potential customers annually
Adults receiving state hospital services	4,725	5,748
Children and adolescents receiving state hospital services	581	764
Community services boards and the behavioral health authority (CSBs)	40	40
Governor (Office of the Inspector General Reports)	1	1
Individuals civilly committed to the Virginia Center for Behavioral Rehabilitation (VCBR)	150	300
Individuals in state facilities receiving local inpatient hospital services through special hospitalization	618	618
Individuals meeting SVP criteria and conditionally released for SVP treatment	166	600
Individuals participating in training center vocational or educational services	700	1,175
Individuals receiving Community Resource Pharmacy (CRP) services	43,200	45,000
Individuals receiving CSB emergency, assessment and evaluation, early intervention, monitoring, motivational treatment, and peer (consumer)-run services services	85,896	94,486
Individuals receiving CSB intellectual disability services	25,053	31,511
Individuals receiving CSB mental health services	101,796	107,868
Individuals receiving CSB substance abuse services	43,657	45,706
Individuals receiving inpatient services provided by Hiram Davis Medical Center	122	150
Individuals receiving inpatient services provided on state hospital medical/surgical units	204	468
Individuals receiving inpatient services provided on the Central Virginia Training Center medical/surgical unit	171	502
Individuals receiving state facility inpatient pharmacy services	6,866	6,866
Individuals receiving state training center services and supports	1,386	1,500
Individuals with active criminal justice system involvement receiving secure forensic services	1,472	1,766
Infants and toddlers and their families receiving Part C early intervention services	12,066	18,622
Juveniles requiring restoration to competency treatment services	121	175
Local and regional jails	84	84
Members of the General Assembly (Office of the Inspector General Reports)	140	140
Members, State Behavioral Health and Developmental Services Board	9	9
Nursing homes	178	273

Older adults (65 and older) receiving state hospital services	615	785
Participants in community prevention programs and coalitions	660,522	660,522
Providers licensed by the Department (including CSBs and other public and private providers)	612	750
State facility employees	9,091	10,000
State hospitals and training centers	16	16
Virginia circuit and district courts	325	325

Anticipated Changes To Agency Customer Base
Following are anticipated changes to the Department's customer base.

• Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for the Commonwealth's behavioral health and developmental services system will change to reflect these demographic trends.

• State facilities and community providers are serving proportionately greater numbers of individuals with significant and complex services and supports needs. This includes individuals with co-occurring combinations of mental health and substance use disorders and intellectual and other related developmental disabilities who will require more complex, specialized services and supports.

• The Commonwealth's publicly-funded services system will experience increasing demand for behavioral health services resulting from the economic crisis.

• A growing number of Virginians have either limited or no behavioral health insurance benefits, and this too often results in less than optimal treatment and care. These individuals will place increasing pressure the public services system.

• Anticipated significant increases in the number of private providers and service locations will affect the Department’s ability to license programs and protect the safety and human rights of individuals receiving services.

• Availability of Medicaid Early, Periodic, Screening, Detection, and Treatment (EPSDT) services for eligible children will increase the numbers of individuals seeking services.

Aging Population Impact

An estimated 1,758,655 Virginians (2008 Population Estimates) experience specific mental disorders that are not part of “normal” aging. New treatment models to serve older adults with mental health or substance use disorders or intellectual disability must be well coordinated and responsive to the unique needs of individuals with growing health issues and must promote new roles for individuals who seek to continue as productive members of their communities. The Department and CSBs have worked together and with other stakeholders to develop regional model programs in Northern Virginia and Eastern Virginia to provide innovative direct care services for older adults in their home communities with the goal of reducing the need for psychiatric hospitalization. These initiatives are collaborating with local service area providers to create programs that meet the needs of their communities, including:
o Regional specialized gero-psychiatric behavioral health mobile teams and specialized assisted living and nursing home teams;
o Discharge assistance funding,
o Regional private bed purchase funds
o Specialized services and supports that incorporate evidence-based and best practices, including on-site geriatric psychiatric services provided through a PACE program, partial hospitalization, intensive outpatient services and adult day care extensive outreach services, education/support and participation in advocacy; and
o Strategic planning activities.

Additionally, the state geriatric centers have developed strong partnerships with private nursing homes around the state to support and encourage the transition of individuals residing in state geriatric centers to the community. Cooperative arrangements that facilitate successful integration of center patients have been recognized as a best practice by the Virginia Healthcare Association, a professional organization for privately owned nursing homes and assisted living facilities. The state geriatric centers also have developed partnerships with private and university-affiliated psychiatric facilities to create a system where acute care can be provided in community hospitals and longer-term treatment provided in state geriatric centers. On an individual basis, this has enabled community hospitals to accept TDOs and provide acute treatment to individuals who otherwise would have been admitted to state geriatric centers for much longer average lengths of stay. On a systemic basis, the centers have freed resources they previously spent on acute care patients to develop relationships with nursing homes to discharge individuals who no longer require geriatric center services.

The Department has established a Geriatric Leadership Team that is working to develop and implement a Master Plan for Geriatric Services. This effort envisions an integrated model for the delivery of specialized clinical behavioral health services for older adults. It promotes continuity of care through a continuum of providers and shared commitment to ensure the proper level of care and recognizes the importance of ongoing collaboration with CSBs, community providers of aging services, and other community organizations to increase capacity for aging in place, when appropriate, for older adults. Implementation of the master plan will require energized collaborative partnerships with public and private providers and the academic community and sustained commitment to improving access to services and supports to the extent possible given available resources, ensuring service quality and effectiveness, and accountability for older adult service outcomes.

Partners

Partner	Description
Commitment Review Committee (CRC):	Department staff serves on the CRC committee, which is operated by the Department of Corrections.
Commonwealth Consortium for Mental Health and Criminal Justice: Transformation	The Department is working with this Consortium, established by Executive Order 62 in 2008, to identify, evaluate, and support the development of jail diversion models and establish a Criminal Justice and Mental Health Training Academy for the Commonwealth
Community services boards and behavioral health authority (CSBs):	The Department contracts with, provides consultation to, funds, monitors, licenses, and regulates CSBs. CSBs participate in Department in policy, planning, and regulatory development for the services system. The Commissioner enters into contracts with CSBs to provide juvenile competency evaluation and restoration services The Department meets federal requirements

Federal agencies:	associated with the receipt of block grants and other resources that support the provision of behavioral health and developmental services. The Substance Abuse and Mental Health Services Administration (SAMHSA) in the Department of Health and Human Services awards grants to the Department to support community MH and SA services and provides technical assistance to the Department and the CSBs about requirements associated the receipt of the grant funds. The Office of Special Education Programs (OSEP) in the Department of Education awards grants to the Department to support Part C early intervention services for infants and toddlers and their families and provides technical assistance to the Department on requirements associated with receipt of these grant funds.
Individuals receiving services, family members, and advocacy organizations:	Individuals receiving services, advocacy organizations, and family members provide important feedback to the Department, regarding policy, planning, and regulatory development for the services system. Individuals receiving services and family members serve on the State Board and CSB boards of directors. They work with the Department, CSBs, and state facilities to address issues of mutual concern. State facility staff and CSBs work closely with individuals receiving services and their families to assure their active and meaningful involvement in the delivery of services and supports and in discharge planning.
Local governments:	Local governments establish CSBs and approve their CSBs' performance contracts with the Department. They also provide financial resources to the CSBs to match state funds, and, in some instances, may provide administrative services that are essential to CSBs' efficient operation. Through its licensing function, the Department works with local zoning, fire, health, taxation, social services and Comprehensive Services Act officials to implement regulations and share information.
Private providers (for profit and non-profit organizations):	Private providers participate in policy, planning, and regulatory development activities. They contract with CSBs to provide community services, and they deliver Medicaid ID waiver services. CSBs purchase acute psychiatric services from local acute care hospitals. State facilities purchase inpatient medical care for individuals receiving their services. To ensure successful community transition and adjustment, CSBs work with state hospital staff to plan, coordinate and monitor community residential placements in nursing homes, group homes, and assisted living facilities. The Department works with private providers to ensure that they meet licensing and human rights requirements. The Commissioner enters into contracts with private providers to provide juvenile restoration services and conduct post restoration evaluations of juvenile competency. Through contracts with the Department, private community providers deliver sexually violent predator treatment, supervision, and monitoring services.
Provider associations:	Provider associations participate in policy, planning, and regulatory development activities. They work with the Department to address issues of mutual concern.
State and local agencies:	The Department works closely with many state agencies that provide or fund services and supports that respond to the needs of individuals with mental health or substance use disorders or intellectual disability, including the Departments of Medical Assistance Services, Social Services, Health, Rehabilitative Services, Housing and Community Development, Corrections, Juvenile Justice, Criminal Justice Services, Aging, and Education and the Offices of Comprehensive Services and of the Executive Secretary of the Supreme Court of Virginia. Central office and state facility staff work with the Virginia Office for Protection and Advocacy (VOPA) to ensure protections and advocacy for the human and legal rights of individuals with mental, cognitive or developmental disabilities. The Department works closely with the Office of the Attorney General, which provides legal consultation, training, and technical assistance to the Department; with the Department of Planning and Budget (DPB) around budget development and operations; with the Department of Accounts, which provides accounting and processing services, financial reporting guidance, and payroll expertise; and with the Department of General Services around guidance regarding facility physical plant services. Local agencies such as school systems, local

	social services, local health departments, and area agencies on aging are critical partners in the provision of behavioral health and developmental services. These agencies provide auxiliary grants for assisted living facilities, various social services, health care, vocational training, housing assistance, and Part C early intervention services. State and local agency representatives participate as members of various state and regional planning committees focused on transforming the services system.
Virginia institutions of higher education (colleges, universities, and community colleges):	The academic medical centers, academic programs of other colleges and universities, and community colleges work with the Department to collaboratively address workforce issues, to promote the implementation of evidence-based and other promising practices, and to train the services system's existing and emerging workforce. The Institute of Law, Psychiatry, and Public Policy at the University of Virginia provides training for juvenile and adult forensic evaluators and civil admission prescreeners and provides SVP civil commitment training.

Products and Services

- *Description of the Agency's Products and/or Services:*
  Community Mental Health, Intellectual Disability, and Substance Abuse Services Provided by or through CSBs:

  A. Community Mental Health Services

  • Emergency services, including crisis intervention and preadmission screening
  • Local acute psychiatric inpatient services
  • Outpatient services, including therapy and counseling, medication services, and intensive in-home services
  • Assertive community treatment (PACT teams and ICT programs)
  • Case management services
  • Day treatment and partial hospitalization, including therapeutic day treatment for children and adolescents
  • Rehabilitation services, including psychosocial rehabilitation programs
  • Sheltered employment
  • Group supported employment
  • Individual supported employment
  • Highly intensive residential services, such as crisis stabilization programs and residential treatment centers
  • Intensive residential services, such as group homes
  • Supervised residential services, such as supervised apartments, domiciliary care, and sponsored placements
  • Supportive residential services, such as supported living arrangements
  • Prevention services
  • Early intervention services
  • Consumer monitoring services
  • Assessment and evaluation services
  • Consumer-run services
  • Motivational treatment services

  B. Community Intellectual Disability Services

  • Outpatient services, including behavioral management and consultation and medication services
  • Case management services
  • Habilitation services
  • Sheltered employment
  • Group supported employment
  • Individual supported employment
  • Highly intensive residential services, such as community ICF/MR programs
  • Intensive residential services, such as group homes
  • Supervised residential services, such as supervised apartments, domiciliary care, and sponsored placements
  • Supportive residential services, such as in-home respite care and supported living arrangements
  • Prevention services
  • Early intervention services
  • Consumer monitoring services
  • Assessment and evaluation services
  • Medicaid ID waiver services reimbursed by the DMAS
  • Early intervention services for infants and toddlers under Part C, including audiology, family training, counseling and home visits, health, medical, nursing, nutrition, occupational therapy, physical therapy, special instruction, psychological, speech-language pathology, vision, and transportation services

  C. Community Substance Abuse Services

  • Emergency services, including crisis intervention
  • Local acute psychiatric inpatient services
  • Community-based substance abuse medical detoxification inpatient services
  • Outpatient services, including therapy, counseling, intensive outpatient, and medication assisted treatment
  • Day treatment and partial hospitalization
  • Rehabilitation services, including psychosocial rehabilitation programs
  • Sheltered employment
  • Group supported employment
  • Individual supported employment
  • Highly intensive residential services, such as substance abuse social detoxification services
  • Intensive residential services, such as primary care, intermediate and long-term habilitation, and group homes, and jail-based habilitation services
  • Supervised residential services, such as supervised apartments, domiciliary care, and sponsored placements
  • Supportive residential services, such as supported living arrangements
  • Prevention services, including community prevention coalitions
  • Early intervention services

• Motivational treatment services
• Consumer monitoring services
• Assessment and evaluation services

Services Provided by State Hospitals and Training Centers:

A. Inpatient Medical Services Products and Services

• Physician services
• Nursing services
• Skilled nursing care
• Pathology lab
• Radiology
• EEG/EKG
• Dental services and dental anesthesiology
• Speech and audiology
• Physical, occupational, and recreational therapy
• Ophthalmology services
• Respiratory therapy
• Psychology services
• Medical supplies
• Detoxification
• Special hospitalization (purchase of medical care from local hospitals)

B. State Hospital Services

• Psychiatric assessment, stabilization, and medication management
• Psychosocial rehabilitation programming, including psycho-education and recovery-oriented programming
• Psychology services
• Nursing services
• Social work services
• Co-occurring MH/SA services
• Peer support services
• Recreational, physical, and occupational therapies

C. State Training Center Services

• Medical and psychiatric assessment
• Occupational, speech, physical, and recreational therapies
• Short–term respite and emergency care
• Habilitation and skill acquisition for community integration
• Person-centered planning
• Regional Community Support Center services and supports, including specialized medical, dental, and clinical services provided to individuals living in the community and training and case consultation to family members and community residential, healthcare, and vocational providers

D. Inpatient Geriatric Care Services

• Psychiatric and medical assessment
• Psychology services
• Nursing services
• Social work services
• Recreational, physical and occupational therapies
• Individualized treatment plans
• Medication management and rehabilitation
• Discharge planning and coordination

E. Facility-based Education and Skills Training

• Habilitation services
• Occupational therapy
• Physical therapy
• Music and speech therapy
• Recreation therapy
• Therapeutic horseback riding
• Vocational and Employment
• Pre-vocational skills development
• Sheltered workshop services
• Work readiness training
• Community based employment services
• Educational
• Functional academics required to implement the Individual Education Plan (for individuals 22 years of age and under)

F. Forensic and Behavioral Rehabilitation Security

Forensic Services

• Expert inpatient and outpatient mental health evaluations and reports for the courts
• Emergency treatment services
• Treatment to restore competency to stand trial
• Commitment for treatment for individuals acquitted of a criminal offense as Not Guilty by Reason of Insanity
• Expert court testimony in forensic matters
• Statewide training in forensic mental health evaluations for the criminal courts
• Coordination with CSBs of public community mental health services for forensic consumers
• Training, consultation, and assistance on forensic issues

SVP Behavior Rehabilitation Services

• Sex offender rehabilitation services within a maximum-security perimeter
• Review of Commitment Review Committee (CRC) and SVP evaluations

• Sex offender evaluation and treatment training (in collaboaration with the University of Virginia ILPPP)
• Quality management feedback to CRC evaluators
• Annual SVP commitment reviews for the courts

Pharmacy Services

A. Aftercare Pharmacy Service Area Products and Services

• Funding for purchase of medications by CSBs

B. Inpatient Pharmacy Service Area Products and Services

• Medication selection and procurement
• Medication management and education
• Pharmacy service oversight and cost containment
• Medication preparation and dispensing
• Medicare Part D participation

Facility Administrative and Support Services

• Administrative leadership and regulatory compliance
• Information technology support
• Food services for state facility patients and residents
• Housekeeping services to ensure a clean and safe environment
• Linen and laundry services
• Physical plant services, including building maintenance and security services
• Power plan operations
• Employee training and education services

Central Office Administrative and Support Service Area Products and Services

A. Policy, Legislation, Strategic and Comprehensive Plans, and Studies:

• State Board and operational and programmatic policies, regulations, and guidance documents
• Legislative analysis, proposal development, and studies
• Strategic, comprehensive, and continuity of operations plans
• Consumer surveys
• Staff support to boards, councils, and committees established in state or federal requirements

B. Consumer Protections:

• Human Rights investigations and reports
• Criminal background checks for prospective state facility and certain community employees

C. Services System and Program Development and Oversight:

• Training and technical assistance and general guidance to CSBs, state facilities, and providers
• Performance Contracts with CSBs that fund services
• Medicaid ID waiver pre-authorization of services
• Nursing home pre-admission screening and resident reviews (PASRR)
• Terrorism and disaster preparedness, response, and recovery operations
• Compilation and analysis of service data and quality indicators
• Grant application development and implementation of grant-funded projects
• Quality assurance reports

D. Agency Operations:

• Financial management, reporting, and allocation and disbursement of state and federal funds
• Development of central office contracts and business agreements
• Revenue collection
• Internal audits, audits of data and reports, and compliance reviews
• Information technology systems development and support
• Workforce management, recruitment, training, and development
• Risk management
• Compliance with the HIPAA Privacy Rule and HIPAA Security Rule
• General support services for central office operations (mail, parking, procurement)

E. Management of the SVP Conditional Release Program:

• Development of conditional release safety and treatment plans
• Training to expand community treatment capacity
• Recruitment, training, and management for community conditional release treatment teams

F. Supervision of the Juvenile Competency Restoration Program:

• Juvenile Forensic Evaluation and Juvenile Competency Restoration procedures
• Arrangements for Competency to Stand Trial restoration treatment services
• Administration of fee for services contracts with CSBs and private providers
• Technical assistance, training, supervision, oversight, and general guidance to services providers
• Quality assurance and compilation of service data and quality indicators

G. Architectural and Engineering Services (State facilities and Woodrow Wilson Rehab. Center):

• State facility capital master plans
• Oversight of facility capital projects' design and implementation
• Energy audits

Regulation of Public Facilities and Services Products and Services

• Issue new licenses and renew provider licenses

• Unannounced monitoring of licensed services
• Complaint investigations of licensed services
• Receive and review data on serious injuries and deaths in services
• Revocation and sanction actions against licensed service
• Information to the public about licensed providers
• Verification to payment sources (DMAS and DSS) that a provider is licensed
• Training of applicants to become licensed

Facility and Community Program Inspection and Monitoring (Office of the Inspector General)

• Reports of findings and recommendations regarding the quality of services that result from inspections of facilities operated by and programs licensed by the Department.
• Investigations of complaints regarding abuse, neglect and quality of services
• Consultation to state facilities and licensed programs regarding implementation of OIG recommendations
• Review of Department instructions and regulations
• Support to the Office of the Governor and the General Assembly, as requested

- *Factors Impacting Agency Products and/or Services:*

Factors Affecting Community MH, ID, and SA Services

• Demands for community behavioral health and developmental services are expected to increase as Virginia's population grows.

• As Virginia's population becomes more diverse, providers of community-based behavioral health and developmental services must improve their responsiveness to the needs of culturally and linguistically diverse groups.

• Potential reductions in reimbursement rates for Medicaid State Plan Option and ID waiver services would make it increasingly difficult to sustain essential core services offered by CSBs and private providers.

• The decreasing availability of adequate health insurance coverage for the treatment of mental health disorders and the increasing numbers of individuals without health insurance who do not qualify for Medicaid will increase the demand for services provided by CSBs.

• Workforce shortages, particularly professionals and direct care staff, make it difficult for CSBs and private providers to maintain or expand service capacity; respond to the increasingly complex needs of individuals receiving services; maintain the most challenging individuals in the community; and implement evidenced-based practices.

• Improved assessment and screening of adults and children with co-occurring disorders will increase demands for integrated services to treat these co-occurring conditions.

• Increasingly complex federal requirements such as federal MH and SA National Outcome Measures will require additional staff resources for data collection and reporting and analysis.

• A persistent lack of treatment services capacity adversely affects the services system’s ability to address unmet service needs.

• Lack of state funds inhibits the ability of the services system to provide the range of the prevention programs and has precluded the Department, the lead state agency, to implement the "Suicide Prevention Across the Lifespan Plan."

Factors Affecting Services Provided by State Hospitals and Training Centers

• Demand for additional state hospital beds to serve individuals with forensic involvement in secure settings is likely to continue to increase over time, resulting in more people on waiting lists for admission to secure units and longer wait times. Demand for secure forensic services may be offset by jail diversion programs.

• Future demand for state hospital civil beds will be decreased as community capacity is developed and methods for coordinating and integrating care with all relevant providers, including primary care, vocational, and social services agencies, are improved.

• Future demand for state training center services will be decreased by the increased availability of community services and supports, including ID waiver group homes, community ICF/MR facilities, behavioral consultation, and medical and dental services provided through the Regional Support Centers. Training centers will focus on serving individuals with co-occurring severe intellectual disability and pervasive physical disabilities or medical conditions such as seizures, scoliosis, or gastrointestinal problems and individuals with co-occurring mental health disorders and challenging behaviors.

• VCBR was designed to reflect a system based on four SVP predicate crimes and a projected commitment rate of about 2 individuals per month. However, changes to the Code of Virginia enacted in 2006 increased the number of predicate crimes from four to 23 and the SVP commitment rate from less than one (actual rate) to nearly 5 per month. At this accelerated rate, VCBR will reach capacity in 2012 and construction of a second secure SVP facility will be required

• The reluctance of older adults to seek behavioral health services and limited service coordination among agencies providing services to this population often result in a more complicated clinical picture when a person finally does present for services. This reluctance to seek treatment early, coupled with the insufficient availability of specialized services and expertise in CSBs, increases demand for geriatric treatment center services.

• The cost for facility-based education and skills training education services and associated materials is expected to increase, as will the cost to transport individuals to off-campus instruction services. Public school program costs, paid by the state facility to local public schools if the consumer’s needs are best met there, will continue to increase.

• The current poor condition of state facility buildings will require signification infrastructure investment and replacement.

• Clinical, environmental, and administrative standards set by the Centers for Medicaid and Medicare (CMS) and by the Joint Commission are likely to continue to become more complex and expensive to implement.

Factors Affecting Pharmacy Services

• The new state facility pharmacy computer system will improve efficiency and support agency risk reduction efforts to mitigate errors and improve individual safety and pharmacy customer service.

• The Community Resource Pharmacy (CRP) will be transitioned from an operational pharmacy to a funding vehicle for direct purchase of medications by individual CSBs. This transition is consistent with the Department's vision of promoting the highest level of consumer participation in all aspects of community life.

• Prescription drugs are the fastest growing segment in health care expenses in the United States. As new, more effective but expensive medications are introduced and prescribed, direct pharmaceutical costs will increase.

• The Virginia and national pharmacist shortage continues, making recruitment and retention of pharmacists extremely difficult.

• Pharmacies must comply with federal mandates, including the requirement to implement bar codes.

Factors Affecting Administrative and Support Services (Central Office)

• Virginia's economic condition has resulted in the elimination of 43 classified and wage positions to date. Until state revenues improve, this number is likely to increase, significantly limiting the ability of the central office to accomplish its responsibilities.

• The average age of the central office workforce is just under 52 years old and the average length of central office employees' state service is almost 18 years. Almost 15 percent of central office employees will be eligible to retire in the next five years. This level of turnover, especially in key positions, could significantly affect central office operations.

• New requirements in Governor’s Executive Orders and changes in regulations from external agencies such as DOA, DHRM, DPB, DGS, and VITA are often unfunded.

• VITA IT transformation - laptop/desktop standardization, centralization of Help Desk functions, server consolidation, messaging, network security, data center, and voice and video investments when fully implemented should address long-standing technical deficiencies affecting the Department.

• Department partnerships with organizations representing advocates, individuals receiving services, and family members, and state and local agencies will continue to influence central office operational priorities, plans, policies, and regulatory development activities.

Factors Affecting Facility Administrative and Support Services

• Virginia's current economic condition and the continuing shortage of state revenues will limit the ability of facilities to maintain staffing levels needed to accomplish basic facility administrative and support functions. Facilities are implementing a variety of administrative efficiencies, including the regionalization of state facility human resources functions and sharing of specific services.

• The state facility workforce is aging. This is particularly true for facilities in rural areas where staff turnover is lower than that in more urban areas. Recruitment and retention of the facility workforce of the future will continue to be a challenge.

• New requirements in Governor’s Executive Orders and changes in regulations from external agencies such as DOA, DHRM, DPB, DGS, and additional workload requirements from federal or state agencies are often unfunded.

• Individuals with more complex and severe medical disabilities will place additional requirements and associated expenses on facility support services, including increased demand for special diets, additional laundry services, more frequent housekeeping, and specialized safety and security services.

• Facility administrative and support services will be affected by the rapidly changing healthcare environment and annual increases in health care and operational costs, facility relationships with VITA/NG and implementation of technological changes such as the new pharmacy system and electronic health records, life safety code changes and aging capital equipment, and future potential outsourcing of state facility administrative and support functions.

Factors Affecting Regulation of Health Care Service Providers

• New or revised federal and state statutes and regulatory or funding requirements will affect licensing of behavioral health and developmental services.

• Continued transformation to a more community-based system of services and supports will increase in the number of new services licensed by the Department

• Licensing staffing levels and competitive pressures will affect recruitment and retention of new staff.

• Consumers and advocacy group issues will affect licensing activities.

• Media or community attention to licensed services as a result of serious incidents or community concerns will affect licensing activities.

Factors Affecting Facility and Community Inspection and Monitoring (Office of the Inspector General)

• Changes in the roles and responsibilities of state facilities and the increasing severity and complexity of the needs of individuals receiving state facility services.

• The shift of care for many individuals with severe disabilities to the community

• An increase in the number of community-based public and private providers

• Limited staffing with which to carry out the responsibilities established in the Code of Virginia.

- *Anticipated Changes in Products or Services:*
  Anticipated Changes in Community MH, ID, and SA Services

• Ongoing collaborative efforts with CSBs and other stakeholders to transform the public behavioral health and developmental services system will increase the need and demand for existing and new types of community services and supports.

• The identification and adoption of evidence-based or consensus-determined best practices, such as assertive community treatment, supported employment, illness management and recovery services, peer-specialist staff, multi-systemic therapy, functional family therapy, therapeutic foster care, and systems of care for children and adolescents with serious emotional disturbances.

• Adoption and expanded use of pre-and post trial alternatives and community treatment services such as crisis intervention teams and crisis stabilization services to prevent behavioral health situations from requiring a criminal justice response.

• Adoption and expanded use of peer-provided and peer-run behavioral health direct services and supports.

• Implementation of trauma-informed emergency services.

• Continued development of strategies that implement person-centered practices.

• Implementation of new types of community outreach and services and clinical practices that meet the needs of more culturally and linguistically diverse populations.

• Continued emphasis on building and maintaining the requisite capacity to manage their utilization of state facility and community inpatient psychiatric beds.

• Implementation of new services and supports that address the needs of individuals with autism spectrum disorder or other developmental disabilities.

• Implementation of specialized services and supports for older adults with mental health or substance use disorders and integration of behavioral healthcare into primary care and other generalist settings.

• Implementation of practice changes and community-based approaches through the Commonwealth's Children's Services System Transformation Initiative will build local service capacity, restructure existing services, assure intensive care coordination, and support community-based alternatives to detention.

Anticipated Changes in Services Provided by State Hospitals and Training Centers

• Adoption and expanded use of peer-provided and peer-run behavioral health direct services and supports.

• Continued development of strategies that implement person-centered practices.

• Utilization of telecommunication for clinical consultation to isolated or distant community providers.

• Improved process and procedures for managing the care provided to individuals who become involved with the criminal justice system and have mental health disorders that require state hospital services in a secure environment.

Anticipated Changes in Pharmacy Services

• Implementation of a new Pharmacy Information System and federal bar code label technology.

• Direct provision of CPR funds for CSB purchase of medications.

Anticipated Changes in Administrative and Support Services (Central Office)

• Enhanced data collection and analysis capacity will improve the ability of the central office to monitor CSBs and state facilities through program and utilization reviews, implementation of accountability measures, and financial audits to ensure compliance with federal and state statutes and regulations.

• Increased numbers of private providers and service locations licensed by the Department will affect the agency's ability to protect the human rights of individuals receiving services.

• Increased SVP Conditional Release service needs as more individuals meeting the criteria as sexually violent predators are conditionally released, have their probation or parole obligation end, or are released from the Virginia Center for Behavioral Rehabilitation.

• Increased court orders for juvenile competency restoration.

Anticipated Changes in Facility Administrative and Support Services

• Other than the potential further consolidation or privatization of specific services, no major changes in state facility administrative and support services are anticipated.

Anticipated Changes in Regulation of Public Facilities and Services

• Increased numbers of private providers and service locations licensed by the Department will affect the Department's ability to assure these programs meet licensing requirements.

• Increased focus on community services may increase the likelihood of investigations by VOPA or media, which affects and generally increases licensing monitoring.

Anticipated Changes in Facility and Community Program Inspections and Monitoring (Office of the Inspector General)

• More inspections and reviews of licensed community-based programs operated by CSBs and private providers.

• More inspections of state facilities on topical areas that enable a targeted look at specific functional areas rather that broad-based reviews of the facilities.

Finance

- *Financial Overview:*
  Department of Behavioral Health and Developmental Services funding comes from state general funds, special revenue funds, and federal grants. State general funds support the Department’s 16 state facilities, finance the majority of the central office oversight functions, and partially fund community programs operated by Virginia’s CSBs and several private not for profit organizations.

Special Revenue funds are derived predominantly from the collection of fees related to the provision of services in the Department's inpatient facilities. These revenues consist of Medicaid reimbursement, Medicare reimbursement, private insurance reimbursement, private payments, and other federal entitlement programs.

Federal funds consist of numerous grants from the federal government. The majority of the Department's federal funds consist of the Substance Abuse Prevention and Treatment (SAPT) Block Grant and the Community Mental Health Services (CMHS) Block Grant, which are passed through to CSBs. With the exception of the National School Lunch, National School Breakfast, Education of Handicapped Children, and Virginia Department of Agriculture and Consumer Services Federal Food Distribution Programs, all grants are passed through to community programs. Those not passed through are administered by some state facilities.

The Financial Resource Summary includes appropriations to the Office of the Inspector General in the amount of $357,213 in general funds and $179,083 in non-general funds for FY 2009 and for FY 2010.

- *Financial Breakdown:*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$574,360,830	$379,559,752	$574,360,830	$379,559,752
Change To Base	-$7,612,891	$10,190,850	-$7,612,891	$10,190,850
Agency Total	$566,747,939	$389,750,602	$566,747,939	$389,750,602

This financial summary is computed from information entered in the service area plans.

Human Resources

- *Overview*

The Department depends on a complement of salaried and wage employees in a wide variety of classifications (over 125 roles). Of these employees, approximately three percent (232) are in the central office. The vast majority of Department employees provide direct services to individuals in the 16 state facilities, which operate 24 hours a day, seven days a week. Additionally, a considerable number of Department employees provide site support services necessary to maintain the state facility infrastructure and surrounding environments and to operate the facilities' physical plants. A demographic profile of the total Department workforce shows the following characteristics:

• Race: 46.4 percent Caucasian 53.6 percent other races
• Gender: 75.4 percent female 24.6 percent male
• Average Age: 44.7 years
• Average Length of Service: 10.9 years

Approximately 45 percent of the Department's total classified workforce is employed as direct service associates. The demographic profile of this segment of the workforce shows the following characteristics:

• Race: 38.7 percent Caucasian 61.3 percent other races
• Gender: 78.2 percent female 21.8 percent male
• Average Age: 43.2 years
• Average Length of Service: 11.2 years

This diversity of staffing skills mix, the complexity of direct service requirements, and facility and site support issues have posed a number of human resources challenges, including:

• The aging and increasing cultural diversity of the current workforce;

• Declining enrollments in key degree and specialty programs such as nursing;

• The shortage of health care professionals and direct care workers; and

• The increasing level of skills expected of the workforce in the future.

- *Human Resource Levels*

Effective Date	9/1/2009	
Total Authorized Position level	9665.25	
Vacant Positions	-799.25	
Current Employment Level	**8,866.0**	
Non-Classified (Filled)	1	
Full-Time Classified (Filled)	8790	*breakout of Current Employment Level*
Part-Time Classified (Filled)	75	
Faculty (Filled)	0	
Wage	457.84	
Contract Employees	25	
Total Human Resource Level	**9,348.8**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*

Factors impacting the Department's workforce follow.

• Just over 10 percent of the Department's workforce will be eligible to retire in the next five years and in some state facilities, this percentage is as high as 15 percent. Many of these employees are nurses. This loss of experienced and well-trained staff across many occupational groups could have an adverse effect on patient care and safety and will require significant recruitment and succession planning activities.

• Seven of the 25 fastest growing occupations are in health care positions utilized within the behavioral health and developmental services system. These include: personal and home care aides, nurses, physical therapists, residential counselors, human services workers, teachers of special education, and other health service workers.

• Demand for health care workers continues to rise. In FY 2008, the separation rate for direct care positions in state facilities was 55.6 percent of the total agency's separations. This, coupled with the direct care staff turnover rate in state facilities averaging 25 percent and ranging as high as 65 percent, poses a significant challenge for the Department.

• Lagging compensation and inadequate career mobility opportunities have resulted in increased turnover, resulting in exhaustive and expensive recruitment and staff training activities and extensive use of overtime. This situation has limited the Department's ability to be a viable competitor in the marketplace.

• Workforce training resources, particularly the Virginia Learning Management System and the web-based College of Direct Supports, provide cost-effective opportunities for Department employees to gain competencies that are critical to increasing the employee productivity and maintaining service quality.

- *Anticipated HR Changes*

  Potential changes to the Department's workforce follow:

  • Although the average age of the Department's current workforce has remained the same over the last two years, the average age is expected to rise over the next six years. The average of the Department's current workforce of nearly 9,323 employees is 45 years old. The average age of Department nursing positions is 49 years old.

  • New technologies such as electronic health records and increasing service demands will create a health care market that requires highly skilled and well-educated workers. Employees who can create and apply sophisticated new technologies will expect to be rewarded. In addition to technical or clinical skills and expertise, well-honed communication and reasoning capabilities will be needed.

  • Department vacancy and turnover rates in general are likely worsen. This will likely exacerbate staffing shortages and increase demand for overtime. As the population continues to age and the general availability of workforce resources declines, a widening "care gap" between those needing care and those available to provide care will occur.

  • Competitive base salaries complemented by the use of bonus systems that are closely connected to performance, demonstrated desirable behaviors, and the application of needed competencies will be needed to attract and retain new employees and encourage higher productivity of existing employees.

  • As increasing numbers of Department employees retire, new workers who replace them are likely to require training to develop needed core competencies.

  • Career progression and pathways that support employee advancement through the attainment and application of successively higher levels of competencies will be increasingly important.

Information Technology

- *Current Operational IT Investments:*

  IT Investment Management: Adopting COV standards and procedures has required significant changes for both Department users of IT services and developers but is providing a considerably more stable and reliable technology environment. In December 2008, the Department implemented the COV Information Technology Investment Management (ITIM) process for central office technology initiatives. This process, which included the establishment of an Information Technology Investment Board, will enable the Department to identify potential business value in all proposed IT investments, select and prioritize IT investments that best meet Department business needs, monitor the progress and performance of technology initiatives, and determine if selected technology investments are continuing to deliver the expected business values of constituent service, operational and efficiency, and strategic alignment to Department and COV goals and performance measures. The Department's IT investment management efforts should result in greater accountability in its IT investment, formalized risk management and documentation of results, which are aligned with the strategic directions established in the COV IT Strategic Plan.

  The Department's IT program provides coordination, guidance, oversight, and support to central office and state facility IT programs, including IT infrastructure transformation activities, security, compliance, and web and application development. The central office technology team, comprised of 13 classified and 3 hourly (P-14) positions, strives to comply with Commonwealth of Virginia (COV) technology, application development, and project management standards for all IT activities. This has been challenging because the Department continues to face additional pressure from budgetary constraints that resulted in elimination of two FTE technology staff positions in FY 2009.

  IT Transformation: The Department's IT program is working with the Virginia Information Technologies Agency (VITA) and Northrop Grumman (NG) partnership to implement the major goals of VITA transformation – desktop/laptop standardization, centralization of Help Desk functions, server consolidation, and messaging, network, security, data center and voice and video investments. IT transformation, when complete, will improve constituent services and address many of the long-standing technology challenges and operational efficiency issues affecting the Department should be addressed. The transformation process is approximately 70 percent complete. Messaging Transformation -- email and active directory conversion—is scheduled for completion by July 2010.

  IT Security: The Department's investment in IT security provides business value because it protects constituent information; assures appropriate access to information; and enables the Department to implement new and updated federal HIPAA requirements and COV security standards. The following standards and directives affect the IT Security initiatives:

  o VITA Security Standards 501-01
  o VITA Data Protection Standard 507-00
  o VITA IT Security Audit Standard SEC502-00
  o Comptroller's Directive 1-07 (ARMICS).

  This investment will support provision of safeguards and controls that are necessary to ensure effective operation of the Department's technology environment and data and, as such, remains a high priority for the Department.

  Department Enterprise Applications: The major enterprise applications for the agency are AVATAR (facility billing), FMS (facility and central office financial management), and CCS (CSB accountability reporting). CCS is an agency-developed application; the other enterprise applications are 3rd-party vendor solutions. The Department maintains 20 additional applications (developed in-house) to support CO, state facility, and community business functions including human rights, licensing, facility operations, quality management, risk management, Medicaid Waiver, infant services, SVP services, discharge planning, forensic services, community contracting, information technology, and public relations. The development team utilizes accepted industry standards.

  Major applications supporting these business functions map to the lines of business in the Department's Enterprise

Business Model, as follows:

AVATAR: this third-party vendor application that supports the agency billing functions for services delivered in our 16 state-operated facilities. In FY 2010, DBHDS projects revenues of $314,857,574 that will be generated from this application. Automated billing is done for Medicaid, Medicare, commercial insurance, patient income and private payers. Basic demographic and diagnostic data are maintained in AVATAR which are used to meet state, federal and agency reporting requirements. Customized applications have also been built which leverage the core AVATAR data for meeting clinical and monitoring business requirements.
Business Value: AVATAR provides automated processes that that effectively integrates the facility reimbursement processes. The application continues to contain ongoing reimbursement operations and personnel costs. Monthly billing to 3rd-parties can be uniformly performed and payments and posted an applied to individual accounts in a consistent and efficient manner. Interfaces to the financial management system ensures timely posting of receipts.

Lines of Business:
111 health (40-health care services), 222 knowledge creation and management (20-general purpose data and statistics), 223 public goods creation and management (20-information infrastructure management), 335 revenue collection (10-debt collections, 40-user fee collection)

CCS: the CCS application provides a mechanism for monitoring the services provided by the Community Services Boards (CSBs) in the Commonwealth and, to a limited degree, assists in determining the outcomes of those services. DBHDS provided over $295M (FY09) in state and federal dollars to the CSBs. Many federal and state reporting requirements are met through CCS data. CSBs provide monthly submissions of required data to Central Office.
Business Value: The CCS application replaced burdensome manual CSB reporting requirements and improved the quality of data in CSB information systems. Ongoing operations costs to local CSBs have been reduced.

Lines of Business:
221 direct services for citizens (10-agency operations), 222 knowledge creation and management (20-general purpose data and statistics)

ITOTS: a case management application used by the 38 local provider programs of Part C Early Childhood Intervention services in the Commonwealth. In addition to providing case managers tools for planning and coordinating services to infants and their families, the ITOTS application is used to meet federal and state reporting requirements.
Business Value: ITOTS provides Part C local lead agencies (39) a consistent set of automated process and tools to manage caseloads of service coordinators. Data managed in ITOTS permits DBHDS to efficiently meet federal reporting requirements.

Lines of Business:
221 direct services for citizens (10-agency operations), 222 knowledge creation and management (20-general purpose data and statistics)

FMS: this FMS third-party vendor application is the fiscal management system used by the sixteen BDHDS-operated facilities and Central Office to manage the $953M agency budget. FMS supports all aspects of the agency's fiscal operations with automated interfaces for budgeting, ordering, inventory management, A/P and A/R.
Business Value: The FMS application proves BBHDS with an automated means to manage its almost $2 Billion budget. The integrated tools increases agency staff efficiency and cost savings through a shared technology environment.

Lines of Business:
438 financial management (10-accounting, 20-asset and liability management, 30 funds control, 40-collections and receivables, 50-payments, 60-reporting and information, 70-cost accounting/performance management)

Ten state facilities utilize KRONOS, a third-party vendor application, to for staff scheduling and staff time tracking. The food service operations in eleven of the state facilities are supported by CBORD (3rd party solution) for menu planning, food preparation and provides reporting to meet hospital accreditation requirements. Each of these applications, in part, provide efficiencies by common software solutions for the agency.

Additional, smaller custom developed technology applications such as licensing, human rights, incident reporting, Medicaid Waiver and Core Measures enable the Department to provide constituent service value through better access to data and compliance with federal and state mandates; operational efficiency value and strategic alignment value to agency performance and productivity measurement reporting.

The Department is implementing a pharmacy management system to replace an outdated pharmacy application. This application will improve operational efficiency and constituent services by improving customer experience, providing better access to information, increasing ease of use, improving service quality and reducing errors, and adding new services. A Request for Proposals, issued on March 24, 2008, solicited sealed proposals from qualified contractors to provide an Automated Pharmacy System Application and Support Services. The project was subsequently awarded to General Electric (GE) Healthcare. The GE Centricity Pharmacy application will be integrated with the existing state facility billing and the AVATAR Admission Discharge Transfer application. This project will effectively set the stage for later integration with the proposed electronic health record and will support the agency's risk reduction efforts to mitigate errors and improve individual safety and pharmacy customer service. The scheduled completion date for the pharmacy application is April 2011.

The Department's IT environment and staff continue to support legacy applications using older technologies but utilize current technologies for all new development. As resources permit, the Department will replace outdated legacy systems and this will offer opportunities for cost savings and improved service and are aligned with strategic directions in the COV IT Strategic Plan.

- *Factors Impacting the Current IT:*
  Factors influencing the Department's IT services include:

  • Federal and state regulation and requirements for accountability and performance measurement continue to increase. Federal reporting requirements for outcome measures will require changes to the Department's information technology services applications. Additional reporting requirements related to the Part C program must be in place by early 2011.

  • Federal requirements for an electronic heath record are being developed. These requirements would affect technology needs in state facilities and CSBs. Current federal guidelines indicate that electronic health records need to be in place by 2014-15. Medicaid reimbursement rates could be at risk if electronic records are not being utilized.

  • The Department continues to seek more effective avenues of communicating with the public, particularly in its use of the Department's website.

• Security management (HIPAA, Homeland Security, and Commonwealth of Virginia) will require additional resources in the central office and in state facilities.

• Staffing resources for both central office and the state facilities continue to pose problems for the information technology program at the Department. Development, maintenance, and support for the needed application continue to be problematic.

- *Proposed IT Solutions:*

The Department anticipates that there will be increased emphasis on specific agency deliverables related to a primary role of system monitoring and accountability in the upcoming years. This will impact a many areas of the agency including state facility operations, licensing, human rights, risk management, forensic services, early childhood services, mental health services, developmental services, substance abuse services, and administrative offices.

Person-centered practices (PCP) are expected to change information processes in state facilities and community programs. PCP is a process-oriented approach to empowering individuals. It focuses on the people and their needs by putting them in charge of defining the direction for their lives, not on the systems that may or may not be available to serve them. This ultimately leads to greater inclusion as valued members of both community and society.
The agency is assessing the impact of the 2010 Healthcare legislation. At a minimum, the requirements related to electronic health records will impact DBHDS.
The Medicaid Information Technology Architecture (MITA) will impact future DBHDS applications either purchased or developed. The MITA initiative is intended to foster integrated business and IT transformation across the Medicaid enterprise and to improve the administration of the Medicaid program. MITA is a national framework to support improved systems development and health care management for the Medicaid enterprise.

The Department will continue to seek ways to efficiently utilize all resources.

The anticipated business changes coupled with extremely limited resources will require changes to existing applications or development of new or modified solutions. The desired technology state for the Department in the next two years includes:

• Minimizing customized software development efforts by using COTs solutions, leveraging software and services used elsewhere in the Commonwealth or expanding on existing agency solutions whenever possible and appropriate. The Department will explore use of CRM solutions to meet requirements in licensing, Medicaid waiver, human rights, and Part C programs. The Department intends to expand its use of COV business intelligence reporting tools for data monitoring, analysis and reporting. Future applications relating to individuals served in state facilities will be developed using tools provided in AVATAR, if possible and cost-effective. The Department intends to continue to use .net for customized development and SQL Server for database management and upgrade these platforms to current versions.

• Developing standard architecture for the secure exchange and management of health information (HIE) among behavioral health and developmental services system entities including the state facilities, CSBs, and the central office. HIE between state facilities and CSBs is required for appropriate pre-admission and discharge planning. HIE between central office and CSBs will be expanded to provide central office with improved CSB monitoring and accountability data and to improve efficiencies (through data exchanges) between central office applications and local CSB applications. Additionally there will be increased requirements for sharing data among state agencies to support specific programs. Designing secure consumer-specified data exchanges among the Department, DMAS, VDH, DSS and DOE are priorities. A critical incident management and reporting systems is envisioned for DSS, DMAS, VHD, and the Department.

• Continuing efforts to improve compliance with COV security audit standards.

• Designing data structures and access to Department data assets that provide needed monitoring and accountability information for use by agency staff, CSBs, and the public.

• Designing new or modifying current technology solutions that support the evolving person-centered services model. This could include providing secure applications that are accessible by individuals receiving services.

• Working with COV technology partners to design and develop secure processes that permit CSBs and private providers to access Department-managed technology applications.

• Consolidating technology resources across state facilities whenever possible to gain efficiencies reduce cost and enhance security.

The following are the priority funded agency technology initiatives:
• Medication Management (implementation/major)
• ITOTS Expansion (enhancement/non-major)
• System Transformation Grant Goal 4 (new-enhancement/non-major)
• Authenticate of CBS and private providers to access secure DBHDS applications (new <$100K)
• Information Exchange with Business Partners(new/non-major)
o Part C – local lead agencies
o Part C – VDH/DOE/DMAS
o Systems Transformation Grant – Critical Incident Reporting and Medicaid Waiver Tracking
• Central Data Warehouse and Reporting Project (new/non-major)
• Infrastructure Consolidation
o KRONOS Consolidation Project (non-major)
o AVATAR Database Upgrade and Hardware Migration (non-major)
o SQLServer Statewide Consolidation and Upgrade
The following are the priority non-funded agency technology initiatives:
• Infrastructure Consolidation
o CBORD application/server consolidation (proposed/non-major)
• Seclusion and Restraint Reporting (enhancement/<$100K)
• Juvenile Competency Application (enhancement/<$100k)
• Jail Diversion Application (new/<$100k)
• Licensing Application (enhancement/<$100k)
• Clinical Apps/EMR (proposed/major)

- *Current IT Services:*

Estimated Ongoing Operations and Maintenance Costs for Existing IT Investments

Cost - Year 1	Cost - Year 2

	General Fund	Non-general Fund	General Fund	Non-general Fund
Projected Service Fees	$2,162,176	$336,350	$2,194,608	$341,395
Changes (+/-) to VITA Infrastructure	$100,000	$150,000	$150,000	$225,000
Estimated VITA Infrastructure	$2,262,176	$486,350	$2,344,608	$566,395
Specialized Infrastructure	$0	$0	$0	$0
Agency IT Staff	$1,275,970	$359,239	$1,275,970	$359,239
Non-agency IT Staff	$0	$0	$0	$0
Other Application Costs	$690,627	$0	$1,500,000	$0
Agency IT Current Services	$4,228,773	$845,589	$5,120,578	$925,634

Comments:
Changes to VITA Infrastructure are primarily for Pharmacy application

Other application costs are 3rd Party Vendor Maintenance Fees Pharmacy maintenance costs begin in Year 2

- *Proposed IT Investments*

Estimated Costs for Projects and New IT Investments

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Major IT Projects	$0	$1,283,603	$0	$5,002,013
Non-major IT Projects	$157,000	$1,916,171	$490,000	$200,000
Agency-level IT Projects	$72,000	$133,000	$170,000	$70,000
Major Stand Alone IT Procurements	$0	$0	$0	$0
Non-major Stand Alone IT Procurements	$0	$0	$0	$0
Total Proposed IT Investments	$229,000	$3,332,774	$660,000	$5,272,013

- *Projected Total IT Budget*

	Cost - Year 1		Cost - Year 2	
	General Fund	Non-general Fund	General Fund	Non-general Fund
Current IT Services	$4,228,773	$845,589	$5,120,578	$925,634
Proposed IT Investments	$229,000	$3,332,774	$660,000	$5,272,013
Total	$4,457,773	$4,178,363	$5,780,578	$6,197,647

Appendix A - Agency's information technology investment detail maintained in VITA's ProSight system.

Capital

- *Current State of Capital Investments:*
The Department operates 16 facilities in 12 localities. These facilities are comprised of 412 buildings encompassing about 6.5 million square feet with an average age of 49 years and a median age of 55 years. With the exception of state facility redesigns and replacements described below, maintenance and renovation funding has not been adequate to prevent a gradual decline in the condition of older facility infrastructure or to allow renovations to meet current treatment and code requirements.

Many state facility buildings are inefficient to operate and require major renovations to comply with current life safety and code standards and certification requirements. Most buildings are in generally poor condition and replacements of major building systems are required, including fire alarm systems and fire sprinkler systems, renovations for appropriate emergency egress, hurricane hardening, and increased numbers of bathrooms.

Increasingly, state hospitals are serving individuals with a forensic status who require secure environments. Training centers are serving more individuals with physical and complex medical conditions who require a range of assistive technologies including wheelchairs. Interior renovations will be necessary to accommodate these needs.

Status of State Facility Redesigns and Replacements

During the last biennium, the Department completed construction of two facilities:

• Replacement of the Hancock Geriatric Treatment Center at Eastern State Hospital - This new 150-bed replacement facility was completed and occupied in April, 2008.

• Virginia Behavioral Rehabilitation Center - This 300-bed facility, for the treatment of individuals committed to the Department as sexually violent predators, is complete and in operation. Phase 1 was completed on schedule and Phase 2 was completed 6 months ahead of schedule.

A third facility replacement project is under construction:

• Replacement of Eastern State Hospital's Adult Mental Health Treatment Center - A new 150-bed facility is replacing the hospital's adult mental health programs. This project is currently in the construction phase, using the same team that constructed the Hancock Geriatric Treatment Center. It is scheduled for occupancy in July 2010.

The following facility replacement and renovation projects are in the design phase:

• Replacement of Western State Hospital - The developer for Western State Hospital replacement has been selected and design efforts have begun on this project. The Department has signed an Interim Agreement with Balfour Beatty Construction, Inc. for the design and construction of a new 246-bed replacement facility. The completion is estimated at 36 to 42 months, depending on the site selected.

• Replacement of Southeastern Virginia Training Center - The Department is supporting the efforts of the Department of General Services, Division of Engineering and Buildings, Bureau of Facility Management in the design and construction of a 75-bed replacement facility on the existing site of the facility. A PPEA proposal was received by the Department of General Services and has been advertised for competing proposals. A major component of this effort is the creation of additional community housing into which residents at the facility can move. The Appropriation Act calls for the development of 12 Intermediate Care Facilities and six waiver group homes.

• Renovation of Central Virginia Training Center – The Department has been pursuing the path of renovating residences on campus to correct privacy and Life Safety Code issues. Building No. 11 has been fully renovated and is operation. Buildings No. 8 and No. 12 have been submitted for final code compliance review. Construction is expected to begin in the fall of 2009. In parallel with this effort is the creation of additional community housing into which residents of the facility can move. The Department has received a PPEA proposal to provide community housing.

- *Factors Impacting Capital Investments:*
  Factor's impacting needed Department's capital investment follow:

  • Demand for additional state hospital beds to serve individuals with forensic involvement in secure settings is likely to continue to increase over time.

  • Training center replacements and renovations must accommodate the needs of residents with co-occurring severe intellectual disability and pervasive physical disabilities or medical conditions such as seizures, scoliosis, or gastrointestinal problems; and residents with mild to moderate levels of intellectual disability and co-occurring mental illness and challenging behaviors.

  • VCBR was designed to reflect a system based on four SVP predicate crimes and a projected commitment rate of about 2 individuals per month. However, changes to the Code of Virginia enacted in 2006 increased the number of predicate crimes from four to 23 and the SVP commitment rate from less than one (actual rate) to nearly 5 per month. At this accelerated rate, VCBR will reach capacity in 2012 and a new secure SVP facility will be required.

- *Capital Investments Alignment:*
  Department-operated facilities continue to be critical components in the behavioral health and developmental services system. The Department must ensure that the facilities it operates are safe, efficient, well maintained, and appropriately designed to meet the needs of both the services providers and recipients.

  The Department's proposed Six Year Capital Improvement Plan has two essential components that support the provision of quality care in state facilities. The first proposes projects necessary to keep operational buildings in use for the next three biennia, including roof, utility, HVAC, and environmental hazard abatement. The second component is a phased program of facility replacements to prove physical environments that appropriately address the needs of facility programs and individuals receiving services.

Agency Goals

Goal 1

Fully implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving behavioral health and developmental services.

Goal Summary and Alignment

This goal envisions the alignment of services system policies, regulatory requirements, funding incentives, administrative practices, and services and supports arrangements with the core values of self-determination, empowerment, recovery, and resilience at the state and local levels. This includes implementation of recovery, resilience, and person-centered principles and practices in areas such as prevention and health promotion, individual and family involvement and inclusion, access and engagement, continuity of care, individualized recovery and person-centered planning, recovery support and personal assistance, community inclusion, housing and work, evidence-based or best and promising practices, cultural competency, quality assurance, and performance monitoring. Implementation of this goal is essential for transforming Virginia's behavioral health and developmental services system to one that fully realizes the Department's vision of an individual-driven system of services and supports.

Goal Alignment to Statewide Goals

- Engage and inform citizens to ensure we serve their interests.
- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal Objectives

- Increase the proportion of people served in intensive community-based services per occupied state facility bed.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - We will increase the proportion of persons served in intensive community services versus state facilities

    Measure Class: Agency Key Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

    Frequency Comment: Fiscal year

    Measure Baseline Value: 3.61 Date: 6/30/2005

    Measure Baseline Description: Consumers in intensive community-based services per occupied state facility bed

Measure Target Value: 4.18 Date: 6/30/2010 Measure Target Description: Consumers in intensive community-based services per occupied state facility bed.

Data Source and Calculation: Sources: AVATAR provides state facility average daily census (ADC) and Community Consumer Submission (CCS) counts of consumers receiving community-based highly intensive services (i.e., local MH and SA inpatient, MH PACT, MH assertive community treatment, MH DAP, MH and ID highly intensive residential, and ID waiver services) Calculation: Number of individuals receiving intensive community-based services during the fiscal year divided by the state facility ADC calculated at the end of the state fiscal year. State facility ADC is the total number of state hospital and training center (excluding HDMC and VCBR) bed days utilized during the fiscal year divided by 365. To calculate the percent change from the baseline, subtract the baseline proportion of persons served in intensive community services from the current fiscal year proportion and divide the difference by the baseline proportion.

Goal 2

Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.

Goal Summary and Alignment

This goal envisions statewide availability of a core array of recovery and resilience-oriented and person-centered services and supports that are appropriate to the needs of individuals with mental health or substance use disorders or intellectual disability who are in crisis or who have severe or complex conditions, or both, and cannot otherwise access needed services or supports because of their level of disability, their inability to care for themselves, or their need for a structured environment. The goal also envisions services provided by state facilities that prepare individuals for successful integration back into the community. Recovery and resilience-oriented and person-centered services and supports would be flexible and provided as close to the individual's home and natural supports as possible. Natural support systems, including networks of individuals receiving services and their families, services, and supports, would be strengthened wherever possible and emphasis would be placed on prevention and early intervention to avoid future crises. Implementation of this goal is essential for transforming Virginia's behavioral health and developmental services system to one that fully realizes the Department's vision of an individual-driven system of services and supports.

Goal Alignment to Statewide Goals

- Engage and inform citizens to ensure we serve their interests.
- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal Objectives

- Increase the community tenure of individuals served in state facilities.

Link to State Strategy

- nothing linked

Objective Measures

- We will reduce the percent of individuals who are readmitted to state facilities by providing community-based services and supports that respond to their individual needs

Measure Class: Agency Key Measure Type: Outcome Measure Frequency: Quarterly Preferred Trend: Down

Measure Baseline Value: 20 Date: 6/30/2005

Measure Baseline Description: Individuals with previous long terms of care readmitted to state facilities within 365 days

Measure Target Value: 17 Date: 6/30/2012

Measure Target Description: Individuals with previous long terms of care readmitted to state facilities within 365 days

Data Source and Calculation: Source: AVATAR Calculation: The percentage of individuals with previous long terms of care who are readmitted to state facilities will be calculated by dividing the number of readmissions by the total number of discharges. Individuals with previous long terms of care are defined as individuals who have had a length of stay in a state hospital or training center (excluding HDMC and VCBR) of 60 days or longer. The number of discharges is calculated based on the number of individuals with previous long terms of care who discharged, exclude deaths and transfers to other Department facilities, during the previous fiscal year on a cumulative quarterly basis (year-to-date). The number of readmissions is calculated based on the number of individuals who discharged (see above) and subsequently readmit to a state hospital or training center within 365 days (excluding individuals who are readmitted for respite services). For example, the percentage for the first quarter of FY 10 will be calculated on the discharges in the first quarter of FY 09 and subsequent readmissions through the first quarter of FY 10. For the second quarter of FY 10, the percentage will be calculated on discharges in the first two quarters of FY 09 and subsequent readmissions through the second quarter of FY 10.

Goal 3

Align administrative and funding incentives and organizational processes to support and sustain quality individually-focused care, promote innovation, and assure efficiency and cost-effectiveness.

Goal Summary and Alignment

This goal envisions adequate amounts of stable state and local funding that can be used flexibly to meet the needs of individuals and their families. Behavioral health and developmental services funding streams would be integrated to the extent possible to create individualized, recovery-oriented, and person-centered services plans. Opportunities for self-directed care would be pursued and full advantage would be taken of federal funding opportunities, including Medicaid, to implement recovery- and resilience-oriented and person-centered services. Funding allocations would include incentives for efficient and cost-effective services that are consistent with evidence-based or best and promising practices. Implementation of this goal is essential for transforming Virginia's behavioral health and developmental services system to

one that fully realizes the Department's vision of an individual-driven system of services and supports.

Goal Alignment to Statewide Goals

- Engage and inform citizens to ensure we serve their interests.
- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal 4

Assure that services system infrastructure and technology efficiently and appropriately meet the needs of individuals receiving publicly funded behavioral health and developmental services and supports.

Goal Summary and Alignment

This goal envisions significant improvement in the adequacy and appropriateness of state and community capital infrastructure. State facilities would be upgraded to ensure safety and provide adequate and appropriate space designed to meet the needs of individuals receiving services and community housing capacity would be enhanced. The services system would take advantage of technologies to improve care coordination and continuity and increase access to services in underserved areas, including electronic health records and health information exchange, teletherapy, and teleconsultation. Implementation of this goal is essential for transforming Virginia's behavioral health and developmental services system to one that fully realizes the Department's vision of a individual-driven system of services and supports.

Goal Alignment to Statewide Goals

- Engage and inform citizens to ensure we serve their interests.
- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal 5

Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

Goal Summary and Alignment

This goal envisions a behavioral health and developmental services system workforce that is culturally competent and skilled in the delivery of evidence-based or best and promising practices. The services system would have the resources necessary to competitively recruit and retain sufficient numbers of professional and direct care staff. Public-academic partnerships with Virginia universities, colleges, and community colleges would expand the pipeline for and skill levels of hard-to-fill professional and direct care positions. Cross-training programs would enhance provider skills necessary to meet the needs of the most challenging individuals receiving services, including individuals with co-occurring disorders. Implementation of this goal is essential for transforming Virginia's behavioral health and developmental services system to one that fully realizes the Department's vision of an individual-driven system of services and supports.

Goal Alignment to Statewide Goals

- Engage and inform citizens to ensure we serve their interests.
- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal 6

Enhance service quality, appropriateness, effectiveness, and accountability through performance and outcomes measurement and service delivery and utilization review.

Goal Summary and Alignment

This goal envisions statewide implementation of clinical and management practices that reflect best and promising practices and promote stewardship and wise use of system funds, human resources, and capital infrastructure. The services system would implement consistent management practices that focus on and support the delivery of recovery-oriented and person-centered services and supports. Performance and outcomes systems would demonstrate quality, efficiency, and cost-effectiveness through clearly defined accountability measures that are posted on the Department's web site. Implementation of this goal is essential for transforming Virginia's behavioral health and developmental services system to one that fully realizes the Department's vision of an individual-driven system of services and supports.

Goal Alignment to Statewide Goals

- Engage and inform citizens to ensure we serve their interests.
- Inspire and support Virginians toward healthy lives and strong and resilient families.

Goal 7

Strengthen the culture of preparedness across state agencies, their employees and customers.

Goal Summary and Alignment

This goal ensures compliance with federal and state regulations, policies and procedures for Commonwealth preparedness, as well as guidelines promugated by the Assistant to the Governor for Commonwealth Preparedness, in collaboration with the Governor's Cabinet, the Commonwealth Preparedness Working Group, the Department of Planning and Budget and the Council on Virginia's Future. This goal supports achievement of the Commonwealth's statewide goal of protecting the public's safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all knds.

Goal Alignment to Statewide Goals

- Protect the public’s safety and security, ensuring a fair and effective system of justice and providing a prepared response to emergencies and disasters of all kinds.

Goal Objectives

- We will be prepared to act in the interest of the citizens of the Commonwealth and its infrastructure during emergency situations by actively planning and training both as an agency and as individuals

  Objective Strategies

  - The agency Emergency Coordination Officer will stay in regular communication with the Office of Commonwealth Preparedness and the Virginia Department of Emergency Management.

  Link to State Strategy

  - nothing linked

Objective Measures

- Agency Preparedness Assessment Score

  Measure Class: Other Measure Type: Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 51.18 Date:

  Measure Baseline Description: Agency Preparedness Assessment Score

  Measure Target Value: 69 Date:

  Measure Target Description: Agency Preparedness Assessment Score

  Long-range Measure Target Value: 75 Date:

  Long-range Measure Target Description: Agency Preparedness Assessment Score

  Data Source and Calculation: The Agency Preparedness Assessment is an all-hazards assessment tool that measures agencies' compliance with requirements and best practices. The assessment has components including Physical Security, Continuity of Operations, Information Security, Vital Records, Fire Safety, Human Resources, Risk Management and Internal Controls, and the National Incident Management System (for Virginia Emergency Response Team - VERT - agencies only).

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 1 of 15

Facility-Based Education and Skills Training (720 197 08)

Description

Facility-Based Education and Skills Training Services consist of vocational, pre-vocational, and work training offered to individuals served in the five state training centers and educational services provided to individuals receiving state facility services who are 22 years of age or younger and covered by the federal Individuals with Disabilities Education Act (IDEA).

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  Facility-Based Education and Skills Training Services promote dignity, choice, independence, and the highest possible level of participation in paid or non-paid (volunteer) work. These services are designed to improve an individual's person-centered work skills and to promote choice, self-worth, and satisfaction.
- *Describe the Statutory Authority of this Service*
  Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services.
  • § 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state facilities (including education and training programs for school-age consumers); and
  • § 37.2-312 requires the Department, in cooperation with the Department of Education, to provide for education and training of school-age consumers in state facilities.

  The Individuals with Disabilities Education Act defines who receives special education services in state facilities.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Children and adolescents receiving state hospital services	Children and adolescents in state hospitals receiving educational services	581	764
Individuals participating in training center vocational or educational services	Individuals participating in training center vocational, employment, or educational services	700	1,175

Anticipated Changes To Agency Customer Base
o Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for state facilities will change to reflect these demographic trends.

o Most training center residents (90 percent) are between 22 and 65 years of age, with only two percent below the age of 22 and eight percent over age 65. The average age of these individuals served in training centers is 48 years of age, which is likely to increase as the average length of stay of current residents is just less than 30 years.

o With the expansion of community services capacity and bed reductions resulting from the Medicaid Money Follows the Person (MFP) initiative and a smaller (75 bed) new SEVTC; training centers will increasingly serve two very distinct populations with intellectual disability: individuals with co-occurring physical risk factors or medical conditions such as seizures, scoliosis, or gastrointestinal problems and individuals with co-occurring mental illness and challenging behaviors.

o Most training center residents have either a hearing or visual deficit, or both, or one or more neurological conditions in addition to their intellectual disability. Many are non-ambulatory (requiring specialized wheelchairs) or need significant staff assistance to walk. A significant portion (34 percent) has at least one psychiatric diagnosis.

o Admissions to training centers will be due primarily to one of two factors: there are changes in the behavioral patterns presented by the individual that are risking the health and safety of the individual or others in his or her community environment; or the individual has no place to go to receive supports needed to maintain his or her health and safety and funding does not exist for these supports to be provided in the community.

Partners

Partner	Description
Community services boards and behavioral health authority (CSBs):	Training centers contract with CSBs to provide sheltered workshop opportunities for individuals receiving training center services.
Community vocational providers and employers:	Training centers contract with community providers of vocational and developmental day services to provide vocational and off campus opportunities for individuals receiving training center services. Some private employers also employ individuals who reside at the training centers.
Virginia Department of Education and local school boards:	The Department partners with local school boards to provide educational services for consumers who meet the criteria for vocational or academic education.

Products and Services

- *Factors Impacting the Products and/or Services:*
  Provision of pre-vocational and vocational training and employment services will be affected by the:

  o Increasing age of individuals receiving training center services.

  o Increasing physical needs and challenging behaviors of individuals served by training centers.

  o Continuing decrease in the residential census of most training centers.

  o Lack of competitive employment opportunities that are available to individuals receiving training center services.

- *Anticipated Changes to the Products and/or Services*

  o Training centers will increasingly provide services and supports for individuals who: present complex medical needs that cannot currently be met in community residences until an appropriate community residence is available; present behavioral challenges that require short-term, intensive intervention to return to the community; require short-term respite and/or stabilization; or require short-term medication stabilization. Training centers also will provide services and supports through the Regional Community Support Centers to individuals receiving facility or community services and supports.

  o Training centers will continue to provide vocational and pre-vocational training and work programs on campus. For the majority of individuals, minimal changes to these services are anticipated and would be based on individual needs.

  o As increasing numbers of training center residents reach "retirement" age, educational and vocational services must change to accommodate the interests of individuals who choose to pursue "senior activities."

  o Access to competitive employment and other community vocational opportunities will be more limited and expensive. Training centers may need to expand their on-campus vocational and educational services if the economic downturn further reduces the availability these resources in the surrounding communities.

  o Costs for center-based vocational and skills training and employment services and associated materials are expected to increase as staffing and transportation costs continue to rise.

  o State facility reimbursements to local public school systems for their provision of educational services are anticipated to increase.
- *Listing of Products and/or Services*
  - Habilitation Services: occupational therapy, physical therapy, music and speech therapy, recreation therapy, therapeutic horseback riding
  - Vocational and Employment Services: prevocational skills development, sheltered workshop, work readiness training, community based employment
  - Educational Services: education services required to implement the Individual Education Plan (for individuals 22 years of age and under)

Finance

- *Financial Overview*

  This service area is funded with 88 percent general funds and 12 percent non-general funds. Approximately 84 percent of the non-general funds of the non-general funds are from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to indirect services costs of patient care. Other non-general funds are Federal funds appropriated for supplies, field trips and other education-related activities.
- *Financial Breakdown*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$7,987,115	$953,373	$7,987,115	$953,373
Change To Base	$0	$155,850	$0	$155,850
Service Area Total	$7,987,115	$1,109,223	$7,987,115	$1,109,223
Base Budget	$7,987,115	$953,373	$7,987,115	$953,373
Change To Base	$0	$155,850	$0	$155,850
Service Area Total	$7,987,115	$1,109,223	$7,987,115	$1,109,223
Base Budget	$7,987,115	$953,373	$7,987,115	$953,373
Change To Base	$0	$155,850	$0	$155,850
Service Area Total	$7,987,115	$1,109,223	$7,987,115	$1,109,223
Base Budget	$7,987,115	$953,373	$7,987,115	$953,373
Change To Base	$0	$155,850	$0	$155,850
Service Area Total	$7,987,115	$1,109,223	$7,987,115	$1,109,223
Base Budget	$7,987,115	$953,373	$7,987,115	$953,373

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 201

Change To Base	$0	$155,850	$0	$155,850
Service Area Total	$7,987,115	$1,109,223	$7,987,115	$1,109,223
Base Budget	$7,987,115	$953,373	$7,987,115	$953,373
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Change To Base	$0	$155,850	$0	$155,850
Service Area Total	$7,987,115	$1,109,223	$7,987,115	$1,109,223
Base Budget	$7,987,115	$953,373	$7,987,115	$953,373
Change To Base	$0	$155,850	$0	$155,850
Service Area Total	$7,987,115	$1,109,223	$7,987,115	$1,109,223
Base Budget	$7,987,115	$953,373	$7,987,115	$953,373
Change To Base	$0	$155,850	$0	$155,850
Service Area Total	$7,987,115	$1,109,223	$7,987,115	$1,109,223
Base Budget	$7,987,115	$953,373	$7,987,115	$953,373

Change To Base	$0	$155,850	$0	$155,850
Service Area Total	$7,987,115	$1,109,223	$7,987,115	$1,109,223
Base Budget	$7,987,115	$953,373	$7,987,115	$953,373
Change To Base	$0	$155,850	$0	$155,850
Service Area Total	$7,987,115	$1,109,223	$7,987,115	$1,109,223

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Provide appropriate education services to individuals covered by IDEA and vocational or pre-vocational training and employment services to all eligible individuals receiving training center services.

  Objective Description

  This service is mandated by state and federal regulations that apply to special education services and vocational services for individuals served in the state facilities.

  Alignment to Agency Goals

  - Agency Goal: Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.

  Objective Strategies

  - Assess the extent to which current vocational and pre-vocational training and employment services address the needs of a training center population that is growing older and has severe physical and medical conditions or challenging behaviors.
  - Work with CSBs and other vocational and employment services providers to increase access to community-based vocational and employment services for individuals receiving training center services
  - Develop or modify current vocational and pre-vocational training and employment services to respond to changing training center demographics
  - Assess and assign individuals receiving training center services to appropriate vocational and pre-vocational training and employment programs
  - Re-assess the ability of individuals receiving training center services to work in vocational programs, day support, or supported employment programs during their annual reviews

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percentage of individuals in training centers receiving vocational training or educational services.

    Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

    Frequency Comment: Fiscal year

    Measure Baseline Value: 43.7 Date: 6/30/2006

Measure Baseline Description: Percentage of individuals receiving vocational training or educational services

Measure Target Value: 59 Date: 6/30/2012

Measure Target Description: Percentage of individuals receiving vocational training or educational services

Data Source and Calculation: Source: Training center end of fiscal year counts of individuals involved in paid or non-paid work activities. Calculation: Number of qualifying individuals receiving vocational training or employment services on June 30 divided by the total number of individuals served.

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 2 of 15

Forensic and Behavioral Rehabilitation Security (720 357 07)

Description

State hospitals provide evaluation, emergency inpatient treatment, and treatment to restore competency to individuals who are involved with the criminal justice system in the Commonwealth. The most secure forensic treatment location is the Maximum Security Forensic Unit at Central State Hospital (CSH) in Petersburg, which has levels of perimeter and internal security and security personnel that are equivalent to a medium security correctional center. An Intermediate Security Unit at CSH has medium correctional security levels of perimeter security, a less restricted internal milieu, and security staffing. Two minimum-security units, at Eastern State Hospital (ESH) and Western State Hospital (WSH), have a physical structure that includes, at a minimum, two levels of locked security to prevent escape and a specialized staff complement.

The Department also operates the Virginia Center for Behavioral Rehabilitation (VCBR), which provides evaluation and rehabilitation services in a secure setting to individuals found by the court to meet the statutory criterion of sexually violent predator (SVP). Sexually violent predators are convicted sex offenders who are civilly committed to the Department at the end of their confinement in the Department of Corrections because of their histories of habitual sexually violent behavior and because their ability to control their violent tendencies is compromised by the presence of a “mental abnormality” or “personality disorder”. The VCBR prepares residents, when appropriate, for eventual return to their home communities, working with community providers to develop realistic and appropriate conditional release and monitoring safety plans.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*

  The Department must, by statute, provide secure confinement of individuals under criminal charge who are admitted directly from law enforcement custody. It also is required by statute to operate a secure treatment facility for individuals found by the courts to be sexually violent predators. The Department acts to ensure that treatment promotes public safety and provides a full array of treatment services within a setting that is no more restrictive than is required to meet those goals. To this end, the Department's forensic secure placement program makes use of multiple levels of security and access that are determined by the unique combination of legal constraints and treatment needs that apply in each case.

- *Describe the Statutory Authority of this Service*

  Chapter 11 of Title 16.1 of the Code of Virginia sets out the provisions of juvenile and domestic relations court law.
  • § 16.1-356 of the Code of Virginia authorizes the Department to conduct evaluations of the competency of juvenile defendants to stand trial.

  Chapters 11 and 11.1 of Title 19.2 of the Code of Virginia authorize the Department to provide forensic services to individuals in the criminal justice system, including evaluations of competency, determinations of sanity, restoration to competency services, and treatment services for individuals adjudicated not guilty by reason of insanity.
  • § 19.2-169.1 of the Code of Virginia authorizes the Department to conduct evaluations of the competency of defendants to stand trial on a criminal charge.
  • § 19.2-169.2 of the Code of Virginia authorizes the Department to provide inpatient treatment of individuals found to be incompetent to stand trial who need restoration to competency.
  • § 19.2-169.3 of the Code of Virginia authorizes the Department to provide treatment of individuals found to be unrestorably incompetent who have been involuntarily admitted pursuant §37.2-817.
  • § 19.2-169.5 of the Code of Virginia authorizes the Department to conduct evaluation of a defendant’s mental status at the time of the offense.
  • § 19.2-169.6 of the Code of Virginia authorizes the Department to provide inpatient treatment for a criminal defendant transferred from a jail to a hospital if the defendant is found to be mentally ill and imminently dangerous to himself or others.
  • § 19.2-176 of the Code of Virginia authorizes the Department to evaluate and provide emergency treatment to a person who has been convicted or has pled guilty to a crime and is being held in jail to await sentencing.
  • § 19.2-177.1 of the Code of Virginia authorizes the Department to provide inpatient treatment of a jail inmate who has been sentenced, is in a local or regional jail, and has been found to be mentally ill and imminently dangerous to themselves or others.
  • § 19.2-182.2 of the Code of Virginia authorizes the Department to conduct evaluations of individuals found not guilty by reason of insanity to determine whether they should be kept in the hospital for further treatment, placed on conditional release in the community, or released to the community without conditions.
  • § 19.2-182.3 of the Code of Virginia authorizes the Department to provide inpatient treatment to individuals found to be not guilty by reason of insanity and committed by the court.
  • § 19.2-301 of the Code of Virginia authorizes the Department to conduct evaluations of sexual abnormality.

  Chapter 9 of Title 37.2 of the Code of Virginia authorizes the civil commitment of sexually violent predators and authorizes the Department to operate or contract for a secure confinement facility to provide behavioral rehabilitation services to them
  • § 37.2-908 requires the Department to monitor a conditionally released sexually violent predator’s compliance with a course of treatment ordered by the court.
  • § 37.2-909 requires the Department to provide care, control, and treatment of sexually violent predators committed to it pursuant to Chapter 9 in a secure facility that it operates or contracts for.
  • § 37.2-910 requires the Department to prepare discharge plans and conditional release plans if the committing court finds that the person is no longer a sexually violent predator.
  • § 37.2-912 requires the Department to implement the court’s conditional release orders and submit written reports on the committed person’s progress and adjustment

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Community services boards and the behavioral health authority (CSBs)	Community services boards and behavioral health authority (CSBs)	40	40
Individuals civilly committed to the Virginia Center for Behavioral Rehabilitation (VCBR)	Individuals meeting SVP criteria and civilly committed to the Virginia Center for Behavioral Rehabilitation (VCBR)	150	300

Individuals meeting SVP criteria and conditionally released for SVP treatment	Individuals meeting SVP criteria and conditionally released for SVP treatment	166	600
Individuals with active criminal justice system involvement receiving secure forensic services	Individuals with active criminal justice system involvement who require secure forensic services	1,472	1,766
Local and regional jails	Local and regional jails	84	84
Virginia circuit and district courts	Virginia Circuit and District Courts	325	325

Anticipated Changes To Agency Customer Base
o Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for state hospital forensic services will change to reflect these demographic trends.

o State hospitals will serve proportionately greater numbers of individuals with significant or complex service needs who will require specialized treatment services and ongoing preventive care.

o State hospitals will serve proportionately greater numbers of individuals with co-occurring disorders (mental health and substance use disorders, intellectual disability and/or other developmental disabilities), increased individual acuity, and complicated acute and chronic medical needs.

o The lack of community crisis intervention and crisis stabilization services and the complexity of process for accessing inpatient treatment for individuals in crisis often results in individuals being arrested and incarcerated in lieu of community-based or state hospital treatment under a civil status.

o State hospital adult beds are likely to be increasingly filled by individuals who are involved with the criminal justice system. In FY 2008, 1,620 unique individuals with a forensic legal status were served in state hospitals. These individuals occupied the equivalent of 535 beds and had an average length of stay of 120.5 days compared to 73.6 days for non-forensic individuals. Between FY 2000 and FY 2008, state hospital bed days occupied by individuals with a forensic status increased from 133,440 to 195,273 bed days or from 22.6 to 35.2 percent of total state hospital bed days.

Partners

Partner	Description
Advocacy organizations:	NAMI Virginia is actively involved on Department work groups addressing forensic issues.
Commitment Review Committee (CRC):	Department staff serves on the CRC committee, which is operated by the Department of Corrections.
Commonwealth Consortium for Mental Health and Criminal Justice Transformation:	The Department is working with this Consortium, established by Executive Order 62 in 2008, to identify, evaluate, and support the development of jail diversion models and establish a Criminal Justice and Mental Health Training Academy for the Commonwealth.
Community services boards and behavioral health authority (CSBs):	CSBs provide case management and treatment services to individuals who are involved with the criminal justice system. They are actively involved with the Department in coordinating referrals to and planning for the discharge of individuals who have a forensic status from state hospitals.
Indigent Defense Commission:	Most forensic patients have court-appointed or public defender representation in the courts. Commission members are actively involved in developing diversion alternatives to arrest and incarceration for these individuals and consult frequently with Department forensic experts on matters related to specific cases before the court and with regard to program needs.
Office of the Attorney General (OAG):	The OAG provides consultation on forensic issues, makes the final decision on which SVP cases to take forward to court for civil commitment, provides expert testimony in civil commitment trials, conducts annual reviews, and provides specialized training to evaluators, treatment providers, and community corrections personnel.
Provider associations:	The Department works closely with the Virginia Sheriffs Association, the Virginia Association of Regional Jails, and the Virginia Hospital and Healthcare Association participate on Department forensic workgroups. Members of the Commonwealth's Attorneys Service Council consult frequently with Department forensic experts on matters related to specific cases before the court and with regard to program needs.
State Agencies:	The Department of Corrections (DOC) screens SVP-eligible inmates for Commitment Review Committee review beginning 10 months before their release date and administers a sex offender re-offense risk protocol. It also works closely with the Department to improve access to hospital and community treatment resources for parolees who have been released from DOC facilities. The Department of Criminal Justice Services has partnered with the Department in developing and implementing a program of cross training in MH evaluation and treatment methods aimed at law enforcement personnel, including jail security staff. The Office of the Executive Secretary of the Supreme Court of Virginia provides valuable data regarding the numbers of forensic consumers who have been diverted from inpatient status for MH evaluations for the courts.
University of Virginia Institute of Law, Psychiatry, and Public Policy (ILPPP):	The ILPPP, in consultation with the Department, develops and provides training for CRC evaluators and others relating to SVP civil commitment. The ILPPP also has partnered with the Department's forensic program for more than 25 years to develop improved evaluation and treatment services for forensic consumers and promote community-based, outpatient approaches to service delivery.

Products and Services

- *Factors Impacting the Products and/or Services:*
  o Many individuals with mental health disorders who are at risk for or are currently involved in the criminal justice system are poor, uninsured, disproportionately representative of minority populations, homeless, or living with co-occurring mental health and substance use disorders. These individuals, when incarcerated, frequently do not receive adequate behavioral health services and, upon release, have difficulty re-entering and reintegrating into the community. They are highly likely to recycle through the behavioral health and criminal justice systems and to require

more intensive levels of care in both systems. Many lose their income supports and health insurance benefits are not provided with adequate linkages to behavioral health services and supports. A similar situation exists for youth with serious emotional disturbances who are in the juvenile justice system.

o Current demand for forensic evaluation and treatment services exceeds the capacity of Eastern State Hospital and, to a lesser extent, Western State Hospital. Additionally, the Department continues to maintain a waiting list for the maximum-security treatment beds at Central State Hospital, which has a statewide service area.

o The manner in which community behavioral health agencies, law enforcement, and the courts respond to the behaviors of individuals with mental illness in community settings effects demand for secure forensic services. Once an individual is arrested, individuals with mental illness often require a year or more of inpatient treatment to render them able to stand trial for criminal charges that could have been avoided by using pre- and post-booking, or pre-trial alternatives and community treatment services.

o Implementation of community and jail-based options such as those listed below should reduce the need for inpatient forensic resources.

• Pre- and post-booking, pre-trial alternatives, and community treatment services such as crisis intervention teams and crisis stabilization programs that prevent behavioral health situations from requiring criminal justice response, divert individuals from incarceration or detention whenever legally possible, and link individuals to community-based services and supports.

• Improved methods for delivering an array of behavioral health treatment in Department of Corrections (DOC) facilities, Department of Juvenile Justice (DJJ) correctional centers and half-way houses, juvenile detention facilities, and local and regional jails.

• Court-ordered evaluation and treatment services that are provided in the least restrictive setting possible, including services in the community or in local jails and hospitals where appropriate.

• Post-incarceration and re-entry services that include appropriate clinical services and supports at the time of release.

o Statutory changes to the definition of SVP qualifying crimes and SVP screening criteria enacted in 2006 have increased the number of inmates who meet the SVP civil commitment standards by approximately 300 percent, necessitating the expansion of civil commitment resources and secure beds as well as community treatment and supervision resources for conditionally released sexually violent predators.

o About one-third of SVP cases are considered for conditional release. About half of all individuals reviewed for SVP conditional release are rejected and committed to the VCBR because no suitable housing is available. In order to divert as many individuals as safely possible from the VCBR to SVP conditional release in the community, suitable and cost effective transitional housing would need to be developed for these individuals to facilitate successful community placement.

- *Anticipated Changes to the Products and/or Services*

  o The Department and its partner agencies will work to actively implement proposed changes to the current process of managing the delivery and utilization of services provided to individuals with mental illness who become involved with the criminal justice system in Virginia. This includes efforts to further promote the goal of diversion from arrest and criminal prosecution of persons with mental illness who are in crisis.

  o Under the initial four SVP predicate crimes, VCBR experienced a commitment rate of about two individuals per month. The 2006 statutory changes increased the number of predicate crimes to 23 and the SVP commitment rate rose from less than one (actual rate) to nearly five per month. At this accelerated rate, VCBR will reach capacity in 2012.

- *Listing of Products and/or Services*
  - Forensic Services: expert inpatient and outpatient mental health evaluations and reports for the courts, emergency treatment services; treatment to restore competency to stand trial; commitment for treatment for individuals acquitted of a criminal offense as Not Guilty by Reason of Insanity; expert court testimony in forensic matters; statewide training in forensic MH evaluations for the criminal courts; coordination with CSBs of public community MH services for forensic consumers; and training, consultation, and assistance on forensic issues
  - SVP Behavior Rehabilitation Services: sex offender rehabilitation services within a maximum-security perimeter; review of Commitment Review Committee (CRC) and SVP evaluations; annual and as needed sex offender evaluation and treatment training in collaboration with the ILPPP; quality management feedback to CRC evaluators; and annual SVP commitment reviews for the courts

Finance

- *Financial Overview*

  This service area is funded with 99 percent general funds and 1 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	F 20
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																		
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098																		
Change To Base	$0	$0	$0	$0																		
Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098																		
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098																		
Change																						

To Base	$0	$0	$0	$0

Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098
Change To Base	$0	$0	$0	$0

Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098
Change To Base	$0	$0	$0	$0

Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098
Change To Base	$0	$0	$0	$0

Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098
Change To Base	$0	$0	$0	$0

Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098
Change To Base	$0	$0	$0	$0

Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098
Change To Base	$0	$0	$0	$0

Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098
Change To Base	$0	$0	$0	$0

Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098
Change To Base	$0	$0	$0	$0

Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098

Change To Base	$0	$0	$0	$0
Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098
Change To Base	$0	$0	$0	$0
Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098
Change To Base	$0	$0	$0	$0
Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098
Base Budget	$25,461,219	$308,098	$25,461,219	$308,098
Change To Base	$0	$0	$0	$0
Service Area Total	$25,461,219	$308,098	$25,461,219	$308,098

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Provide sufficient secure forensic evaluation and treatment services that meet the demands of jails and courts and specialized behavioral rehabilitation services to civilly committed sexually violent predators.

  Objective Description

  This objective aligns with the statutory mandate of the Department to provide the secure forensic services. Effective service delivery and utilization management assures that consumers receive accountable and quality secure forensic services and supports that are appropriate to their individual needs. By reducing the average length of stay for in-patient forensic consumers, the Department will be able to better address the needs of Virginia's jails and courts. The objective also aligns with the statutory mandate authorizing the Department to operate or contract for a secure confinement facility to provide behavioral rehabilitation services to individuals who have been civilly committed as sexually violent predators. Effective service delivery and utilization management assures that consumers receive accountable and quality secure forensic services and supports that are appropriate to their individual needs

  Alignment to Agency Goals

  - Agency Goal: Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
  - Agency Goal: Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

Objective Strategies

- Strengthen state and local behavioral health and criminal justice partnerships and criminal justice/behavioral health collaborative programs.
- Work with the Consortium for Mental Health and Criminal Justice Transformation to support and enhance collaboration, education, and criminal justice-behavioral health partnerships at the state, regional, and local levels.
- Increase efforts to offer a comprehensive array of forensic treatment and behavioral rehabilitation services by continuously assessing and adjusting services and activities according to individual needs and interests.
- Continue to integrate recovery values to the extent possible into the day-to-day activities of individuals receiving forensic and behavioral rehabilitation services.
- Increase the numbers of individuals who receive education on wellness and recovery.
- Maintain sufficient numbers of trained professional and direct care staff necessary to deliver quality forensic treatment and behavioral rehabilitation services and assure the safety of individuals receiving services on secure forensic units or VCBR.
- Provide the minimum number of appropriately trained personnel at VCBR to staff every security post for three shifts.
- Implement a career path for forensic direct service associates to improve recruitment and retention efforts.
- Review and modify, as appropriate, inpatient programs for individuals found Not Guilty by Reason of Insanity (NGRI).
- Support CSB efforts to develop community alternatives that provide a higher level of support and services for individuals receiving forensic services in state hospitals, thereby decreasing their need for prolonged and more restrictive hospitalization.
- Expand the array and capacity of jail diversion services, including pre-and post-booking, pre-trial alternatives, and community treatment services that prevent or divert individuals from incarceration.
- Expand jail-based behavioral health services that reduce demand for secure forensic treatment and prevent re-hospitalization of inmates.
- Continue to work with CSBs and private providers to expand the provision of forensic evaluation services in the community.

Link to State Strategy

- nothing linked

Objective Measures

- The proportion of individuals receiving secure forensics services in state hospitals to individuals receiving CSB services who are referred by criminal justice agencies.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: .031 Date: 6/30/2009

  Measure Baseline Description: The proportion of individuals receiving secure forensics services in state hospitals to individuals receiving CSB services who are referred by criminal justice agencies.

  Measure Target Value: .029 Date: 6/30/2012

  Measure Target Description: The proportion of individuals receiving secure forensics services in state hospitals to individuals receiving CSB services who are referred by criminal justice agencies.

  Data Source and Calculation: Source: AVATAR and CCS3 Calculation: Number of individuals admitted with a forensic status divided by the number of individuals served by CSBs with CCS referral codes 10-15 and 24 annually

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 3 of 15

Aftercare Pharmacy Services (720 421 01)

Description

The Aftercare Pharmacy, renamed the Community Resource Pharmacy (CRP) in 2005, provides medications for individuals who have been discharged or diverted from a state hospital or training center and are unable to pay for medications that have been prescribed to treat or prevent a recurrence of the condition for which they received state facility services. The CRP is located at the Hiram Davis Medical Center in Petersburg.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  The CRP provides medications that enable many individuals with acute and complex needs to be served in community settings. These medications respond to the symptoms associated with serious mental illness, thereby promoting recovery and successful community integration.
- *Describe the Statutory Authority of this Service*
  Chapter 8 of Title 37.2 of the Code of Virginia addresses admissions and dispositions of individuals relative to facilities.

  • § 37.2-843 authorizes the Department or CSBs to provide drugs or medicines from funds appropriated to the Department for that purpose for consumers discharged from state facilities when they or the persons liable for their care and treatment are financially unable to pay for or otherwise access them (aftercare pharmacy services).

  • § Section 54.1-3437.1 of the Code of Virginia authorizes the Board of Pharmacy to issue a limited manufacturing permit to the pharmacy directly operated by the Department that serves consumers of the CSBs for the purpose of repackaging drugs

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Individuals receiving Community Resource Pharmacy (CRP) services	Individuals served by the CRP	43,200	45,000

Anticipated Changes To Agency Customer Base
o The customer service base will expand with the recent approval of the CRP as a qualified State Pharmacy Assistance Program by CMS. As a Pharmacy Assistance Program, the Community Resource Pharmacy will cover the cost and supply of medications for Medicare Part D eligible individuals receiving community services who are experiencing difficulties meeting co-payment requirements or paying the fees while in the coverage gap. In Medicare D medication coverage gap, eligible individuals must pay the full price of their prescription medications.

Partners

Partner	Description
Community services boards and behavioral health authority (CSBs):	CSBs access medications through the CRP for eligible consumers.
Department of Medical Assistance Services:	For individuals receiving CRP services who are Medicaid recipients, the Department of Medical Assistance Services funds covered prescription drugs provided by the CRP.
Individuals receiving services, family members, and advocacy organizations:	Individuals receiving services, family members, and advocates provide important feedback to the Department on pharmacy needs and services.

Products and Services

- *Factors Impacting the Products and/or Services:*
  o Appropriate medication management has proven to be a significant factor in keeping individuals with serious mental illness in their home communities. The New England Healthcare Institute released a study showing that patients who do not adhere to their prescriptions cost the healthcare system about $290 billion a year. One-third to one-half of patients—especially those with chronic illnesses—improperly follow prescriptions, leaving themselves vulnerable to hospitalizations and medical risk. The larger spending could be avoided if patients adhered to medication orders given by physicians. [NEHI, “Thinking Outside the Pillbox: A System-wide Approach to Improving Patient Medication Adherence for Chronic Disease.”]

  o The cost to treat Americans under care for depression and other mental illnesses rose by nearly two-thirds to $58 billion from $35 billion in a 10-year period, according to the Agency for Healthcare Research and Quality. A new analysis by AHRQ shows the number of Americans treated for mental disorders, such as depression and bipolar disease, nearly doubled to 36 million from 19 million from 1996 to 2006. Also, researchers found that heart conditions, cancer, trauma-related disorders, mental disorders and asthma ranked highest in terms of direct medical spending in 1996 and 2006, while the relative increase in costs to treat mental disorders topped the list during that period.

  o There is a pharmacist shortage in Virginia and nationally. The Department's pharmacist salaries are the lowest in the state, making recruitment and retention of pharmacists difficult.
- *Anticipated Changes to the Products and/or Services*
  o Continued operation of the Community Resource Pharmacy (CRP) may be replaced by allocations for the direct funding for the purchase of medications by the CSBs
- *Listing of Products and/or Services*
  - Funding for purchase of medications by CSBs

Finance

- *Financial Overview*
  This service area is funded with 97 percent general funds and 3 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

  Note: The information on the following tables is presented at the service area level. However, funding by fund source is appropriated at a higher program level. This results in the allocation of the non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. This methodology has been applied and is represented in these amounts.
- *Financial Breakdown*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$24,003,458	$719,438	$24,003,458	$719,438
Change To Base	$0	$0	$0	$0
Service Area Total	$24,003,458	$719,438	$24,003,458	$719,438
Base Budget	$24,003,458	$719,438	$24,003,458	$719,438
Change To Base	$0	$0	$0	$0
Service Area Total	$24,003,458	$719,438	$24,003,458	$719,438
Base Budget	$24,003,458	$719,438	$24,003,458	$719,438
Change To Base	$0	$0	$0	$0
Service Area Total	$24,003,458	$719,438	$24,003,458	$719,438
Base Budget	$24,003,458	$719,438	$24,003,458	$719,438
Change To Base	$0	$0	$0	$0
Service Area Total	$24,003,458	$719,438	$24,003,458	$719,438
Base Budget	$24,003,458	$719,438	$24,003,458	$719,438
Change To Base	$0	$0	$0	$0
Service Area Total	$24,003,458	$719,438	$24,003,458	$719,438
Base Budget	$24,003,458	$719,438	$24,003,458	$719,438
Change To Base	$0	$0	$0	$0
Service Area Total	$24,003,458	$719,438	$24,003,458	$719,438
Base Budget	$24,003,458	$719,438	$24,003,458	$719,438
Change To Base	$0	$0	$0	$0
Service Area Total	$24,003,458	$719,438	$24,003,458	$719,438
Base Budget	$24,003,458	$719,438	$24,003,458	$719,438
Change				

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	F 20

Change To Base	$0	$0	$0	$0
Service Area Total	$24,003,458	$719,438	$24,003,458	$719,438
Base Budget	$24,003,458	$719,438	$24,003,458	$719,438
Change To Base	$0	$0	$0	$0
Service Area Total	$24,003,458	$719,438	$24,003,458	$719,438
Base Budget	$24,003,458	$719,438	$24,003,458	$719,438
Change To Base	$0	$0	$0	$0
Service Area Total	$24,003,458	$719,438	$24,003,458	$719,438
Base Budget	$24,003,458	$719,438	$24,003,458	$719,438
Change To Base	$0	$0	$0	$0
Service Area Total	$24,003,458	$719,438	$24,003,458	$719,438
Base Budget	$24,003,458	$719,438	$24,003,458	$719,438
Change To Base	$0	$0	$0	$0
Service Area Total	$24,003,458	$719,438	$24,003,458	$719,438
Base Budget	$24,003,458	$719,438	$24,003,458	$719,438
Change To Base	$0	$0	$0	$0
Service Area Total	$24,003,458	$719,438	$24,003,458	$719,438

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Provide appropriate medicatios to individuals receiving CSB services who meet CRP eligibility criteria.

Objective Description

The CRP provides drugs or medications for consumers discharged from state facilities when they or the persons liable for their care and treatment are financially unable to pay for or otherwise access needed medications. Since its inception in 1968, the CRP has grown to an operation that serves approximately 43,200 consumers and dispenses more than 123,000 prescriptions per year.

Alignment to Agency Goals

- Agency Goal: Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
- Agency Goal: Assure that services system infrastructure and technology efficiently and appropriately meet the needs of individuals receiving publicly funded behavioral health and developmental services and supports.

Objective Strategies

- Work with the CSBs to transition the operation of the Community Resource Pharmacy from a direct pharmacy operation to one that allocates funding for the purchase of medications for individuals who meet eligibility criteria
- Closely monitor the impact of the closure of CRP operations on state hospital admissions and local inpatient hospital bed purchases.
- Continue to support and communicate with CSBs regarding consumer eligibility for prescription coverage.

Link to State Strategy

- nothing linked

Objective Measures

- Percentage of medication dollars that are passed to the CSBs and subsequently expended.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Frequency Comment: This new measure reflects the anticipated change in Department's responsibilities for funding medication purchases, beginning in FY 11. FY 12 goal will be a 10% increase in CSB rate of expenditure

  Measure Baseline Value: TBD Date: 6/30/2011

  Measure Baseline Description: Percentage of medication dollars that are passed to the CSBs and subsequently expended.

  Measure Target Value: TBD Date: 6/30/2012

  Measure Target Description: Percentage of medication dollars that are passed to the CSBs and subsequently expended.

  Data Source and Calculation: Source: Calculation: Medication support dollars allocated to individual CSB divided by CSB expenses for medication support annually

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 4 of 15

Inpatient Pharmacy Services (720 421 02)

Description

Inpatient Pharmacy Services include medication selection and procurement, medication storage, medication ordering and prescribing, medication preparation and dispensing, medication administration, and medication monitoring. Medication orders are prepared, packaged, compounded (if needed), labeled and then sent directly to the individual's unit for administration by nursing staff. State facility pharmacies participate in the Minnesota multi-state consortium for the bulk purchase of drugs from pharmaceutical companies, allowing the Department to leverage best value and drug purchases. The state facility pharmacies maintain a formulary and promote the use of generics and dose manipulation (for example, two 50 mg tablets in the place of one 100 mg tablet) to reduce prescription product cost. They educate physicians on cost effective, evidence-based practices and interventions and provide drug information to facility medical and nursing staff and to patients and their families, as required or requested.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*

  State hospitals and training centers continue to be critical components in the Commonwealth's behavioral health and developmental services system. These facilities share a collective responsibility to assure the provision of appropriate services and supports, including medications to alleviate the symptoms and distress associated with the individual's illness and medical condition.

- *Describe the Statutory Authority of this Service*

  Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services.
  • § 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state facilities, including inpatient pharmacy services.

  Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state facilities, including inpatient pharmacy services.
  • § 37.2-.703 authorizes the Commissioner to prescribe a system of records, accounts, and reports of how money is received and disbursed and of consumers admitted to or residing in each state facility;
  • § 37.2-704 authorizes the Commissioner to receive and expend social security and other federal payments for consumers in state facilities; and
  • §§ 37.2-717 through 37.2-721 direct the Department to investigate and determine which consumers or parents, guardians, conservators, trustees, or other persons legally responsible for consumers are financially able to pay for care; to assess or contract with such individuals to recover expenses; and to pursue payment of such expenses.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Individuals receiving state facility inpatient pharmacy services	Individuals served by state facility pharmacies	6,866	6,866

Anticipated Changes To Agency Customer Base
o Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for inpatient pharmacy services will change to reflect these demographic trends.

o State facilities will serve proportionately greater numbers of individuals with significant or complex service needs who will require specialized treatment services and ongoing preventive care.

o State facilities will serve proportionately greater numbers of individuals with co-occurring disorders (mental illnesses and substance use disorders, intellectual disability and/or other developmental disabilities), increased individual acuity, and complicated acute and chronic medical needs.

o State facilities will serve proportionately greater numbers of individuals who have some level of involvement with the criminal justice system.

o A growing number of Virginians have either limited or no behavioral health insurance benefits. These individuals will place increasing pressure the public behavioral health and developmental services system.

Partners

Partner	Description
Department of Medical Assistance Services:	The Department of Medical Assistance Services funds many services and supports, including medications, for Medicaid enrolled facility patients and residents.
Individuals receiving services, family members, and advocacy organizations:	Individuals receiving services, family members, and advocates provide important feedback to the Department on pharmacy needs and services.
Local acute care hospitals:	State facilities share formulary information with local hospitals to ensure continuity of care for individuals admitted to their care who require hospitalization for short periods of time in local hospitals.

Products and Services

- *Factors Impacting the Products and/or Services:*

  o Individuals served state hospital civil beds should continue to decline as more community-based crisis intervention services become available. Demand for beds to serve individuals with forensic involvement is likely to continue to increase over time as Virginia's population grows and new commitment criteria are fully implemented.

  o Children and adolescents served in state hospitals will continue to have extreme needs or some interaction with criminal justice system. The Department has convened a planning group comprised of families, community providers, advocates, and others, to examine the current and future role of the Commonwealth and private providers in providing

acute psychiatric services for children and adolescents and to develop strategies for promoting high-quality community-based care while maintaining a safety net of services for children and adolescents who need acute psychiatric services.

o Individuals served in training centers are increasingly presenting with pervasive co-occurring physical disabilities or medical conditions such as seizures, scoliosis, or gastrointestinal problems and co-occurring mental illness and challenging behaviors.

o The current state facility pharmacy computer system was purchased in the 1980s and is outdated and inadequate. The system cannot communicate with other data systems such as the Department's billing system and patient demographics database.

o State facility pharmacies are accepting all Medicare Part D third party payers and billing on behalf of all eligible parties, increasing demand on the pharmacies.

o Increasing numbers of individuals receiving state facility services are medically uninsured or underinsured, which will result in unrecoverable medication costs.

o The cost to treat Americans under care for depression and other mental illnesses rose by nearly two-thirds to $58 billion from $35 billion in a 10-year period, according to the Agency for Healthcare Research and Quality. A new analysis by AHRQ shows the number of Americans treated for mental disorders, such as depression and bipolar disease, nearly doubled to 36 million from 19 million from 1996 to 2006. Also, researchers found that heart conditions, cancer, trauma-related disorders, mental disorders and asthma ranked highest in terms of direct medical spending in 1996 and 2006, while the relative increase in costs to treat mental disorders topped the list during that period. Of those five conditions, cancer accounted for the highest per-patient cost, as it rose to $5,176 per person versus the earlier cost of $5,067 per patient. Meanwhile, out-of-pocket payments were highest for the treatment of mental disorders in both 1996 and 2006 (23.1 percent and 25.0 percent, respectively).

o There is a pharmacist shortage in Virginia and nationally. The Department's pharmacist salaries are the lowest in the state, making recruitment and retention of pharmacists extremely difficult.

- *Anticipated Changes to the Products and/or Services*
  As part of its electronic health record (EHR) initiative, the Department is in the process of replacing its outdated stand-alone pharmacy system with one that can assist in adequately managing the accurate and safe dispensing of medications. The Department has contracted with General Electric's Pharmacy Services System ("Centricity") for implementation this fiscal year. This system would manage pharmacy functions, including prescription entry, medication dispensing, inventory control, reimbursement, and quality assurance. The replacement system would be integrated with the Department's AVATAR system, which is used for individual admissions, discharges, and reimbursement functions. .
- *Listing of Products and/or Services*
  - Medication Preparation and Dispensing -- State facility pharmacies dispense drugs to facility patients and residents. Medication orders are prepared, packaged, compounded (if needed), labeled and then sent directly to the unit where the patient is located for administration by nursing staff.
  - Medication Selection and Procurement -- State facility pharmacies participate in the Minnesota multi-state consortium for the bulk purchase of drugs from pharmaceutical companies. This enables the Department to purchase drugs at a reduced cost.
  - Service Oversight and Cost Containment -- State facility pharmacies maintain a formulary and promote the use of generics and dose manipulation (for example, two 50 mg tablets in the place of one 100 mg tablet) to reduce prescription product cost and educate physicians on cost effective, evidence-based practices and interventions.
  - Medication Management and Education -- State facility pharmacies provide drug information to health professionals within the facility (medical staff, nursing staff, etc.), and to patients and their families, as required or requested.

Finance

- *Financial Overview*
  This service area is funded with 100 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

  Note: The information on the following table is presented at the service area level. However, funding by fund source is appropriated at a higher program level. This results in the allocation of the non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. Such methodology has been applied and is represented in these amounts.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 20
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																		
Base Budget	$40,732	$18,673,519	$40,732	$18,673,519																		
Change To Base	$0	$0	$0	$0																		
Service Area Total	$40,732	$18,673,519	$40,732	$18,673,519																		
Base Budget	$40,732	$18,673,519	$40,732	$18,673,519																		
Change To Base	$0	$0	$0	$0																		

Service Area Total	$40,732	$18,673,519	$40,732	$18,673,519
Base Budget	$40,732	$18,673,519	$40,732	$18,673,519
Change To Base	$0	$0	$0	$0

Service Area Total	$40,732	$18,673,519	$40,732	$18,673,519
Base Budget	$40,732	$18,673,519	$40,732	$18,673,519
Change To Base	$0	$0	$0	$0

Service Area Total	$40,732	$18,673,519	$40,732	$18,673,519
Base Budget	$40,732	$18,673,519	$40,732	$18,673,519
Change To Base	$0	$0	$0	$0

Service Area Total	$40,732	$18,673,519	$40,732	$18,673,519
Base Budget	$40,732	$18,673,519	$40,732	$18,673,519
Change To Base	$0	$0	$0	$0

Service Area Total	$40,732	$18,673,519	$40,732	$18,673,519
Base Budget	$40,732	$18,673,519	$40,732	$18,673,519
Change To Base	$0	$0	$0	$0

Service Area Total	$40,732	$18,673,519	$40,732	$18,673,519
Base Budget	$40,732	$18,673,519	$40,732	$18,673,519
Change To Base	$0	$0	$0	$0

Service Area Total	$40,732	$18,673,519	$40,732	$18,673,519
Base Budget	$40,732	$18,673,519	$40,732	$18,673,519
Change To Base	$0	$0	$0	$0

Service Area Total	$40,732	$18,673,519	$40,732	$18,673,519
Base Budget	$40,732	$18,673,519	$40,732	$18,673,519
Change To Base	$0	$0	$0	$0

Service Area Total	$40,732	$18,673,519	$40,732	$18,673,519
Base Budget	$40,732	$18,673,519	$40,732	$18,673,519
Change To Base	$0	$0	$0	$0

Service Area Total	$40,732	$18,673,519	$40,732	$18,673,519
Base Budget	$40,732	$18,673,519	$40,732	$18,673,519
Change To Base	$0	$0	$0	$0

Service Area Total	$40,732	$18,673,519	$40,732	$18,673,519

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Provide appropriate pharmacy services to individuals receiving services and supports in state hospitals and training centers.

  Objective Description

  Medications dispensed by state facility pharmacies are an important component in treating many psychiatric and medical conditions experienced by individuals receiving state hospital and training center services. Antipsychotic polypharmacy, the taking of two or more antipsychotic drugs at the same time, is a concern for state facility prescribers and individuals receiving services. Data suggests that the results of prolonged antipsychotic polypharmacy may lead to increased adverse effects. Consensus guidelines recommend monotherapy as the standard of care, with antipsychotic polypharmacy as the last resort in order to reduce medication complexity and reduce the risk of adverse events. This is a Joint Commission Core Measure reported by the Department for each individual discharged from the state hospitals.

  Alignment to Agency Goals

  - Agency Goal: Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
  - Agency Goal: Assure that services system infrastructure and technology efficiently and appropriately meet the needs of individuals receiving publicly funded behavioral health and developmental services and supports.

  Objective Strategies

  - Monitor physician prescribing practices to identify potential prescribing issues and take appropriate actions.
  - Implement an automated pharmacy information system in the state facility pharmacies as part of the Department's Electronic Health Records initiative.
  - Monitor inventory to reduce excess inventories and price discrepancies while ensuring the availability of normal stock levels for medications.
  - Continually evaluate and ensure the capacity of state facility pharmacies to bill a variety of third party insurance plans.
  - Ensure that current state facility pharmacies' procedures and capabilities comply with state requirements and federal programs.
  - Implement 30-day and 90-day medication reviews as required by federal and state regulatory agencies, (Medicare, Medicaid, Virginia Board of Pharmacy).Medicaid, Virginia Board of Pharmacy).
  - Implement the "Centricity" automated pharmacy information system in FY 2010 as part of the Department's Electronic Health Records initiative.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percentage of consumers who have been identified as receiving two or more antipsychotic medications upon discharge from a state facility.

Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down
Frequency Comment: The percentage for FY 09 will be calculated to determine the baseline and the FY 12 goal will reflect a 6% reduction from that baseline.

Measure Baseline Value: TBD Date: 6/30/2009

Measure Baseline Description: Percent of consumers prescribed 2 or more antipsychotic medications at discharge

Measure Target Value: TBD Date: 6/30/2012

Measure Target Description: Percent of consumers prescribed 2 or more antipsychotic medications at discharge

Data Source and Calculation: Source: MEDIS and state facility pharmacy systems Calculation: Number of the individuals discharging with prescriptions for more two or more antipsychotic drugs divided by the total number of discharges for the same time period.

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 5 of 15

Geriatric Care Services (720 430 06)

Description

Geriatric Care Services include a variety of clinical services and inpatient interventions that are specifically designed, implemented, and funded to address the unique and complex recovery, treatment, and support needs of older adults (65 years of age and older). These include psychiatric assessment and stabilization; medication management; nutritional management; psycho-social rehabilitation programming; psychiatric and rehabilitative therapies; and, in collaboration with the CSBs, discharge planning. Specialized inpatient interventions for older adults include, but are not limited to communication skills, reminiscing, physical fitness, leisure skills, relaxation skills, community outings, kitchen activities, music, money management, individual and family psycho-education, symptom management, and independent living skills. These services and interventions are intended to promote optimal performance in areas of behavioral management, cognition, interpersonal skills, self-care, and leisure time development.

Specialized inpatient geriatric care services are provided by Eastern State Hospital in Williamsburg, Southwestern Virginia Mental Health Institute in Marion, Catawba Hospital near Salem, and Piedmont Geriatric Hospital in Burkeville.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*

  Inpatient geriatric services provided in state hospitals are an integral component in the continuum of care in Virginia. These services are provided to persons who are in crisis, who present with acute or complex conditions, or both, and who require the highly intense and structured environments of care only available in the inpatient setting. Inpatient geriatric services are person-centered, flexible, and sensitive to the cultural and age-related needs of individuals.

- *Describe the Statutory Authority of this Service*

  Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services.
  • § 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state facilities, including geriatric services for older adults.

  Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state facilities, including geriatric services for elderly individuals.
  • § 37.2-702 authorizes the Department to establish and operate a separate geriatric unit within each state facility that serves significant numbers of older adults;
  • § 37.2-707 authorizes the Commissioner to employ state facility directors; and
  • § 37.2-711 authorizes the Department and state facilities to exchange consumer-specific information for former and current consumers with CSBs to monitor the delivery, outcome, and effectiveness of services.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Older adults (65 and older) receiving state hospital services	Older adults (65 and older) receiving services in state hospitals	701	785

Anticipated Changes To Agency Customer Base
o Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for state geriatric facilities and programs will change to reflect these demographic trends.

o Almost 20 percent of the population 55 and older, or an estimated 1,758,655 Virginians (2008 Population Estimates), experience specific mental disorders that are not part of "normal" aging process. Older Virginians are among the fastest growing age groups in the Commonwealth and nationally. The accelerated growth of the older adult population and its proportionately greater and more expensive healthcare needs is likely to place increased pressure on Virginia's behavioral health and developmental services system, including state facilities, to provide specialized treatment to older adults with behavioral health disorders.

o State geriatric hospitals and programs will serve proportionately greater numbers of older adults with significant or complex service needs who will require specialized treatment services and ongoing preventive care.

o State geriatric hospitals and programs will serve proportionately greater numbers of older adults with co-occurring disorders (mental illnesses and substance use disorders, intellectual disability and/or other developmental disabilities), increased individual acuity, and complicated acute and chronic medical needs.

Partners

Partner	Description
Community service boards and behavioral health authorities:	Geriatric care services staff work collaboratively with CSBs to plan, develop, and implement discharge planning activities and provide assistance to CSBs, as necessary, in reintegrating individuals receiving services into the community so they might participate as fully as possible in all aspects of community life and relationships.
Individuials receiving services, families, guardians, or authorized representatives:	Geriatric care services staff work with individuals receiving services and family members or authorized representatives in providing care, treatment, rehabilitation, and psycho-education services during an individual's inpatient stay. Individuals and family members are actively and meaningfully involved in all aspects of treatment, treatment planning, discharge planning, and community placement.
Local hospitals, nursing homes, and assisted living facilities:	Geriatric care services staff, in coordination with individuals receiving services, family members, and appropriate community placement staff, plan, develop, coordinate, and monitor community placements to insure a successful community transition and adjustment.
Office of Inspector General	The Office of the Inspector General periodically monitors all the state geriatric facilties.

State and local agencies:	Geriatric care services staff develop and coordinate service delivery with multiple state and local agencies that provide health care, social services, and housing assistance to older adults. Agencies such as local area agencies on aging, local health departments, and local departments of social services are often key partners in treatment planning and coordination.
Virginia institutions of higher education (universities, colleges, and community colleges):	Academic medical centers and other academic programs of colleges and universities work with the geriatric facilities to train students, interns, and residents who may be entering the behavioral health arena. They also train the facilities' existing workforce and promote the implementation of evidence-based and promising practices.

Products and Services

- *Factors Impacting the Products and/or Services:*

  o There has been a shift in cultural perspectives on aging. Society once assumed that older adults required no more than custodial or end-of-life care. Now, with increased longevity; a renewed respect for the social, political, and economic contributions of this population; and the demand for more appropriate treatment choices by individuals who receive services, there are strong pressures on state hospitals and community service providers to develop new treatment models.

  o Virginia lacks adequate behavioral health and developmental services infrastructure to meet the current needs of older adults. The provision of services to older adults is complicated by the limited number of specialized community-based programs in Virginia and lack of providers trained to serve individuals with mental health or substance use disorders or intellectual disability.

  o The Department and CSBs have worked together and with other stakeholders to develop regional model programs in Northern Virginia and Eastern Virginia to provide innovative direct care services for older adults in their home communities with the goal of reducing the need for psychiatric hospitalization. These initiatives are collaborating with local service area providers to expand "aging in place" community and home-based services that will enable older adults with mental health or substance use disorders to live in their own residences. Services being developed through this initiative include: specialized services and supports that incorporate evidence-based and best practices, including on-site geriatric psychiatric services provided through a PACE program, partial hospitalization, intensive outpatient services and adult day care extensive outreach services, education/support and participation in advocacy; regional specialized behavioral health mobile teams and assisted living and nursing home teams; discharge assistance funding; regional private bed purchase funding; and strategic planning activities.

  o The reluctance of older adults to seek behavioral health services and the poor service coordination among agencies providing services to this population often results in a more complicated clinical picture when a person finally does present for services and increased demand for inpatient services. Efforts to better integrate behavioral healthcare into primary care and other generalist settings will enable primary care physicians, nurses, pharmacists, social workers, or other health care professionals to intervene earlier and provide brief interventions to older adults whose mental health or substance use disorders might otherwise progress until hospitalization is required.

  o Clinical, environmental, and administrative standards set by the Centers for Medicaid and Medicare (CMS) and by The Joint Commission are likely to continue to become more complex, burdensome, and more expensive to oversee and implement.

- *Anticipated Changes to the Products and/or Services*

  o Construction of a new, state-of-the-art Hancock Geriatric Treatment Center at Eastern State Hospital was completed in early 2008.

  o State geriatric hospitals and units providing specialized geriatric services will continue to implement best practices and clinical practice guidelines and evidence-based approaches in their care of older adults.

  o State geriatric center partnerships with private and university-affiliated psychiatric facilities have resulted in a system where acute care is increasingly provided in community hospitals and longer-term treatment is provided in state geriatric centers.

  o State geriatric hospitals and units providing specialized geriatric services will continue to respond to increasing demands for geriatric education and outreach and consultation services from local healthcare facilities, including nursing homes and assisted living facilities.

  o State geriatric centers partnerships with private nursing homes around the state have resulted in the centers' provision of services and supports that encourage the transition of individuals residing in state geriatric centers to the community. Centers are providing teams of clinical staff that provide telephone consultation, site visits, and other supports to community caregivers following an individual's discharge. State geriatric center psychiatrists also provide psychiatric services, including medication reviews, through direct communication with receiving nursing home psychiatrists and medical directors.

- *Listing of Products and/or Services*
  - Psychiatric and medical assessment
  - Psychology, medical, nursing, dental, social work, and ancillary services
  - Recreational, physical, and occupational therapies
  - Individualized treatment planning
  - Medical and psychiatric medication management
  - Rehabilitation, including psychosocial rehabilitation and active treatment mall services
  - Discharge planning and coordination

Finance

- *Financial Overview*

  This service area is funded with 100 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

  Note: The information on the following table is presented at the service area level. However, funding by fund source is appropriated at a higher program level. This results in the allocation of non-general fund amounts to the various service

areas within the program level in accordance with reasonable allocation methodology. Such methodology has been applied and is represented in these amounts.

- *Financial Breakdown*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$0	$36,416,373	$0	$36,416,373
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$36,416,373	$0	$36,416,373
Base Budget	$0	$36,416,373	$0	$36,416,373
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$36,416,373	$0	$36,416,373
Base Budget	$0	$36,416,373	$0	$36,416,373
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$36,416,373	$0	$36,416,373
Base Budget	$0	$36,416,373	$0	$36,416,373
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$36,416,373	$0	$36,416,373
Base Budget	$0	$36,416,373	$0	$36,416,373
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$36,416,373	$0	$36,416,373
Base Budget	$0	$36,416,373	$0	$36,416,373
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$36,416,373	$0	$36,416,373
Base Budget	$0	$36,416,373	$0	$36,416,373
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$36,416,373	$0	$36,416,373
Base Budget	$0	$36,416,373	$0	$36,416,373
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$36,416,373	$0	$36,416,373
Base	$0	$36,416,373	$0	$36,416,373

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	F 201

Budget				
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$36,416,373	$0	$36,416,373
Base Budget	$0	$36,416,373	$0	$36,416,373
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$36,416,373	$0	$36,416,373
Base Budget	$0	$36,416,373	$0	$36,416,373
Change To Base	$0	$0	$0	$0
Service Area Total	$0	$36,416,373	$0	$36,416,373

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Offer a comprehensive array of person-centered inpatient geriatric treatment and rehabilitation services that promote self-determination, recovery, and community participation and achieve the vision of a consumer-driven system of services.

  Objective Description

  This objective conforms to the Department's responsibility to operate state facilities. Geriatric care services staff must continue to actively monitor and evaluate key hospital processes, such as assessment, treatment planning and service organization and delivery, to insure their consistency with the Department's values of self-determination, participation, empowerment, and recovery. Falls are one of the most common geriatric syndromes threatening the independence of older persons and consequently are commonly used as a measurement for quality of care.

  Alignment to Agency Goals

  - Agency Goal: Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
  - Agency Goal: Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

  Objective Strategies

  - Continue to integrate self-determination and empowerment values into the day-to-day activities of individuals receiving inpatient geriatric services.
  - Enhance the provision of specialized geriatric services and use of best practice guidelines and evidence-based approaches in the treatment and care of older adults within the state geriatric hospitals and units.
  - Increase efforts to offer a comprehensive array of treatment, rehabilitation and enrichment activities by continuously assessing the services and activities that are offered and adjusting according to patient needs and interests.

- Increase the numbers of individuals and family members who receive education on wellness and recovery.
- Maintain sufficient numbers of trained staff in each geriatric facility and program to ensure services are appropriate to the populations served and sufficient to provide quality services and assure the safety of individuals receiving services.
- Implement a career path for direct service associates to improve recruitment and retention efforts.
- Support efforts of CSBs to establish specialized services and supports that respond to the behavioral health services and support needs of older adults.
- Enhance partnerships with community hospitals and university-affiliated psychiatric facilities that enable community hospitals to accept TDOs and provide acute treatment to individuals who otherwise would have been admitted to state geriatric centers for much longer average lengths of stay and to transfer individuals who need longer-term services from private and university-affiliated hospitals to the geriatric centers.
- Enhance partnerships with private nursing homes around the state and provide services and supports that allow for the successful transition of individuals residing in state geriatric centers to the community.
- Provide assistance, training, and clinical support to nursing homes and assisted living facilities on the effective management of behaviors such as wandering and aggression that may result in referrals to state geriatric centers.
- Promote and provide geriatric behavioral health education, outreach, consultation, and technical assistance to various local constituencies, including older adults and their family members, area agencies on aging, local health care providers, nursing homes, and assisted living facilities.
- Support the efforts of the OIG to monitor the progress of state facilities in improving quality of care.

Link to State Strategy

- nothing linked

Objective Measures

- Rate of falls by geriatric care patients

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Measure Baseline Value: 5 Date: 6/30/2007

  Measure Baseline Description: Number of falls per 1,000 patient bed days

  Measure Target Value: 4.75 Date: 6/30/2012

  Measure Target Description: Number of falls per 1,000 patient bed days

  Data Source and Calculation: Numbers of individuals reported to the Department's Office of Facility Operations by the geriatric facility staff. The measure is calculated by dividing the total number of falls in the geriatric centers by the number of bed days of service, divided by 1,000. The measure is calculated by the using the total number of falls which includes the following breakouts: "Found on Floor", transfers; slipper surface, improper shoe surface/no shoe surface, obstacle, falling during change of position -sitting to standing and environmental. Breaking out the causal factor will enable the facility staff to target and implement a preventative intervention and action plan to reduce falls in their facility.

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 6 of 15

Inpatient Medical Services (720 430 07)

Description

Inpatient Medical Services include medical, dental, and nursing services provided to individuals receiving services in state hospitals and training centers. Inpatient medical services encompass a broad range of interventions, therapies, and laboratory services, but, most predominantly, include the skilled nursing, infirmary services, and acute medical or surgical care provided in state facility medical/surgical units or by referral from state facilities to local acute care hospitals through the Department's special hospitalization program.

Medical/surgical units are available at Eastern State Hospital (ESH) in Williamsburg, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, Western State Hospital (WSH) in Staunton, Central Virginia Training Center (CVTC) in Lynchburg, and the Hiram Davis Medical Center (HDMC) in Dinwiddie.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*

  Inpatient medical services are an integral component of a comprehensive array of services available in state hospitals and training centers. Inpatient services focus on alleviating the symptoms and distress associated with an illness or medical condition. Acute symptom resolution or management is a prerequisite for active and meaningful individual involvement and participation in other state facility services that enable individuals to develop skills and supports needed for success and satisfaction in specific environments and enhance other fundamental life skills needed for successful community living.

- *Describe the Statutory Authority of this Service*

  Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services.
  • § 37.2-04 outlines the duties of the Commissioner, including supervising and managing the Department and its state facilities, including inpatient medical services.

  Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state facilities, including inpatient medical services.
  • § 37.2-707 authorizes the Commissioner to employ state facility directors; and
  • § 37.2-711 authorizes the Department and state facilities to exchange consumer-specific information for former and current consumers with CSBs to monitor the delivery, outcome, and effectiveness of services.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Individuals in state facilities receiving local inpatient hospital services through special hospitalization	Individuals receiving inpatient medical services in local hospitals through special hospitalization	543	597
Individuals receiving inpatient services provided by Hiram Davis Medical Center	Individuals receiving inpatient services provided by Hiram Davis Medical Center	122	150
Individuals receiving inpatient services provided on state hospital medical/surgical units	Individuals receiving inpatient services provided on state hospital medical/surgical units	204	468
Individuals receiving inpatient services provided on the Central Virginia Training Center medical/surgical unit	Individuals receiving inpatient services provided on the Central Virginia Training Center medical/surgical unit	331	500

Anticipated Changes To Agency Customer Base
o Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for state facility services will change to reflect these demographic trends.

o State facilities will serve proportionately greater numbers of individuals with co-occurring disorders (mental illnesses and substance use disorders, intellectual disability and/or other developmental disabilities), increased individual acuity, and complicated acute and chronic medical needs.

o State facilities will serve proportionately greater numbers of individuals who have some level of involvement with the criminal justice system.

o State facilities will serve proportionately greater numbers of individuals with significant or complex service needs who will require specialized treatment services and ongoing preventive care.

o A growing number of Virginians have either limited or no behavioral health insurance benefits. These individuals will place increasing pressure the public behavioral health and developmental services system.

o Increasing numbers of individuals with severe behavioral disabilities and significant aggressive behavior patterns are being admitted to state facilities. These individuals frequently have had limited access to medical services and may be admitted to state facilities with multiple chronic medical conditions that require treatment during the course of their inpatient stay. They also have the potential to increase the utilization of medical services to treat injuries incurred by other individuals receiving state facility services who may interact with these individuals.

Partners

Partner	Description
Diagnostic testing services:	Lab, radiology, and specialized diagnostic testing services are provided at local acute care hospitals, local physician's offices, or specialized diagnostic centers, when such services are not available in the state facility.

Local acute care hospitals:	Local acute care hospitals provide medical and surgical services for individuals who require specialized inpatient medical and surgical care not available in state facilities.
Private physicians services:	Some individuals receiving inpatient services have private health care coverage. When these individuals require medical or surgical services, the individual may request care from their primary care physician.

Products and Services

- *Factors Impacting the Products and/or Services:*

  o Individuals served state hospital civil beds should continue to decline as more community-based crisis intervention services become available. Demand for beds to serve individuals with forensic involvement is likely to continue to increase over time as Virginia's population grows and new commitment criteria are fully implemented. Individuals with a forensic legal status typically have more medical conditions associated with poor health care prior to admission and iatrogenic disorders.

  o Children and adolescents served in state hospitals will continue to have extreme needs or some interaction with criminal justice system. The Department has convened a planning group comprised of families, community providers, advocates, and others, to examine the current and future role of the Commonwealth and private providers in providing acute psychiatric services for children and adolescents and to develop strategies for promoting high-quality community-based care while maintaining a safety net of services for children and adolescents who need acute psychiatric services.

  o Individuals with more severe and complicated behavioral health disorders and more varied and complicated medical needs that are currently not met in the community will increase the demand for expensive medical services in certain regions.

  o Demand for inpatient services will increase as individuals served in state training center grow older and develop acute and chronic medical conditions associated with aging.

  o Increased emphasis on medical screening to ensure that complex medical problems of individuals are addressed in local hospitals prior to their admission to a state facility could offset increased demand for facility medical/surgical units and reduce the costs associated with outpatient medical services and special hospitalizations in local acute care hospitals purchased by state facilities.

  o Clinical, environmental, and administrative standards set by the Centers for Medicaid and Medicare (CMS) and by the Joint Commission are likely to continue to become more complex, burdensome, and more expensive to oversee and implement.

- *Anticipated Changes to the Products and/or Services*

  o The Department will monitor bed utilization in medical/surgical units to determine the most cost effective means of providing medical/surgical and skilled nursing services.

- *Listing of Products and/or Services*
  - Inpatient medical services include: physician services; nursing services; skilled nursing care; pathology lab; radiology; EEG/EKG; dental services and dental anesthesiology; speech and audiology; physical, occupational, and recreational therapy; ophthalmology services; respiratory therapy; psychology services; medical supplies; anddetoxification
  - Special hospitalization (purchase of medical care from local hospitals)

Finance

- *Financial Overview*

  This service area is funded with 50 percent general funds and 50 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

  The information on these tables is presented at the service area level. However, funding by fund source is appropriated at a higher program level. This results in the allocation of the non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. This methodology has been applied and is represented in these amounts.

- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	2
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund																		
Base Budget	$21,915,724	$20,042,646	$21,915,724	$20,042,646																		
Change To Base	-$1,759,821	$0	-$1,759,821	$0																		
Service Area Total	$20,155,903	$20,042,646	$20,155,903	$20,042,646																		
Base Budget	$21,915,724	$20,042,646	$21,915,724	$20,042,646																		
Change To Base	-$1,759,821	$0	-$1,759,821	$0																		
Service Area Total	$20,155,903	$20,042,646	$20,155,903	$20,042,646																		
Base Budget	$21,915,724	$20,042,646	$21,915,724	$20,042,646																		

Change To Base	-$1,759,821	$0	-$1,759,821	$0
Service Area Total	$20,155,903	$20,042,646	$20,155,903	$20,042,646
Base Budget	$21,915,724	$20,042,646	$21,915,724	$20,042,646
Change To Base	-$1,759,821	$0	-$1,759,821	$0
Service Area Total	$20,155,903	$20,042,646	$20,155,903	$20,042,646
Base Budget	$21,915,724	$20,042,646	$21,915,724	$20,042,646
Change To Base	-$1,759,821	$0	-$1,759,821	$0
Service Area Total	$20,155,903	$20,042,646	$20,155,903	$20,042,646
Base Budget	$21,915,724	$20,042,646	$21,915,724	$20,042,646
Change To Base	-$1,759,821	$0	-$1,759,821	$0
Service Area Total	$20,155,903	$20,042,646	$20,155,903	$20,042,646
Base Budget	$21,915,724	$20,042,646	$21,915,724	$20,042,646
Change To Base	-$1,759,821	$0	-$1,759,821	$0
Service Area Total	$20,155,903	$20,042,646	$20,155,903	$20,042,646
Base Budget	$21,915,724	$20,042,646	$21,915,724	$20,042,646
Change To Base	-$1,759,821	$0	-$1,759,821	$0
Service Area Total	$20,155,903	$20,042,646	$20,155,903	$20,042,646
Base Budget	$21,915,724	$20,042,646	$21,915,724	$20,042,646
Change To Base	-$1,759,821	$0	-$1,759,821	$0
Service Area Total	$20,155,903	$20,042,646	$20,155,903	$20,042,646
Base Budget	$21,915,724	$20,042,646	$21,915,724	$20,042,646
Change To Base	-$1,759,821	$0	-$1,759,821	$0
Service Area Total	$20,155,903	$20,042,646	$20,155,903	$20,042,646

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date	
Total Authorized Position level	0
Vacant Positions	0

Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Offer or arrange for medical care appropriate to the individualized needs of facility patients and residents.

  Objective Description

  State hospitals and training centers vary in their ability to provide general medical or surgical care to patients and residents. Medical and surgical services may be provided within the facility, in a local hospital, or in a referral facility. The proper assessment of an individual's medical status at admission to a state facility and proper assessment of any changes in this status during his hospitalization or stay in a training center are critical in making a determination about the most appropriate locus of inpatient medical services. Pressure ulcers are lesions caused by unrelieved pressure that results in damage to the underlying tissue(s). Many long-term medical care patients will experience pressure ulcers, but, for the most part, these ulcers are avoidable. The majority of Hiram Davis Medical Center patients who have pressure ulcers developed these ulcers before they were admitted to the center. Appropriate treatment that heals or improves the severity of those pressure ulcers that do occur is commonly used as a measurement of the quality of care provided to long-term medical care patients.

  Alignment to Agency Goals

  - Agency Goal: Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
  - Agency Goal: Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

  Objective Strategies

  - Offer quality medical care in facility medical/surgical units that meets CMS and Joint Commission requirements.
  - Maintain sufficient numbers of trained staff on each facility medical/surgical unit to ensure services are appropriate to the populations served and sufficient to provide quality care.
  - Implement a career path for direct service associates to improve recruitment and retention efforts.
  - Provide funds to assure health care and special hospitalization needs are met for individuals receiving services in state hospitals or training centers.
  - Continue partnerships with local hospitals to assure continuity of treatment for individuals receiving state facility services who require medical and surgical treatment that is not available at the state facility.
  - Monitor the known or postulated causal factors for pressure sores.
  - Monitor the cost effectiveness of continuing to provide medical/surgical services and develop plans, as necessary, to change services or close units when other alternatives are determined to be more cost effective.
  - Support the efforts of the OIG to monitor the progress of state facilities in improving quality of care.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Percentage of pressure ulcers that heal within three months of the start of treatment

    Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

    Measure Baseline Value: 77 Date: 6/30/2009

    Measure Baseline Description: Percentage of pressure ulcers healed within three months of the start of treatment

    Measure Target Value: 82 Date: 6/30/2012

    Measure Target Description: Percentage of pressure ulcers healed within three months of the start of treatment

    Data Source and Calculation: Source: The facility will report its pressure ulcer data to the Office of Facility Operations. Calculation: Number of ulcers that heal within three months of the start of treatment divided by the total number of ulcers treated.

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 7 of 15

State Intellectual Disabilities Training Center Services (720 430 10)

Description

State Training Center Services include medical and psychiatric assessment, preventive and general healthcare, medical stabilization, and supports focused on developing skills needed for successful community living to persons with intellectual disability who require highly intensive and structured environments of care. Although their traditional function has focused on long-term care, training centers also provide short-term respite and emergency care. All training centers have Regional Community Support Centers, which offer an array of dental, behavioral, and other therapeutic services and supports to individuals receiving community-based supports.

The Department operates five training centers: Northern Virginia Training Center (NVTC) in Fairfax, Southeastern Virginia Training Center (SEVTC) in Chesapeake, Southside Virginia Training Center (SVTC) in Petersburg, Central Virginia Training Center (CVTC) in Lynchburg, and Southwestern Virginia Training Center (SWVTC) in Hillsville. All training centers meet federal requirements for designation as Intermediate Care Facilities (ICF/MR) and one, CVTC, also operates skilled nursing and acute care beds.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*

  State training centers are an integral component in the continuum of care in Virginia. The training centers provide services and supports to persons with intellectual disability who present complex medical needs and behavioral challenges that require highly intensive and structured environments of care. Over the past two years, training centers have been implementing person-centered planning processes and have expanded their missions to make short-term and transitional facility-based services more readily available. All training centers have developed strong ties with the communities they serve and each provides a variety of specialized services that support community systems. These supports draw on staff expertise and experience available at the training center and have the goals of diverting potential admissions by stabilizing individuals in their community residences or utilizing the centers' residential capacities to provide time-limited therapeutic services to individuals for whom the community has reserved funding for community supports upon his or her discharge. .

- *Describe the Statutory Authority of this Service*

  Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services.
  • § 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its training centers, which provide treatment, training, or habilitation of individuals with intellectual disability

  Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of training centers.
  • § 37.2-707 authorizes the Commissioner to employ state facility directors; and
  • § 37.2-711 authorizes the Department and state facilities to exchange consumer-specific information for former and current consumers with CSBs to monitor the delivery, outcome, and effectiveness of services.

  The federal Centers for Medicaid and Medicare (CMS) certifies all ICF/MR beds in training centers operated by the Department and acute care beds and skilled nursing beds at the CVTC.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Individuals receiving state training center services and supports	Individuals served in state training centers	1,386	1,500

Anticipated Changes To Agency Customer Base
o Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for state training centers will change to reflect these demographic trends.

o The training centers primarily serve adults, but include residents who are over age 65, especially at CVTC and SVTC. Most training center residents (90 percent) are between 22 and 65 years of age, with only two percent below the age of 22 and eight percent over age 65. The average age of individuals served in training centers is 48 years of age, which is likely to increase as the average length of stay of current residents is just less than 30 years. The numbers of older adults served in training centers is expected to increase as the current resident population grows older.

o With the expansion of community services capacity and bed reductions resulting from the Medicaid Money Follows the Person (MFP) initiative and a smaller (75 bed) new SEVTC; training centers will increasingly serve two very distinct populations with intellectual disability: individuals with co-occurring physical risk factors or medical conditions such as seizures, scoliosis, or gastrointestinal problems and individuals with co-occurring mental illness and challenging behaviors.

o Most individuals have either a hearing or visual deficit, or both, or one or more neurological conditions in addition to their intellectual disability. Many are non-ambulatory (requiring specialized wheelchairs) or need significant staff assistance to walk.

o A significant portion (34 percent) has at least one psychiatric diagnosis and the frequency of individuals served in training centers with co-occurring mental illnesses or significant behavioral challenges is anticipated to increase.

o Admissions to training centers will be due primarily to one of two factors: there are changes in the behavioral patterns presented by the individual that are risking the health and safety of the individual or others in his or her community environment; or the individual has no place to go to receive supports needed to maintain his or her health and safety and funding does not exist for these supports to be provided in the community.

Partners

Partner	Description
	Statewide volunteer organizations such as ArcVA and Parents and Associates of the Institutionalized Retarded (PAIR) address various

Advocacy groups:	aspects of the service delivery system to promote quality, availability and accessibility of care to all persons with cognitive, developmental, physical, or mental disabilities.
Community services boards and behavioral health authorities (CSBs):	The CSBs serve as the single points of entry into publicly funded intellectual disability services. They prescreen individuals for admission to training centers and prepare discharge plans for individuals being discharged from training centers. They also participate in case reviews and the treatment/habilitation planning process and provide case management (i.e., monitor and coordinate support services needed) to the individual in the community.
Office of the Inspector General (OIG):	The OIG has statutory responsibility to inspect, monitor, and review the quality of services provided in training centers in order to prevent problems, abuses, and deficiencies in treatment and habilitation programs. OIG staff conduct on-site inspections of each facility and publish findings, making recommendations for changes.
Private residential services providers:	Private providers offer residential services to individuals who are being discharged from training centers.
Regional partnerships and regional admission committees:	The regional partnerships include representatives from state hospitals, training centers, and CSBs. These partnerships are engaged in strategic planning to restructure and enhance the delivery of developmental services and establishment of community resources.
Virginia institutions of higher education (universities, colleges, and community colleges):	Universities, colleges, and community colleges partner with the training centers to conduct training of healthcare personnel and students; provide educational opportunities to staff for advancement; and provide, upon referral, consultative services.
Virginia Office for Protection and Advocacy (VOPA):	VOPA has statutory responsibility to protect and advocate for the human and legal rights of persons with mental, cognitive, or developmental disabilities. VOPA services to consumers include legal services, advocacy, information and referral to programs and services. VOPA monitors services at state facilities for quality and safety.

Products and Services

- *Factors Impacting the Products and/or Services:*

  o The emergence of person-centered principles and practices and the continued development of enhanced community-based supports in the Commonwealth have helped to change the provision of training center and community intellectual disability services and supports in Virginia. The 2007 Mental Retardation Services System Study recommended that smaller, more narrowly focused training centers serve individuals with higher needs while community services capacity is developed to serve individuals with behavioral and medical needs.

  o Training centers will continue to evolve over the next six years, as plans for the elimination of current waiver waiting lists are implemented; state-funded housing and other supports infrastructure is implemented in communities served by Southeastern Virginia Training Center and Central Virginia Training Center; and the Department and the DMAS work together to enhance the ID waiver. This will involve development of community-based residential support models of four or fewer beds, including sponsored residential placements with specialized expertise in crisis and behavioral supports or skilled nursing and medical oversight; implementation of a tiered system of day support rates; enhance the ability of the waiver to support people who have challenging behaviors; and development of incentives for the provision of community-based skilled nursing services required for medical oversight.

  o Future demand for state training center services will be affected by the increased availability of community intellectual disability services and supports, including ID waiver group homes and community ICF/MR alternatives, behavioral consultation, and medical, dental, and other services provided through the Regional Support Centers.

  o The increasing age of care givers for individuals with intellectual disability will increase future demand for alternative housing and structured support options, including training centers, as the large cohort of baby boomer parents become too old or disabled to continue their care giving responsibilities or they die.

  o The severity of physical plant conditions at all training centers requires immediate attention. Most training center buildings are in very poor condition and are inappropriately designed to serve the needs of current training center populations. Designs also have inherent inefficiencies for staff, utilities, and support services.

  o Clinical, environmental, and administrative standards set by the Centers for Medicaid and Medicare (CMS) are likely to continue to become more complex, burdensome, and more expensive to implement.

- *Anticipated Changes to the Products and/or Services*

  o Long-term admissions will continue to be less common than they have been in the past. Training centers will increasingly provide services and supports for individuals who: present complex medical needs that cannot currently be met in community residences until an appropriate community residence is available; present behavioral challenges that require short-term, intensive intervention to return to the community; require short-term respite and/or stabilization; or require short-term medication stabilization. Training centers also will provide services and supports through the Regional Community Support Centers to individuals receiving facility or community services and supports.

  o The Department is working to replace one training center and significantly renovate a large, multi-building training center with smaller, safer, more effective and efficient facilities.

  o Advances in information technology will improve staff clinical communication, improve quality assurance, and reduce medication errors (e.g., an electronic health record).

  o Utilization of telecommunication for clinical consultation to isolated or distant community providers is likely to increase

  o Centers for Medicare and Medicaid Services (CMS) standards will continue to emphasize the provision of person-centered active treatment. The increasing complexity of the population in state training centers will require a well-trained workforce that is kept current with best clinical practices.

  o CMS standards will continue to increase inpatient standards for environmental safety. Training center buildings must be appropriate to consumer needs and must meet 2000 Fire/Life Safety Standards. Extensive renovations will have to be made to buildings at all training centers to meet these standards.

- *Listing of Products and/or Services*
  - State Training Center Services: medical and psychiatric assessment; occupational, speech, physical, recreational

therapies; short–term respite and emergency care; habilitation and skill acquisition for community integration; and person-centered planning.

- Regional Community Support Center Services: specialized medical, dental, and clinical services provided to individuals living in the community; and training and case consultation to family members and community residential, healthcare, and vocational providers.

Finance

- *Financial Overview*
  This service area is funded with 100 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to patient care.

  Note: The information on the following tables is presented at the service area level. However, funding by fund source is appropriated at a higher program level. This results in the allocation of the non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. This methodology has been applied and is represented in these amounts.
- *Financial Breakdown*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$0	$133,380,902	$0	$133,380,902
Change To Base	$0	$10,000,000	$0	$10,000,000
Service Area Total	$0	$143,380,902	$0	$143,380,902
Base Budget	$0	$133,380,902	$0	$133,380,902
Change To Base	$0	$10,000,000	$0	$10,000,000
Service Area Total	$0	$143,380,902	$0	$143,380,902
Base Budget	$0	$133,380,902	$0	$133,380,902
Change To Base	$0	$10,000,000	$0	$10,000,000
Service Area Total	$0	$143,380,902	$0	$143,380,902
Base Budget	$0	$133,380,902	$0	$133,380,902
Change To Base	$0	$10,000,000	$0	$10,000,000
Service Area Total	$0	$143,380,902	$0	$143,380,902
Base Budget	$0	$133,380,902	$0	$133,380,902
Change To Base	$0	$10,000,000	$0	$10,000,000
Service Area Total	$0	$143,380,902	$0	$143,380,902
Base Budget	$0	$133,380,902	$0	$133,380,902
Change To Base	$0	$10,000,000	$0	$10,000,000
Service Area Total	$0	$143,380,902	$0	$143,380,902
Base Budget	$0	$133,380,902	$0	$133,380,902
Change To Base	$0	$10,000,000	$0	$10,000,000

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012

Service Area Total	$0	$143,380,902	$0	$143,380,902
Base Budget	$0	$133,380,902	$0	$133,380,902
Change To Base	$0	$10,000,000	$0	$10,000,000

Service Area Total	$0	$143,380,902	$0	$143,380,902
Base Budget	$0	$133,380,902	$0	$133,380,902
Change To Base	$0	$10,000,000	$0	$10,000,000
Service Area Total	$0	$143,380,902	$0	$143,380,902

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Offer a comprehensive array of person-centered training and habilitation services and enrichment activities that promote self-determination and community participation and achieve the vision of a consumer-driven system of services.

  Objective Description

  This objective conforms to the Department's responsibility to operate training centers and its goal of promoting self-determination and creating person-centered training center services and supports. The objective also supports the HJR 76 study recommendations to provide individualized supports that are based on each individual's level of need and to involve individuals and their families as the guiding force in directing the types of needed supports.

  Alignment to Agency Goals

  - Agency Goal: Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
  - Agency Goal: Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

  Objective Strategies

  - Establish best personnel practices that promote good attendance, professional and career development, intra-facility communications, leadership development, and creation of positive work environments and addressing relief factor needs to cover periods of staff absences.
  - Implement a career path for direct services associates to improve recruitment and retention efforts and provide training through the College of Direct Support.
  - Continue collaboration with CSBs, advocates, and other stakeholders to address the future role and purpose of state training centers.
  - Implement replacement and repair activities at training centers where there is a critical need to better align environments of care with individual safety, security, and habilitation needs.
  - Increase efforts to offer a comprehensive array of specialized services and supports and enrichment activities by continuously assessing and adjusting offered services and activities according to individual needs and interests.
  - Develop and implement strategies in each training center that facilitate person-centered planning and promote

opportunities for self-determination and community participation.

- Enhance the provision and use of best practice guidelines and evidence-based approaches in the provision of care to individuals receiving training center services.
- Continue to expand the scope and depth of services, training, and consultation, provided by the Regional Community Support Centers (RCSC).
- Promote a positive environment and leadership through development of preceptor and mentorship programs for new employees, model for employee forums, and improved communication facility-wide and between shifts and high performance organization.
- Maintain sufficient numbers of trained staff in each training center to ensure services are appropriate to the populations served and sufficient to provide quality services and assure the safety of individuals receiving services.
- Monitor vacancies, turnover and staff development and review staff-to-patient ratios to ensure levels and types of staff appropriate to meet the needs of individuals receiving services.
- Monitor the age and length of service of staff in key positions at each training center and conduct trend analysis regarding potential retirements.
- Implement a variety of training opportunities designed to increase staff knowledge and skills in recovery, resilience and person-centered principles and practices, dually diagnosed/co-occurring disorders (mental illnesses and intellectual disability and other developmental deficits).
- Improve bed utilization in training centers through aggressive monitoring of service plans and discharge efforts that reduce lengths of stay and enable individuals to be integrated more quickly into the community.
- Achieve operational efficiencies resulting from the replacement of Southeastern Virginia Training Center and the renovation of Central Virginia Training Center and the development of state-funded community residential services.
- Initiate partnerships with state colleges and universities to adopt curricula and provide training to students and current professionals to expand the availability and accessibility of services to persons with intellectual and developmental disabilities.
- Support the efforts of the OIG to monitor the progress of training centers in improving quality of care.

Link to State Strategy

- nothing linked

Objective Measures

- Percentage of training center direct service associates who have completed fifteen (15) College of Direct Support core modules

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 10 Date: 6/30/2007

  Measure Baseline Description: Percentage of direct care staff who completed at least 11 College of Direct Support core modules

  Measure Target Value: 30 Date: 6/30/2012

  Measure Target Description: Percentage of direct care staff who completed at least 15 College of Direct Support core modules

  Data Source and Calculation: College of Direct Support Program/Learning Management System records. Number of training center direct service associates who completed the core modules divided by the total number of training center direct service associates

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 8 of 15

State Mental Health Facility Services (720 430 14)

Description

State Hospital Services are individualized to best meet each individual's goals for recovery and include: psychiatric assessment and stabilization; medication management, recovery-oriented, person-centered programming; psychiatric and rehabilitative therapies; and, in collaboration with the CSBs, discharge planning. State hospital services focus on stabilizing acute psychiatric symptoms, developing skills needed for successful community living, and enhancing other fundamental life skills, such as identifying and developing positive community supports, increasing hope, motivation, and confidence, and making informed choices. State hospital services are further specialized by the age groups and legal status served at a facility.

State hospitals include Catawba Hospital (CH) near Salem, Central State Hospital (CSH) in Dinwiddie, Commonwealth Center for Children and Adolescents (CCCA) in Staunton, Eastern State Hospital (ESH) in Williamsburg, Northern Virginia Mental Health Institute (NVMHI) in Falls Church, Southern Virginia Mental Health Institute (SVMHI) in Danville, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, and Western State Hospital (WSH) in Staunton.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  State hospitals continue to be an integral component in the continuum of behavioral healthcare care in Virginia and provide a variety of clinical services that are not available in all communities. State hospitals provide services and supports to adults with serious mental illnesses and children and adolescents with serious emotional disturbances who are in crisis, who present with acute or complex conditions, or both, and who require the highly intensive and structured environments of care provided in an inpatient setting.
- *Describe the Statutory Authority of this Service*
  Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services.
  • § 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state hospitals, which provide care and treatment for persons with mental illness.

  Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state hospitals.
  • § 37.2-707 authorizes the Commissioner to employ state facility directors; and
  • § 37.2-711 authorizes the Department and state facilities to exchange consumer-specific information for former and current consumers with CSBs to monitor the delivery, outcome, and effectiveness of services.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Adults receiving state hospital services	Adults served in state hospitals	4,725	5,748
Adults receiving state hospital services	Children and adolescents served in state hospitals	581	764

Anticipated Changes To Agency Customer Base
o Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for state hospital services will change to reflect these demographic trends.

o State hospitals will serve proportionately greater numbers of individuals with significant or complex service needs who will require specialized treatment services and ongoing preventive care.

o State hospitals will serve proportionately greater numbers of individuals with co-occurring disorders (mental illnesses and substance use disorders, intellectual disability and/or other developmental disabilities), increased individual acuity, and complicated acute and chronic medical needs.

o State hospitals will serve proportionately greater numbers of individuals who have some level of involvement with the criminal justice system. Although the proportion of forensic individuals varies by hospital, typically these individuals comprise between 25 and 50 percent of state hospital bed utilization and many of these individuals are served on civil units.

o A growing number of Virginians have either limited or no behavioral health insurance benefits. These individuals will place increasing pressure the public behavioral health and developmental services system.

Partners

Partner	Description
Advocacy groups:	These statewide volunteer organizations, such as the Mental Health Association of Virginia (MHAV), the National Alliance for the Mentally Ill of Virginia (NAMIVa), VOCAL, the Virginia Federation of Families, address various aspects of the service delivery system to promote quality, availability and accessibility of care to all persons with cognitive, developmental, physical and/or mental disabilities.
Community services boards and behavioral health authority:	CSBs serve as the single points of entry into publicly funded mental health services in the areas they serve. They prescreen individuals for admission to state hospitals and prepare discharge plans for individuals being discharged from state hospitals. As members of the treatment team, CSBs participate in the recovery planning process. They also provide case management (i.e., monitoring or coordinating needed support services) to individuals served in state hospitals when they are discharged into the community.
Individuals receiving services and family members or	These individuals are members of each individual's treatment team and

significant others:	participate in treatment planning throughout the facility stay.
Office of the Inspector General:	The Office of the Inspector General has statutory responsibility to inspect, monitor and review the quality of services provided in state hospitals to prevent problems, abuses and deficiencies in treatment programs. OIG staff conduct on-site inspections of each facility and publish findings, making recommendations for changes.
Private residential services providers	These providers offer residential services to individuals served in state hospitals at discharge.
Regional partnerships and regional admission committees:	The regional partnerships include representatives from state hospitals, training centers, and CSBs. These partnerships are engaged in strategic planning to restructure and enhance the delivery of mental health services and develop community resources. The partnerships often engage in inpatient bed utilization management.
Virginia institutions of higher education (universities, colleges, and community colleges):	Universities, colleges, and community colleges partner with the state hospitals to conduct training of healthcare personnel and students; provide educational opportunities for staff development; and provide, upon referral, case consultation services.
Virginia Office for Protection and Advocacy (VOPA):	VOPA has statutory responsibility to protect and advocate for the human and legal rights of persons with mental, cognitive, or developmental disabilities. VOPA services to consumers include legal services, advocacy, information, and referral to programs and services. VOPA monitors services at state hospitals for quality and safety.

Products and Services

- *Factors Impacting the Products and/or Services:*

  o Individuals served state hospital civil beds should continue to decline as more community-based crisis intervention services become available. Through the Services System Transformation Initiative, the Department funded a number of services that are intended to transform the way state hospital resources are integrated into their regions. These services will enable individuals to be served in the community where possible, to use community hospital beds and return these individuals quickly to their communities, and to provide longer-term care and specialized treatment in state hospitals where this is not possible.

  o Demand for beds to serve individuals with forensic involvement is likely to continue to increase over time as Virginia's population grows and new commitment criteria are fully implemented. Because individuals with a forensic status tend to have longer lengths of stay, more complicated discharge needs and fewer supports, and higher acuity, the percentage of state hospital beds used by this group is anticipated to increase.

  o Children and adolescents served in state hospitals will continue to have extreme needs or some interaction with criminal justice system. The Department has convened a planning group comprised of families, community providers, advocates, and others, to examine the current and future role of the Commonwealth and private providers in providing acute psychiatric services for children and adolescents and to develop strategies for promoting high-quality community-based care while maintaining a safety net of services for children and adolescents who need acute psychiatric services.

  o State hospitals will continue to transition to person centered planning and recovery oriented treatment models. Providing support to an individual will be key to the orientation and ongoing training of the staff at each hospital.

  o Individuals who have co-occurring disorders (mental illnesses and substance use disorders, intellectual disability and/or other developmental disabilities) will require more complex and specialized interventions, a highly trained and diversified work force, and carefully designed discharge plans that will provide integrated services and supports.

  o Improved methods of coordinating and integrating care with all relevant providers, including primary care, vocational and life skills agencies, funding agencies, and community providers are essential to removing barriers to successful discharge from state hospitals and to promote continuity of care within which communication and transitions are seamless for individuals receiving state hospital services.

  o A number of state hospitals have significant physical plant problems that require immediate attention. Older buildings and large multi-building campuses are inappropriately designed to safely meet the needs of individuals and have inherent inefficiencies for staff, utilities, and support services.

  o Clinical, environmental, and administrative standards set by the Centers for Medicaid and Medicare (CMS) and by the Joint Commission require heightened vigilance and resources to maintain adequate physical plants and compliance with standards.

- *Anticipated Changes to the Products and/or Services*

  The Department is working to replace two large, multi-building state hospital campuses with smaller, safer, more effective and efficient single-building facilities.

  o State hospitals are advancing the concept of a recovery oriented system to include the provision of integrated care for those with co-occurring mental illness and substance use disorders.

  o State hospitals are working to improve the cultural and linguistic competence of staff so they can better address the recovery and communication needs of individuals and families in a culturally relevant manner.

  o State hospitals are improving their ability to provide services that demonstrate competence in trauma-informed care.

  o The increasing complexity of consumers receiving care in state hospitals will require the recruitment and retention of a well-trained workforce, knowledge about best clinical practices.

  o Advances in information technology will improve staff clinical communication, improve quality assurance, and reduce medication errors (e.g., an electronic health record).

  o Utilization of telecommunication for clinical consultation to isolated or distant community providers is likely to increase

  o The Commission and CMS standards will continue to emphasize the provision of person-centered active treatment. Both The Joint Commission and CMS will continue to increase inpatient standards for environmental safety. State hospital buildings must meet 2000 Fire/Life Safety Standards

- *Listing of Products and/or Services*

- Psychiatric assessment, stabilization and medication management
- Psychosocial rehabilitation programming, including psycho-education and recovery-oriented programming
- Psychology services
- Nursing services
- Social work services
- Recreational, physical and occupational therapies
- Peer support services

Finance

- *Financial Overview*
  This service area is funded with 96 percent general funds and 4 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to indirect services costs of patient care.

  Note: The information on the following tables is presented at the service area level. However, funding by fund source is appropriated at a higher program level. This results in the allocation of the non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. This methodology has been applied and is represented in these amounts.
- *Financial Breakdown*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$138,038,818	$5,572,554	$138,038,818	$5,572,554
Change To Base	-$3,065,796	$0	-$3,065,796	$0
Service Area Total	$134,973,022	$5,572,554	$134,973,022	$5,572,554
Base Budget	$138,038,818	$5,572,554	$138,038,818	$5,572,554
Change To Base	-$3,065,796	$0	-$3,065,796	$0
Service Area Total	$134,973,022	$5,572,554	$134,973,022	$5,572,554
Base Budget	$138,038,818	$5,572,554	$138,038,818	$5,572,554
Change To Base	-$3,065,796	$0	-$3,065,796	$0
Service Area Total	$134,973,022	$5,572,554	$134,973,022	$5,572,554
Base Budget	$138,038,818	$5,572,554	$138,038,818	$5,572,554
Change To Base	-$3,065,796	$0	-$3,065,796	$0
Service Area Total	$134,973,022	$5,572,554	$134,973,022	$5,572,554
Base Budget	$138,038,818	$5,572,554	$138,038,818	$5,572,554
Change To Base	-$3,065,796	$0	-$3,065,796	$0
Service Area Total	$134,973,022	$5,572,554	$134,973,022	$5,572,554
Base Budget	$138,038,818	$5,572,554	$138,038,818	$5,572,554
Change To Base	-$3,065,796	$0	-$3,065,796	$0
Service Area Total	$134,973,022	$5,572,554	$134,973,022	$5,572,554
Base	$138,038,818	$5,572,554	$138,038,818	$5,572,554

FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012

Budget				
Change To Base	-$3,065,796	$0	-$3,065,796	$0
Service Area Total	$134,973,022	$5,572,554	$134,973,022	$5,572,554
Base Budget	$138,038,818	$5,572,554	$138,038,818	$5,572,554
Change To Base	-$3,065,796	$0	-$3,065,796	$0
Service Area Total	$134,973,022	$5,572,554	$134,973,022	$5,572,554

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Offer a comprehensive array of person-centered inpatient treatment and rehabilitation services that promote self-determination, resilience, recovery, and community participation and achieve the vision of a individual-driven system of services.

  Objective Description

  This objective conforms to the Department's responsibility to operate state hospital and its goal of creating a recovery-oriented, person-centered, and hopeful setting within which an individual's most critical needs and goals are incorporated into a plan for recovery that will serve as a guiding document in aiding the individual's return to his community, family, and life. Over the past three years, state hospitals have made significant progress in changing their culture to one that supports recovery, self-determination, empowerment, and person-centered planning.

  Alignment to Agency Goals

  - Agency Goal: Fully implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving behavioral health and developmental services.
  - Agency Goal: Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
  - Agency Goal: Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

  Objective Strategies

  - Implement a variety of training opportunities designed to increase staff knowledge and skills in recovery, resilience and person-centered principles and practices, dually diagnosed/co-occurring disorders (mental illnesses and substance use disorders, or intellectual disability and/or other cognitive deficits).
  - Promote a positive environment and leadership through development of preceptor and mentorship programs for new employees, model for employee forums, and improved communication facility-wide and between shifts and high performance organization.
  - Monitor vacancies, turnover and staff development and review staff-to-patient ratios to ensure levels and types of staff appropriate to meet the needs of individuals receiving services.
  - Review current state hospital psychosocial rehabilitation programs for quality and appropriateness to consumer skill development and recovery and provide, or contract for, technical assistance/training to staff so that improvement in individual participation and outcomes occur.
  - Ensure suficient numbers of trained staff and equipment to assure person-centered traing, recovery oriented active treatment, rehabilitation, and activities consistent with best evidence-based practices.

- Fund and implement a registered nurse professional advancement program which will facilitiate enhanced competencies and patient care by allowing career advancement based on direct care skills
- Enhance the provision of specialized state hospital services and use of best practice guidelines and evidence-based approaches in the treatment and care of individuals receiving state hospitals services.
- Increase efforts to offer a comprehensive array of treatment, rehabilitation, and enrichment activities by continuously assessing and adjusting offered services and activities according to individual needs and interests.
- Integrate recovery principles in state hospital operations and implement strategies in each state hospital that increase the recovery experience for individuals receiving services.
- Incorporate and implement strategies such as peer-to-peer supports; treatment planning partnerships, choice, and involvement in valued roles; provision of a supportive environment and relationships that support recovery; and inclusion of educational, career development, and job training opportunities in service plans of individuals receiving state hospital services.
- Maintain sufficient numbers of trained staff and equipment in each state hospital to ensure services are appropriate to the populations served and sufficient to provide quality services and assure the safety of individuals receiving services.
- Implement a career path for direct service associates to improve recruitment and retention efforts.
- Engage private psychiatric inpatient service providers as partners in the development of strategies for integrating recovery principles in an inpatient setting.
- Implement wellness programs with activities designed to lower obesity, hypertension, diabetes, and heart disease and to facilitate exercise and other health lifestyle choices for individuals receiving state hospital services.
- Improve bed utilization in state hospitals through aggressive monitoring of service plans and discharge efforts that reduce lengths of stay and enable individuals to be integrated more quickly into the community.
- Achieve operational efficiencies resulting from the replacement of Eastern State Hospital and Western State Hospital.
- Support the efforts of the OIG to monitor the progress of state hospitals in improving quality of care.

Link to State Strategy

- nothing linked

Objective Measures

- Ratio of hours of restraint per 1,000 hours of service

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Down

  Frequency Comment: The ratio of hours of restaint per 1,000 hours of service will be calculated for FY 09 and the FY 12 target will be a 6% reduction

  Measure Baseline Value: TBD Date: 6/30/2009

  Measure Baseline Description: Ratio of hours of restraint per 1,000 hours of service

  Measure Target Value: TBD Date: 6/30/2012

  Measure Target Description: Ratio of hours of restraint per 1,000 hours of service

  Data Source and Calculation: Source: Core Measures report to The Joint Commission Calculation: The hours of physical restraint use at each state hospital will be derived from AVATAR and other reporting systems divided by the number of service hours provided multiplied by 1,000.

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 9 of 15

Community Substance Abuse Services (720 445 01)

Description

Community Substance Abuse Services funds public community substance abuse services provided by 39 community services boards and one behavioral health authority, hereafter referred to as CSBs, throughout the Commonwealth. CSBs function as the single points of entry into the publicly funded services system. Additionally, CSB offer prevention services that are aimed at substantially reducing the incidence of alcohol, tobacco, and other drug dependency and abuse. CSB responsibilities for services to consumers and for other administrative and operational requirements are identified in, reported on, and monitored through community services performance contracts negotiated annually by the Department with each CSB and associated contract reports. Community substance abuse services are integrated with other direct services and supports at the local level for individuals with special needs or those receiving services from multiple agencies, including adults and children or adolescents with co-occurring disorders such as mental illness and substance use disorders, and individuals who are hospitalized or involved in the criminal justice system.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  Community substance abuse services align directly with the agency's mission and are required to implement the Department's vision of a consumer-driven system of services and supports that promotes an individual's self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life, including work, school, family, and other meaningful relationships. Community substance abuse services benefit society and promote the message that recovery from substance use disorders in all their forms is possible. These services focus on enhancing protective factors and reducing risk factors within the community, overcoming stigma, denial and other barriers to treatment associated with substance use disorders, and assisting individuals to lead healthy and productive lives in recovery.

  [Note: In this service area, substance use disorder names a condition (alcohol or other drug dependence or abuse) that a person has, while substance abuse names the services used to treat that disorder.]

- *Describe the Statutory Authority of this Service*
  Chapter 5 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of community services boards (CSBs) by local governments to provide community substance abuse services and authorizes the Department to fund CSBs.
  • § 37.2-500 authorizes the Department to provide funds to assist local governments in the provision of substance abuse services; it requires every city and county to establish or join a CSB; it specifies the core of services to be provided by CSBs; and it requires CSBs to function as the single points of entry into publicly funded substance abuse services.
  • § 37.2-508 requires the Department to negotiate the performance contracts through which it provides funds to CSBs to provide services pursuant to this chapter.
  • § 37.2-509 requires the Department to allocate available state-controlled funds to CSBs for disbursement in accordance with procedures established by the Department and performance contracts approved by the Department.

  Chapter 6 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of a behavioral health authority (BHA) by a specified city or county to provide community substance abuse services and authorizes the Department to fund a BHA.
  • § 37.2-601 authorizes the Department to provide funds to assist certain cities or counties in the provision of substance abuse services; it specifies the core of services to be provided by a BHA; and it requires a BHA to function as the single point of entry into publicly funded substance abuse services.
  • § 37.2-608 requires the Department to negotiate the performance contract through which it provides funds to a BHA to provide services pursuant to this chapter.
  • § 37.2-611 requires the Department to allocate available state-controlled funds to a BHA for disbursement in accordance with procedures established by the Department and performance contracts approved by the Department.

  Sections 1921-1954 of the Public Health Services Act authorize the federal Substance Abuse Treatment and Prevention (SAPT) Block Grant, providing federal funds to the Department for community substance abuse treatment and prevention services.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Individuals receiving CSB substance abuse services	Individuals with substance use disorders served by or seeking services from CSBs	43,657	45,706
Participants in community prevention programs and coalitions	Participants in community prevention programs and coalitions	660,522	660,552

Anticipated Changes To Agency Customer Base
o Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for the Commonwealth's behavioral health and developmental services system will change to reflect these demographic trends.

o The continued significant growth in Northern Virginia, Central Virginia, and Eastern Virginia will significantly increase the consumer base for community substance abuse services.

o Increasing numbers of veterans are returning to Virginia from Iraq and Afghanistan and are experiencing behavioral health issues.

o Increasing numbers of individuals with co-occurring combinations of mental health or substance use disorders, developmental other related disabilities, chronic medical conditions, or behavioral challenges will demand specialized interventions and care.

o Individuals receiving behavioral health and development services have more complex medication regimes, or are experiencing serious medical conditions requiring specialized health services will require ongoing preventive care.

o Increasing numbers of adults and juveniles in the criminal justice system have identified behavioral health issues.

o Based on the 2007 National Household Survey on Drug Use and Health and 2008 Population by Age and Sex Estimates, the Department estimates that 180,453 Virginians ages 12 and older (1.97 percent) are dependent on or abuse illicit drugs and 476,215 (7.31 percent) are dependent on or abuse alcohol. Of these 128,337 (1.89 percent) met the criterion for drug dependence and 168,050 (3.17 percent) met the criterion for alcohol dependence. While not all of these individuals will seek services from the public sector, many of them will do so.

o Individual counts provided by CSBs for the 2010-2016 Comprehensive State Plan identify 2,049 individuals who are currently on waiting lists for community substance abuse services because they are not receiving needed services provided by or through CSBs. Virginia's ongoing population growth will result in the need for additional community substance abuse services.

o Medicaid coverage for substance abuse treatment services for children and adults, which became effective July 1, 2007, will expand revenue available for emergency services; evaluation and assessment; outpatient services, including intensive outpatient services; targeted case management; and day treatment.

Partners

Partner	Description
Community services boards and behavioral health authorities (CSBs):	The Department provides state and federal funds to the 40 CSBs to support the provision of community SA services and supports. CSBs participate in central office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the public services system.
Federal agencies:	The Substance Abuse and Mental Health Services Administration provides grants of federal funds to the Department that support community SA services, and it provides technical assistance to the Department and CSBs about requirements associated with the receipt of block grant funds that support the provision of community SA services.
Individuals receiving services and advocacy organizations:	Individuals receiving services and substance use disorder advocacy organizations, such as the Substance Abuse and Addiction Recovery Alliance (SAARA), the Virginia Alliance of Methadone Advocates, and the Virginia Association of Alcohol and Drug Programs, provide important feedback to the Department and CSBs on service needs, services, and policy, planning, and regulatory development activity for the public services system. Some individuals and family members serve on CSB boards.
Local governments:	Local governments establish CSBs and approve their CSBs' performance contracts with the Department. They also provide financial resources to the CSBs to match state funds, and, in some instances, may provide administrative services that are essential to CSBs' efficient operation.
Other state and local agencies:	The Department works closely with many state agencies that provide or fund services and supports that respond to the needs of individuals with substance use disorders, including the Departments of Medical Assistance Services, Social Services, Corrections, Rehabilitative Services, and Housing and Community Development. Local and state agencies provide or fund many services or supports such as auxiliary grants for assisted living facilities, various social services, health care, and housing assistance that are critical to the success of individuals receiving community substance abuse services. Substance abuse services are provided to approximately 50 percent of the families involved with child welfare agencies that are affected by substance use disorders. Recently, DMAS has become a more active partner in funding community substance abuse services for individuals with co-occurring mental health and substance use disorders for Medicaid eligible youth through EPSDT.
Private providers (for profit and non-profit organizations):	Private providers are critical components of the publicly funded substance abuse services. They deliver a significant portion of community substance abuse services across the state through contracts with CSBs.
Virginia institutions of higher education (universities, colleges, and community colleges):	The Department partners with the federally-funded Mid-Atlantic Addiction Technology Transfer Center, located at Virginia Commonwealth University, which is responsible for assisting the four states within its region with workforce development.

Products and Services

- *Factors Impacting the Products and/or Services:*

  o Demands for community substance abuse services are expected to increase as Virginia's population grows.

  o As Virginia's population becomes more diverse, providers of community substance abuse services must improve their responsiveness to the needs of culturally and linguistically diverse groups.

  o The addition of Medicaid coverage of substance use disorders and the expansion of treatment and support services for substance use disorders are important and significant improvements to the publicly funded substance use disorder service delivery system. However, a persistent lack of residential treatment services capacity adversely affects the services system's ability to address unmet service needs.

  o The dramatic problems associated with underage drinking and substance abuse, significant problems associated with abuse of prescription and other substances, problems among the elderly, overwhelming demand for services plus the under funding of prevention services put enormous pressure on state behavioral health and other systems.

  o The patterns of drug use will reflect an increased prevalence of prescription drug abuse and dependence.

  o There will be an increased emphasis on prevention services and the importance of community prevention coalitions as federal regulations shift their emphasis from individual change to community SA policy and substance use change.

  o Decreasing availability of qualified professionals, particularly direct care staff, makes it more difficult for CSBs and private providers to maintain or expand existing services or develop new services to address unmet demands for services or adopt or develop new service modalities or approaches, such as evidenced-based practices.

o Beginning in 2008, the Department conducted a workforce survey to build the capacity of the existing infrastructure by documenting the knowledge and skills of the current workforce. The Department also developed a workforce development plan and provided training delivered by nationally recognized experts on evidence-based and culturally competent treatment practices for individuals with co-occurring disorders.

o Improved assessment and screening of adults and children with co-occurring disorders will increase demands for integrated services to treat these co-occurring conditions.

o Increasingly complex federal requirements to report treatment and prevention outcome data decrease staff time available to provide direct clinical services. For example, the National Outcome Measures require CSBs to collect and report outcome measures in at least six domains: abstinence, employment or education, crime and criminal justice, stability in housing, access to services, and retention in services, with other measures in other domains now under development.

- *Anticipated Changes to the Products and/or Services*

o Ongoing collaborative efforts with CSBs and other stakeholders to transform the public behavioral health and developmental services system will increase the need and demand for existing and new types of community substance abuse services.

o Implementation of specialized services and supports for older adults with substance use disorders and integration of behavioral healthcare into primary care and other generalist settings.

o Adoption and expanded use of peer-provided and peer-run programs.

o Implementation of practice changes and community-based approaches through the Commonwealth's Children's Services System Transformation Initiative that build local service capacity, restructure existing services, assure intensive care coordination, and support community-based alternatives to detention.

o Increased emphasis on service quality through promoting technology transfer regarding evidence-based or consensus-determined best practices or standards of care. The identification and adoption of these types of practices will require additional resources to implement, monitor, and evaluate these practices and services in clinical treatment programs.

o New SAPT block grant requirements and the National Outcome Measures will require that CSBs offer only evidence-based prevention programs and practices, input all service data into the KIT Prevention System on a regular basis, and evaluate all services as appropriate.

- *Listing of Products and/or Services*
  - Emergency services, including crisis intervention
  - Local acute psychiatric inpatient services
  - Community-based substance abuse medical detoxification inpatient services
  - Outpatient services, including therapy, counseling, intensive outpatient, medication assisted treatment
  - Day treatment and partial hospitalization
  - Rehabilitation services, including psychosocial rehabilitation programs
  - Sheltered employment
  - Group supported employment
  - Individual supported employment
  - Highly intensive residential services, such as substance abuse social detoxification services
  - Intensive residential services, such as primary care, intermediate and long-term habilitation, group homes, and jail-based habilitation services
  - Supervised residential services, such as supervised apartments, domiciliary care, and sponsored placements
  - Supportive residential services, such as supported living arrangements
  - Prevention services, including community prevention coalitions
  - Early intervention services
  - Motivational treatment services
  - Consumer monitoring
  - Assessment and evaluation services
  - State and federal funds provided by the Department to CSBs support special projects, such as the Co-Occurring Services Integration Grant (COSIG) and Strengthening Families.

Finance

- *Financial Overview*

This area is funded with 54 percent general funds and 46 percent federal funds. The federal funds are from the Substance Abuse Prevention and Treatment (SAPT) Block Grant that is passed through to community programs. CSBs also receive funds from other sources such as local funds, Medicaid, other fees, and other revenues. These funds are not appropriated by the Commonwealth and are not included are not included in the following table.

The information on these tables is presented at the service area level. However, funding by fund source is appropriated at a higher program level. This results in the allocation of the non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. This methodology has been applied and is represented in these amounts.

- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund														
Base Budget	$54,852,521	$41,019,447	$54,852,521	$41,019,447														

Change To Base	-$7,275,861	$0	-$7,275,861	$0
Service Area Total	$47,576,660	$41,019,447	$47,576,660	$41,019,447
Base Budget	$54,852,521	$41,019,447	$54,852,521	$41,019,447
Change To Base	-$7,275,861	$0	-$7,275,861	$0
Service Area Total	$47,576,660	$41,019,447	$47,576,660	$41,019,447
Base Budget	$54,852,521	$41,019,447	$54,852,521	$41,019,447
Change To Base	-$7,275,861	$0	-$7,275,861	$0
Service Area Total	$47,576,660	$41,019,447	$47,576,660	$41,019,447
Base Budget	$54,852,521	$41,019,447	$54,852,521	$41,019,447
Change To Base	-$7,275,861	$0	-$7,275,861	$0
Service Area Total	$47,576,660	$41,019,447	$47,576,660	$41,019,447
Base Budget	$54,852,521	$41,019,447	$54,852,521	$41,019,447
Change To Base	-$7,275,861	$0	-$7,275,861	$0
Service Area Total	$47,576,660	$41,019,447	$47,576,660	$41,019,447
Base Budget	$54,852,521	$41,019,447	$54,852,521	$41,019,447
Change To Base	-$7,275,861	$0	-$7,275,861	$0
Service Area Total	$47,576,660	$41,019,447	$47,576,660	$41,019,447
Base Budget	$54,852,521	$41,019,447	$54,852,521	$41,019,447
Change To Base	-$7,275,861	$0	-$7,275,861	$0
Service Area Total	$47,576,660	$41,019,447	$47,576,660	$41,019,447

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		

Contract Employees	
Total Human Resource Level	**0.0** = *Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Implement community SA services and supports that promote self-determination, resilience, recovery, and community participation and achieve the vision of a individual-driven system of services consistent with services system transformation.

  Objective Description

  The Department, its state facilities, CSBs, individuals receiving services and families, advocacy groups, and other stakeholders have been involved in a multi-year effort to restructure and transform the public substance abuse services system to fully implement the vision of an individual-driven system of services. These initiatives will increase individual and family member participation and involvement, the recovery orientation of providers, and the availability of services crucial to system transformation. System transformation initiatives emphasize the flexible use of resources by CSBs within regions in collaboration with their partners to develop and implement programs that meet their unique needs and circumstances within the larger framework and goals of the vision and the Integrated Strategic Plan. A key principle in any system transformation efforts is the retention within the system of any savings from cost avoidance or cost offsets to support those efforts and encourage additional transformation activities.

  Alignment to Agency Goals

  - Agency Goal: Fully implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving behavioral health and developmental services.
  - Agency Goal: Align administrative and funding incentives and organizational processes to support and sustain quality individually-focused care, promote innovation, and assure efficiency and cost-effectiveness.
  - Agency Goal: Enhance service quality, appropriateness, effectiveness, and accountability through performance and outcomes measurement and service delivery and utilization review.

  Objective Strategies

  - Identify, and where appropriate, implement national and state service models that represent best practices across Virginia.
  - Develop, in collaboration with the Department of Veterans Services, a state level strategy and protocols for serving veterans with substance use disorders.
  - Strengthen the ability of CSBs to provide specifically designed services for adults and youth with co-occurring diagnoses of mental illnesses and substance use disorders.
  - Improve the level of consultation, collaboration, and integration among providers of mental health and substance abuse services around policy, funding, staffing, and programming issues.
  - Expand the capacity of communities to provide substance abuse services that minimize crises, reduce reliance on the most intensive levels of care, and promote independence and choice.
  - Provide training to increase the basic knowledge and competency of public and private substance abuse services providers in the use of evidence-based and best practices.
  - Continue to establish and expand peer specialists and other peer provided services across Virginia, including peer-run programs for persons with co-occurring mental health and substance use disorders.
  - Expand access to integrated assessment and treatment services for individuals with co-occurring mental illnesses and substance use (alcohol or other drug dependence or abuse) disorders.
  - Support statewide implementation of instruments that enable the CSBs to assess the degree to which their organizations support the Comprehensive, Continuous, Integrated System of Care model.
  - Identify core competencies required of professionals to meet the needs of individuals with co-occurring mental health and substance use disorders and provide training, technical assistance, and consultation to clinicians to increase their knowledge of and competencies in providing assessments, interventions, and integrated services to individuals with co-occurring mental health and substance use disorders.
  - Continue collaborative partnerships with primary health care providers to improve identification, screening and diagnosis, and treatment of individuals with substance use disorders.
  - Increase the capacity of the behavioral and developmental services system to provide culturally and linguistically appropriate services and supports to diverse populations across Virginia.
  - Continue and strengthen the ability of community-based prevention planning coalitions to engage in an on-going prevention planning process, address identified risk and protective factors and service needs, and implement evidence-based prevention services.
  - Promote continuous quality improvement for the Department and behavioral health and developmental services system providers.

  Link to State Strategy

  - nothing linked

  Objective Measures

  - Number of CSBs that provide integrated MH and SA assessment and services

    Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

    Frequency Comment: Fiscal year

    Measure Baseline Value: 0 Date: 6/30/2005

    Measure Baseline Description: Number of CSBs providing integrated assessment and services

Measure Target Description: Number of CSBs providing integrated assessment and services

Data Source and Calculation: Source: Semi-annual CSB reports of the degree to which they are implementing the Comprehensive, Continuous and Integrated System of Care (CCISC) Model Calculation: Add the total number of CSBs implementing the CCISC Model.

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 10 of 15

Community Mental Health Services (720 445 06)

Description

Community Mental Health Services funds public community mental health services provided by 39 community services boards and one behavioral health authority, hereafter referred to as CSBs, throughout the Commonwealth. CSBs function as the single points of entry into the publicly funded services system. CSBs also provide preadmission screening of all requests for involuntary inpatient treatment in state hospitals or other facilities. Finally, each CSB provides discharge planning for all individuals who reside or will reside in cities or counties served by the CSB before they are discharged from state hospitals. CSB responsibilities for services to consumers and for other administrative and operational requirements are identified in, reported on, and monitored through community services performance contracts negotiated annually by the Department with each CSB and associated contract reports. Several consumer-run, non-profit organizations provide a few direct services under separate contracts with the Department. Community mental health services are integrated with other direct services and supports at the local level for individuals with special needs or those receiving services from multiple agencies, including children or adolescents and their families, persons with co-occurring disorders such as mental illness and substance use (alcohol or other drug dependence or abuse) disorders, and adults or children who are hospitalized or involved in the criminal justice system.

This service area also funds CSBs to support the implementation of conditional release orders, pursuant to § 19.2-182.7 of the Code of Virginia, for individuals who have been acquitted by reason of insanity.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  Community mental health services align directly with the agency's mission and are required to implement the agency's vision of a individual-driven system of services and supports that promotes individual self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life, including work, school, family, and other meaningful relationships.
- *Describe the Statutory Authority of this Service*
  Chapter 5 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of community services boards (CSBs) by local governments to provide community mental health services and authorizes the Department to fund CSBs.
  • § 37.2-500 authorizes the Department to provide funds to assist local governments in the provision of mental health services; it requires every city and county to establish or join a CSB; it specifies the core of services to be provided by CSBs; and it requires CSBs to function as the single points of entry into publicly funded mental health services.
  • § 37.2-505 requires CSBs to provide preadmission screening and discharge planning services.
  • § 37.2-508 requires the Department to negotiate the performance contracts through which it provides funds to CSBs to provide services pursuant to this chapter.
  • § 37.2-509 requires the Department to allocate available state-controlled funds to CSBs for disbursement in accordance with procedures established by the Department and performance contracts approved by the Department.

  Chapter 6 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of a behavioral health authority (BHA) by a specified city or county to provide community mental health services and authorizes the Department to fund a BHA.
  • § 37.2-601 authorizes the Department to provide funds to assist certain cities or counties in the provision of mental health services; it specifies the core of services to be provided by a BHA; and it requires a BHA to function as the single point of entry into publicly funded mental health services.
  • § 37.2-606 requires a BHA to provide preadmission screening and discharge planning services.
  • § 37.2-608 requires the Department to negotiate the performance contract through which it provides funds to a BHA to provide services pursuant to this chapter.
  • § 37.2-611 requires the Department to allocate available state-controlled funds to a BHA for disbursement in accordance with procedures established by the Department and performance contracts approved by the Department.

  Public Law 102-321 authorizes the federal Substance Abuse and Mental Health Services Administration to provide federal funds to the Department for community mental health services.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Individuals receiving CSB mental health services	Individuals with receiving CSB mental health services	101,796	107,868

Anticipated Changes To Agency Customer Base
o Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for the Commonwealth's behavioral health and developmental services system will change to reflect these demographic trends.

o The continued significant growth in Northern Virginia, Central Virginia, and Eastern Virginia will significantly increase the consumer base for community mental health services.

o Additional individuals will need services from peer-run initiatives and additional peers and family members will need education and training programs to achieve the Department's vision for the services system.

o Growing numbers of older adults will require community services to enable them to reside in their homes or other community placements. According to Mental Health: A Report of the Surgeon General (1999), almost 20 percent of the population 55 and older, or an estimated 337,345 Virginians (2005 Population Estimates), experience specific mental disorders that are not part of "normal" aging.

o Increasing numbers of veterans are returning to Virginia from Iraq and Afghanistan and are experiencing behavioral health issues. Based on current rates of diagnosis reported by the VA for recently discharged veterans seeking care at VA facilities, if historic trends in the veteran portion of Virginia's population continue, Virginia could face as much as a 15 to 20 percent surge in the number of behavioral health consumers over current levels.

o With the implementation of changes to Virginia's involuntary treatment laws which changed the "imminent danger" and

"inability to care for self" criteria (widely believed to be too restrictive and vague) to broader and clearer standards based on "substantial likelihood" of causing or suffering harm and included new mandatory outpatient treatment procedures, the numbers of individuals receiving court-ordered outpatient services will likely increase.

o Increasing numbers of individuals with co-occurring combinations of mental health or substance use disorders, developmental other related disabilities, chronic medical conditions, or behavioral challenges will demand specialized interventions and care.

o Individuals receiving behavioral health and development services have more complex medication regimes, or are experiencing serious medical conditions requiring specialized health services will require ongoing preventive care.

o Increasing numbers of adults and juveniles in the criminal justice system have identified behavioral health issues. Fifty to 75 percent of all youth in detention centers have at least one diagnosable behavioral health disorder. To address this issue, CSBs are providing services to children who have been identified as needing behavioral health services while they are in juvenile detention centers and linking them to ongoing services after they leave.

o Based on national epidemiological studies and 2008 Population by Age and Sex Estimates, the Department estimates that 327,474 Virginians adults have had a serious mental illness during the past year and between 87,529 and 106,980 children and adolescents have a serious emotional disturbance, with between 46,627 and 68,078 exhibiting extreme impairment. While not all of these individuals will seek services from the public sector, many of them will do so.

o Individual counts provided by CSBs for the 2010-2016 Comprehensive State Plan identify 6,072 individuals who are currently on waiting lists for community mental health services because they are not receiving needed services provided by or through CSBs. Virginia’s ongoing population growth will result in the need for additional community substance abuse services.

o Virginia Department of Education counts made on December 1,2008, identified 10,629 students age six to 22+ with a primary disability (as defined by special education law) of emotional disturbance who are receiving special education services.

o A January 2008 statewide one-day point-in-time count and found 8,610 homeless persons, of whom 1,635 individuals (19 percent of all persons who were homeless) had been homeless for a year or longer or had been homeless at least three times in the previous four years and also had a disabling condition (i.e., meeting the HUD definition of chronic homelessness).

Partners

Partner	Description
Community services boards and behavioral health authorities (CSBs):	The Department provides state and federal funds to the 40 CSBs to support the provision of community mental health services and supports. CSBs participate in central office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the public services system.
Federal agencies:	The Substance Abuse and Mental Health Services Administration provides grants of federal funds to the Department that support community mental health services, and it provides technical assistance to the Department and CSBs about requirements associated with the receipt of block grant funds that support the provision of community mental health services.
Individuals receiving services, family members, and advocacy organizations:	Individuals receiving services, advocacy organizations, and peer and family groups provide important feedback to the Department and CSBs on service needs, services, and policy, planning, and regulatory development activity for the public services system. Some peers and family members serve on CSB boards. Peer providers and consumer-run organizations provide very valuable services and supports for individuals receiving mental health services, and some advocacy organizations provide training and education for individuals and family members.
Local governments:	Local governments establish CSBs and approve their CSBs’ performance contracts with the Department. They also provide financial resources to the CSBs to match state funds, and, in some instances, may provide administrative services that are essential to CSBs’ efficient operation.
Other state and local agencies:	Local and state agencies, such as the Departments of Medical Assistance Services, Social Services, Health, Rehabilitative Services, and Housing and Community Development, school systems, and Area Agencies On Aging, provide or fund many services or supports that are critical to the success of community mental health services. These include Medicaid mental health services, auxiliary grants for assisted living facilities, Medicaid eligibility determinations, various social services, guardianship programs, health care, vocational training, and housing assistance that respond to the needs of individuals with mental illnesses or serious emotional disturbances.
Private providers (non-profit and for profit organizations):	Private providers are critical components of the publicly funded mental health services. Private providers deliver a significant portion of community mental health services across the state through contracts with CSBs.
Virginia institutions of higher education (universities, colleges, and community colleges):	The academic medical centers, academic programs of other colleges and universities, and community college courses offer education or training for the CSB and private provider workforce that provides community mental health services. The Virginia Human Services Training Program, a collaborative effort of the Department, Region Ten CSB, the Department of Rehabilitation Services, and Piedmont Virginia Community College offers graduates a career studies certificate in human services. Graduates are employed by CSBs.

Products and Services

- *Factors Impacting the Products and/or Services:*

  o Demands for community behavioral health and developmental services are expected to increase as Virginia's population grows.

  o As Virginia's population becomes more diverse, providers of community mental health services must improve their responsiveness to the needs of culturally and linguistically diverse groups.

o Implementation of the Virginia Supreme Court's Commission on Mental Health Law Reform's changes made to the criteria and procedures for emergency custody orders, temporary detention orders, involuntary commitment proceedings and other important measures will be promoted by the Department and disseminated to the field through training and technical assistance and may increase demand for inpatient and community-based services.

o Implementation of the Virginia Tech panel recommendations to expand the capacity of Virginia's public behavioral health services system to provide secure crisis stabilization programs, outpatient treatment services, and case management services will continue.

o Potential reductions in reimbursement rates for Medicaid mental health services would make it increasingly difficult to sustain essential core services offered by CSBs and private providers.

o Decreasing availability of qualified professionals, particularly direct care staff, makes it more difficult for CSBs and private providers to maintain or expand existing services or develop new services to address unmet demands for services or the need to adopt or develop new service modalities or approaches, such as evidenced-based practices.

o An increasing focus at federal and state levels on improving assessment, screening, and services for adults and adolescents with co-occurring substance use disorders and mental illnesses or serious emotional disturbances will increase the need and demand for integrated substance abuse and mental health services to treat these co-occurring disorders.

o The decreasing availability of adequate health insurance coverage for the treatment of mental illnesses and the increasing numbers of individuals without health insurance who do not qualify for Medicaid will increase the demand for services provided by CSBs that are supported with only state, local matching, or federal funds.

o A persistent lack of residential treatment services capacity adversely affects the services system's ability to address unmet service needs.

o Increasingly complex federal requirements to report treatment and prevention outcome data decrease staff time available to provide direct clinical services. For example, the National Outcome Measures require CSBs to collect and report outcome measures in at least six domains: abstinence, employment or education, crime and criminal justice, stability in housing, access to services, and retention in services, with other measures in other domains now under development.

- *Anticipated Changes to the Products and/or Services*

o Ongoing collaborative efforts with CSBs and other stakeholders to transform the public behavioral health and developmental services system will increase the need and demand for existing and new types of community mental health services and supports.

o Adoption and expanded use of pre-and post trial alternatives and community treatment services such as crisis intervention teams and crisis stabilization services to prevent behavioral health situations from requiring a criminal justice response.

o Adoption and expanded use of peer-provided and peer-run behavioral health direct services and supports.

o Implementation of trauma-informed emergency services.

o Continued development of strategies that implement person-centered practices.

o Implementation of new types of community outreach and services, and clinical practices that meet the needs of more culturally and linguistically diverse populations.

o Implementation of specialized services and supports for older adults with mental health disorders and integration of behavioral healthcare into primary care and other generalist settings.

o Implementation of new CSB responsibilities for CSB participation in the involuntary process and in coordination of care.

o Implementation of practice changes and community-based approaches through the Commonwealth's Children's Services System Transformation Initiative that build local service capacity, restructure existing services, assure intensive care coordination, and support community-based alternatives to detention.

o Continued emphasis on building and maintaining the requisite capacity to manage their utilization of state facility and community inpatient psychiatric beds. This will require increased staff and infrastructure to conduct extensive and complex utilization management and review activities, but this activity will result in much more effective and efficient use of expensive and scarce state and local hospital beds.

o The identification and adoption of evidence-based or consensus-determined best practices, such as assertive community treatment, supported employment, illness management and recovery services, peer-specialist staff, multi-systemic therapy, functional family therapy, therapeutic foster care, and systems of care for children and adolescents with serious emotional disturbances.

- *Listing of Products and/or Services*
  - Emergency services, including crisis intervention and preadmission screening
  - Local acute psychiatric inpatient services
  - Outpatient services, including therapy and counseling, medication services, and intensive in-home services
  - Assertive community treatment (PACT teams and ICT programs)
  - Case management services
  - Day treatment and partial hospitalization, including therapeutic day treatment for children and adolescents
  - Rehabilitation services, including psychosocial rehabilitation programs
  - Sheltered employment
  - Group supported employment
  - Individual supported employment
  - Highly intensive residential services, such as crisis stabilization programs and residential treatment centers

- Intensive residential services, such as group homes
- Supervised residential services, such as supervised apartments, domiciliary care, and sponsored placements
- Supportive residential services, such as supported living arrangements
- Prevention services
- Early intervention services
- Consumer-run services
- Consumer monitoring
- Assessment and evaluation services
- Motivational treatment services
- State or federal funds provided by the Department also support peer-provided services and consumer and family member education and training activities conducted by CSBs and consumer and advocacy groups.

Finance

- *Financial Overview*
  This area is funded with 94 percent general and 6 percent federal funds. The federal funds are from the Community Mental Health Services (CMHS) Block Grant that is passed through to community programs. CSBs also receive funds from other sources such as local funds, Medicaid, other fees, and other revenues. These funds are not appropriated by the Commonwealth and are not included in the Appropriation Act and, therefore, are not included in the following table.

  The information on the following tables is presented at the service area level. However, funding by fund source is appropriated at a higher program level. This results in the allocation of the non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. This methodology has been applied and is represented in these amounts.
- *Financial Breakdown*

FY 2011 FY 2012 FY 2011 FY 2012 FY 2011 FY 2012 FY 2011 FY 2012 FY 2011 FY 2012

	FY 2011 General Fund	FY 2011 Nongeneral Fund	FY 2012 General Fund	FY 2012 Nongeneral Fund
Base Budget	$160,446,270	$11,760,000	$160,446,270	$11,760,000
Change To Base	$9,819,665	$0	$9,819,665	$0
Service Area Total	$170,265,935	$11,760,000	$170,265,935	$11,760,000
Base Budget	$160,446,270	$11,760,000	$160,446,270	$11,760,000
Change To Base	$9,819,665	$0	$9,819,665	$0
Service Area Total	$170,265,935	$11,760,000	$170,265,935	$11,760,000
Base Budget	$160,446,270	$11,760,000	$160,446,270	$11,760,000
Change To Base	$9,819,665	$0	$9,819,665	$0
Service Area Total	$170,265,935	$11,760,000	$170,265,935	$11,760,000
Base Budget	$160,446,270	$11,760,000	$160,446,270	$11,760,000
Change To Base	$9,819,665	$0	$9,819,665	$0
Service Area Total	$170,265,935	$11,760,000	$170,265,935	$11,760,000
Base Budget	$160,446,270	$11,760,000	$160,446,270	$11,760,000
Change To Base	$9,819,665	$0	$9,819,665	$0
Service Area Total	$170,265,935	$11,760,000	$170,265,935	$11,760,000
Base Budget	$160,446,270	$11,760,000	$160,446,270	$11,760,000
Change To Base	$9,819,665	$0	$9,819,665	$0

Service Area Total	$170,265,935	$11,760,000	$170,265,935	$11,760,000

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		*breakout of Current Employment Level*
Full-Time Classified (Filled)		
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Implement community mental health services and supports that promote self-determination, resilience, recovery, and community participation and achieve the vision of a individual-driven system of services consistent with services system transformation.

  Objective Description

  The Department, its state facilities, CSBs, individuals receiving services and families, advocacy groups, and other stakeholders have been involved in a multi-year effort to restructure and transform the public mental health services system to fully implement the vision of an individual-driven system of services. These initiatives will increase individual and family member participation and involvement, the recovery orientation of providers, and the availability of services crucial to system transformation. System transformation initiatives emphasize the flexible use of resources by CSBs within regions in collaboration with their partners to develop and implement programs that meet their unique needs and circumstances within the larger framework and goals of the vision and the Integrated Strategic Plan. A key principle in any system transformation efforts is the retention within the system of any savings from cost avoidance or cost offsets to support those efforts and encourage additional transformation activities.

  Alignment to Agency Goals

  - Agency Goal: Fully implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving behavioral health and developmental services.
  - Agency Goal: Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
  - Agency Goal: Align administrative and funding incentives and organizational processes to support and sustain quality individually-focused care, promote innovation, and assure efficiency and cost-effectiveness.

  Objective Strategies

  - Provide an array of community mental health services to individuals with serious mental illness or with or at risk of emotional disturbance.
  - Continue to implement the Governor’s transformation initiative statewide.
  - Increase the capacity of Virginia’s behavioral health services system to provide secure crisis stabilization programs, outpatient treatment services, and case management services as recommended in the OIG investigation of the Virginia Tech tragedy.
  - Identify, and where appropriate, implement national and state service models that represent best and most promising practices across Virginia.
  - Expand access to integrated assessment and treatment services for individuals with co-occurring mental illnesses and substance use (alcohol or other drug dependence or abuse) disorders.
  - Promote the development of a comprehensive array of specialized prevention and treatment services and supports for older adults with mental health and substance use disorders.
  - Improve the level of consultation, collaboration, and integration among providers of mental health services around policy, funding, staffing, and programming issues.
  - Provide training to increase the basic knowledge and competency of public and private mental health services providers in the use of evidence-based and best practices.
  - Support the expansion and establishment of peer-run programs, including programs that address recovery issues of older adolescents and persons with co-occurring mental health and substance use disorders.
  - Implement a variety of training opportunities designed to increase the knowledge and skills of staff at all levels of state facilities and community provider organizations in implementing recovery, resilience, and person-centered principles and practices.

- Work with CSBs to implement the Recovery-Oriented System Indicators (ROSI) annually as part of an ongoing quality improvement process that assesses implementation of recovery and person-centered values and uses assessment results to track organizational culture change.
- Partner with DMAS to align Medicaid mental health services with recovery and person-centered principles and practices and maximize opportunities within the State Medical Assistance Plan to incorporate recovery and person-centered practices into Medicaid service definitions and provider manuals.
- Support efforts of the Children's Services System Transformation Initiative to enhance linkages with local schools to fill gaps and build community capacity and implement the continuum of services for children and adolescents.
- Develop and implement community services for youth who are transitioning from children's services to young adult (ages 17-21) services.
- Work with CSBs, community providers of aging services, and community organizations to raise their awareness of the behavioral health service needs of older adults and develop a comprehensive, community-based continuum of specialized services for older adults in Virginia.
- Provide jail diversion and jail and community-based treatment services that enhance Virginia's capacity to effectively intervene and prevent or reduce the involvement of individuals with mental health and substance use disorders in the criminal justice system.
- Work with the Consortium for Mental Health and Criminal Justice Transformation to support and enhance collaboration, education, and criminal justice-behavioral health partnerships at the state, regional, and local levels.
- Provide cross training for state facility and community clinicians and direct care workers aimed at identifying and appropriately responding to the needs of individuals with co-occurring intellectual disability and mental health disorders, clarifying service responsibilities and reconciling differences in language, philosophy, and expected outcomes among services providers.
- Support statewide implementation of instruments that enable the CSBs to assess the degree to which their organizations support the Comprehensive, Continuous, Integrated System of Care model.
- Identify core competencies required of professionals to meet the needs of individuals with co-occurring mental health and substance use disorders and provide training, technical assistance, and consultation to clinicians to increase their knowledge of and competencies in providing assessments, interventions, and integrated services to individuals with co-occurring mental health and substance use disorders.
- Partner with the Virginia Department of Veterans Services to assess existing and emerging service needs confronting veterans and their families, including PTSD and the behavioral health effects of traumatic injuries, provide specialized training to CSB clinicians on these challenges, and prepare for long term care requirements of veterans experiencing progressively adverse effects from traumatic injuries.
- Initiate implementation of the Suicide Prevention Across the Lifespan Plan for the Commonwealth of Virginia through suicide prevention training and awareness activities targeted to youth and adults.
- Collaborate with VHDA, DHCD, and other housing agencies in the design and implementation of affordable housing development plans for low-income and homeless Virginians with mental health or substance use disorders or intellectual disability.
- Continue to collaborate with the Disability Commission, DRS, DSS, DMAS, constituency groups, and other state agencies to address inter-agency financial and organizational barriers to implementing evidence-based practices of supported employment and identify funding streams for employment-related services and supports.
- Expand partnerships between providers of physical health and behavioral health and developmental services and support the development of formal agreements and cross-referral networks between CSBs and free clinics, federally funded health centers, and other providers of primary care services.
- Increase the capacity of the behavioral and developmental services system to provide culturally and linguistically appropriate services and supports to diverse populations across Virginia.
- Continue to support services provided by the regional coordinators to provide accessible behavioral health or developmental services resources to persons who are deaf, hard of hearing, late deafened, or deafblind.
- Support CSB efforts to acquire the staff expertise and infrastructure to conduct thorough utilization management and review of the psychiatric inpatient services that they use in state hospitals or purchase from local hospitals.
- Promote continuous quality improvement for the Department and behavioral health and developmental services system providers.

Link to State Strategy

- nothing linked

Objective Measures

- Number of individuals receiving crisis stabilization services

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 949 Date: 6/30/2007

  Measure Baseline Description: Number of consumers received Residential and Ambulatory Crisis Stablization Services

  Measure Target Value: 1234 Date: 6/30/2010

  Measure Target Description: Number of consumers received Residential and Ambulatory Crisis Stablization Services

  Data Source and Calculation: Source: Community Consumer Submission (CCS) and CSB quarterly progress reports Calculation: Total the number of consumers receiving crisis stabilization services provided by projects funded by the system transformation initiative.

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 11 of 15

Community Developmental Disability Services (720 445 07)

Description

Community Intellectual Disability Services funds public community intellectual disability services provided by 39 community services boards and one behavioral health authority, hereafter referred to as CSBs, throughout the Commonwealth. CSBs function as the single points of entry into the publicly funded services system. CSBs also provide preadmission screening of all requests for admission to training centers. Finally, each CSB provides discharge planning for all individuals who reside or will reside in cities or counties served by the CSB before they are discharged from training centers. CSB responsibilities for services to individuals and for other administrative and operational requirements are identified in, reported on, and monitored through community services performance contracts negotiated annually by the Department with each CSB and associated contract reports. Community intellectual disability services are integrated with other direct services and supports at the local level for individuals with special needs, those receiving services from multiple agencies, and individuals with co-occurring disorders such as an intellectual disability and a mental health disorder or an intellectual disability and a substance use (alcohol or other drug dependence or abuse) disorder.

This service area includes infant and toddler intervention (Part C) services, which are provided through contracts with local lead agencies (LLAs) across Virginia. LLA councils include representatives from a variety of agencies, including CSBs, serving infants and toddlers eligible for services under the Part C program. LLAs provide federally required information about Part C services to the Department through the Infants and Toddlers Online Tracking System (iTOTS).

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  Community intellectual disability and Part C services align directly with the Department's mission and are required to implement the vision of a consumer-driven system of services and supports that promotes an individual's self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life, including work, school, family, and other meaningful relationships.
- *Describe the Statutory Authority of this Service*
  Chapter 5 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of community services boards (CSBs) by local governments to provide community intellectual disability services and authorizes the Department to fund CSBs.
  • § 37.2-500 authorizes the Department to provide funds to assist local governments in the provision of intellectual disability services; it requires every city and county to establish or join a CSB; it specifies the core of services to be provided by CSBs; and it requires CSBs to function as the single points of entry into publicly funded intellectual disability services.
  • § 37.2-505 requires CSBs to provide preadmission screening and discharge planning services.
  • § 37.2-508 requires the Department to negotiate the performance contracts through which it provides funds to CSBs to provide services pursuant to this chapter.
  • § 37.2-509 requires the Department to allocate available state-controlled funds to CSBs for disbursement in accordance with procedures established by the Department and performance contracts approved by the Department.

  Chapter 6 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of a behavioral health authority (BHA) by a specified city or county to provide community intellectual disability services and authorizes the Department to fund a BHA.
  • § 37.2-601 authorizes the Department to provide funds to assist certain cities or counties in the provision of intellectual disability services; it specifies the core of services to be provided by a BHA; and it requires a BHA to function as the single point of entry into publicly funded intellectual disability services.
  • § 37.2-606 requires a BHA to provide preadmission screening and discharge planning services.
  • § 37.2-608 requires the Department to negotiate the performance contract through which it provides funds to a BHA to provide services pursuant to this chapter.
  • § 37.2-611 requires the Department to allocate available state-controlled funds to a BHA for disbursement in accordance with procedures established by the Department and performance contracts approved by the Department..

  Chapter 53 of Title 2.2 of the Code of Virginia establishes the Early Intervention Services System to implement Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and describes the lead agency's responsibilities. The Department is the lead agency and provides funds to local lead agencies (LLAs), which coordinate the provision of local infant and toddler intervention services.

  Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and 34 CFR 303.303.11-325 under the Individuals with Disabilities Education Act authorize the state to implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families. The federal Office of Special Education Programs provides federal funds to the Department, as the lead state agency for the Part C program, for these early intervention services.

  The Nursing Home Reform provisions of the Omnibus Budget Reconciliation Act of 1987 allow for preadmission screening evaluations and determinations for OBRA eligibility.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Individuals receiving CSB intellectual disability services	Individuals with intellectual disabilities served by the CSBs	25,053	31,511
Infants and toddlers and their families receiving Part C early intervention services	Infant and toddlers and their families served in Part C early intervention services	10,704	18,622

Anticipated Changes To Agency Customer Base
o Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for the Commonwealth's behavioral health and developmental services system will change to reflect these demographic trends.

o The continued significant growth in Northern Virginia, Central Virginia, and Eastern Virginia will significantly increase the

consumer base for community intellectual disability services.

o Growing numbers of individuals with older care givers who will require community intellectual disability services to enable them to continue to reside in their homes or other community placements.

o Community intellectual disability services providers are serving proportionately greater numbers of individuals with significant and complex services and supports needs. This includes individuals with co-occurring combinations of intellectual and mental health and substance use disorders and other related developmental disabilities who will require more complex, specialized services and supports.

o Anticipated significant increases in the number of private providers and service locations will affect the Department's ability to license programs and protect the safety and human rights of individuals receiving services.

o Based on national research on the prevalence of intellectual disability and 2008 Population by Age and Sex Estimates, the Department estimates that 71,526 individuals age 6 and over in Virginia have an intellectual disability. Approximately 18,495 infants, toddlers, and young children (birth through age 5) have developmental delays requiring early intervention services. While not all of these individuals will seek services from the public sector, many of them will do so.

o Individual counts provided by CSBs for the 2010-2016 Comprehensive State Plan identify 6,458 individuals who are currently on waiting lists for community intellectual disability services because they are not receiving needed services provided by or through CSBs. Virginia's ongoing population growth will result in the need for additional community intellectual disability services.

o On August 4, 2009, there were 4,823 individuals on the Statewide Waiting List for ID waiver Services, 2,518 were on the urgent waiting list and 2,316 were on the non-urgent list.

o The Department had employed a specialist in autism services and a specialist in general developmental disabilities to concentrate on promotion of employment and housing initiatives and non-waiver funded service development for these populations. Approximately 139,844 individuals in Virginia have a developmental disability and 1 in 150 have an autism spectrum disorder.

o Virginia Department of Education counts made on December 1,2008, identified 10,863 students age six to 22+ with a primary disability (as defined by special education law) of intellectual disability who are receiving special education services. Counts for children age three to five identified 7,605 children who had a developmental disability and 881 children with autism spectrum disord

Partners

Partner	Description
Community services boards and behavioral health authorities (CSBs):	The Department provides state funds to the 40 CSBs to support the provision of community intellectual disability services and supports. CSBs participate in central office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the public services system.
Federal agencies:	The Office of Special Education Programs in the Department of Education provides grants of federal funds to the Department that support Part C early intervention services for infants and toddlers and their families, and the office provides technical assistance to the Department and LLAs about requirements associated with the receipt of grant funds that support the provision of these services.
Individuals receiving services, family members, and advocacy organizations:	Individuals receiving services, advocacy organizations, and individual and family groups such as the Arc of Virginia, Parents and Associates of the Institutionalized Retarded (PAIR), and the Partnership for People with Disabilities, individually and through the Advisory Consortium on Intellectual Disabilities (TACID), provide important feedback to the Department and CSBs on service needs, services, and policy, planning, and regulatory development activity for the public services system. Some individuals and family members serve on CSB boards .
Local governments:	Local governments approve their CSBs' performance contracts, which provide the basis for funding community intellectual disability services. They also provide financial resources for those services through the local matching funds that they appropriate to their CSBs, pursuant to §§ 37.2-509 and -611 of the Code of Virginia.
Other federal, state and local agencies:	Local and state agencies, such as the Centers for Medicare and Medicaid Services (CMS) and Departments of Medical Assistance Services (DMAS), Social Services, Health, Rehabilitative Services, and Housing and Community Development, school systems, and area agencies on aging provide or fund many services or supports that are critical to the success of community intellectual disability services. These include Medicaid ID waiver services, auxiliary grants for assisted living facilities, Medicaid/Medicare eligibility determinations, various social services, guardianship programs, health care, vocational training, and housing assistance that respond to the needs of individuals with intellectual disability. Many of these agencies also participate in Part C local lead agencies (LLAs) and provide services to infants and toddlers in Part C services.
Private providers (for profit and non-profit organizations):	Private providers are critical components of the publicly funded intellectual disability services. Private providers deliver a significant portion of community intellectual disability services through contracts with CSBs. Many private providers deliver Medicaid ID waiver services directly to individuals, pursuant to individualized plans of care developed and approved by CSBs. Private providers also offer important feedback to the Department and CSBs on service needs, services, and policy, planning, and regulatory development activity for the public services system through organizations like the Virginia Network of Private Providers and vaACCESS.
Virginia institutions of higher education (universities, colleges, and community colleges):	The academic medical centers, academic programs of other colleges and universities, and community college courses offer education or training for the CSB and private provider workforce that provides community intellectual disability services.

Products and Services

- *Factors Impacting the Products and/or Services:*

o Demands for community behavioral health and developmental services are expected to increase as Virginia's population grows.

o Through cooperative efforts of several state agencies, the Commonwealth has increased the number of ID waiver slots available to individuals. The Department continues to work closely with DMAS to enhance the waiver program, with the recent approval by CMS of the ID waiver five-year renewal, upcoming promulgation of related emergency regulations and policy manual. .

o As Virginia's population becomes more diverse, providers of community intellectual disability services must improve their responsiveness to the needs of culturally and linguistically diverse groups.

o The increasing age of care givers for individuals with intellectual disability will increase future demand for alternative housing and structured support options as the large cohort of baby boomer parents become too old or disabled to continue their care giving responsibilities or they die.

o Potential reductions in reimbursement rates for Medicaid intellectual disability services would make it increasingly difficult to sustain essential core services offered by CSBs and private providers.

o Decreasing availability of qualified professionals, particularly direct support staff, make it difficult to maintain or expand existing services or develop new services to address unmet demands for services, to deliver quality services, to maintain persons with the greatest challenges in the community, or to develop new service modalities or approaches, such as evidence-based practices. Community-based practitioners of positive behavioral supports, along with a better trained and more stable direct support work force are critical needs throughout the state.

o An increasing focus at federal and state levels on improving assessment and screening of adults and children with co-occurring disorders will increase demands for integrated services to treat these co-occurring conditions.

o A persistent lack of residential treatment services capacity adversely affects the services system’s ability to address unmet service needs.

- *Anticipated Changes to the Products and/or Services*

o The Department continues to advocate for the implementation of the 2007 Mental Retardation Services System Study recommendations in order to expand Virginia’s investment in ID services (both waiver and non-waiver) and increase the flexibility and quality of those services. The study proposes to implement changes in consort with the recent award of a CMS Money Follow the Person initiative, thus maximizing the benefit of additional federal dollars to help Virginia build community capacity. In addition, the Money Follows the Person (MFP) demonstration project has resulted in 42 individuals exiting institutions for community-based services in the past year, with more to follow in the next few years.

o The Systems Transformation Grant (STG), a collaborative effort between the Department, DMAS and several other state agencies, has resulted in the development and adoption of a person-centered plan and process for statewide use, statewide training on the plan, processes and “person-centered thinking.” Future anticipated STG-related developments include additional training across the state to reach all providers and the development of an electronic preauthorization/wait-list/ enrollment system for the ID and Day Support waivers.

o The Department’s ongoing collaborative efforts with CSBs and other stakeholders to transform the public services system will increase the need and demand for existing and new types of community intellectual disability services as state training center capacity continues to be reduced, through the MFP project and legislatively required downsizing of SEVTC, while community service capacity is increased.

o The identification and adoption of evidence-based best practices, such as the implementation of the Supports Intensity Scale and person-centered processes, will require additional resources to implement, monitor, and evaluate these practices and services.

o Pressures to increase the capacity and quality of community-based services will continue. While the Commonwealth has consistently identified funds to expand the number of Medicaid ID waiver slots, the ID waiver urgent waiting list is projected to grow. Approximately 2,000 students graduate annually from special education classes and need community ID services. 167 individuals in nursing homes are currently receiving OBRA services, although funding for their services has been decreased recently due to budget cuts.

o CSBs also serve a large number of infants and toddlers in programs funded by the local lead agencies (LLAs) through the Part C program. The number of infants and toddlers is expected to grow over the biennium as a result natural population growth, better outreach and case finding efforts, and enhanced Part C child find activities.

o Demand for family support services, which keep these families intact and reduce the need for costly out-of-home placements, is expected to grow over the biennium.

o Changes in the infrastructure from a more facility-based system of care to a system of more community services and supports will continue to cause dramatic increases in the number of licensed providers of community ID services. This increase in new providers and emerging evidence-based practices will require increased training of personnel in order to maintain minimum standards of quality.

- *Listing of Products and/or Services*
  - Outpatient services, including behavioral management and consultation and medication services
  - Case management services
  - Habilitation services
  - Sheltered employment
  - Group supported employment
  - Individual supported employment
  - Highly intensive residential services, such as community ICF/MR programs
  - Intensive residential services, such as group homes
  - Supervised residential services, such as supervised apartments, domiciliary care, and sponsored placements
  - Supportive residential services, such as in-home respite care and supported living arrangements
  - Prevention services
  - Early intervention services

- Consumer monitoring
- Assessment and evaluation services
- Medicaid ID waiver services reimbursed by the DMAS.
- Infant and toddlers intervention services (Part C), including audiology, family training, counseling and home visits, health, medical, nursing, nutrition, occupational therapy, physical therapy, special instruction, psychological, speech-language pathology, vision, and transportation services

Finance

- *Financial Overview*
  This area is funded with 73 percent general and 27 percent federal funds. The federal funds are from the Program for Infants and Toddlers with Disabilities (Early Intervention) grant that is passed through to community programs. CSBs also receive funds from other sources such as local funds, Medicaid, other fees, and other revenues. These funds are not appropriated by the Commonwealth and are not included in the Appropriation Act and, therefore, are not included in the following table.

  The information on these tables is presented at the service area level. However, funding by fund source is appropriated at a higher program level. This results in the allocation of the non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. This methodology has been applied and is represented in these amounts.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund								
Base Budget	$28,764,805	$9,324,795	$28,764,805	$9,324,795								
Change To Base	-$3,884,804	$35,000	-$3,884,804	$35,000								
Service Area Total	$24,880,001	$9,359,795	$24,880,001	$9,359,795								
Base Budget	$28,764,805	$9,324,795	$28,764,805	$9,324,795								
Change To Base	-$3,884,804	$35,000	-$3,884,804	$35,000								
Service Area Total	$24,880,001	$9,359,795	$24,880,001	$9,359,795								
Base Budget	$28,764,805	$9,324,795	$28,764,805	$9,324,795								
Change To Base	-$3,884,804	$35,000	-$3,884,804	$35,000								
Service Area Total	$24,880,001	$9,359,795	$24,880,001	$9,359,795								
Base Budget	$28,764,805	$9,324,795	$28,764,805	$9,324,795								
Change To Base	-$3,884,804	$35,000	-$3,884,804	$35,000								
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Base Budget	$28,764,805	$9,324,795	$28,764,805	$9,324,795								
Change To Base	-$3,884,804	$35,000	-$3,884,804	$35,000								
Service Area Total	$24,880,001	$9,359,795	$24,880,001	$9,359,795								

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date	
Total Authorized Position level	0
Vacant Positions	0

Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Implement community intellectual disability services and supports that promote self-determination and community participation and achieve the vision of an individual-driven system of services consistent with services system transformation.

  Objective Description

  The Department, its state facilities, CSBs, individuals receiving services and families, advocacy groups, and other stakeholders have been involved in a multi-year effort to restructure and transform the public intellectual disability services system to fully implement the vision of an individual-driven system of supports. These initiatives will increase individual and family member participation and involvement, the self-determination orientation of providers, and the availability of services crucial to system transformation. These initiatives also will assist in the transition of individuals from state training centers to community services through funding start up costs for ID waiver services and support of guardianships for individuals who need them. System transformation initiatives also will have a dramatic impact on reducing the extremely large projected capital needs identified for training centers operated by the Department. System transformation initiatives emphasize the flexible use of resources by CSBs within regions in collaboration with their partners to develop and implement programs that meet their unique needs and circumstances within the larger framework and goals of the vision and the Integrated Strategic Plan. A key principle in any system transformation efforts is the retention within the system of any savings from cost avoidance or cost offsets to support those efforts and encourage additional transformation activities.

  Alignment to Agency Goals

  - Agency Goal: Fully implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the system through policy and practices that reflect the unique circumstances of individuals receiving behavioral health and developmental services.
  - Agency Goal: Expand and sustain services capacity necessary to provide services when and where they are needed, in appropriate amounts, and for appropriate durations.
  - Agency Goal: Align administrative and funding incentives and organizational processes to support and sustain quality individually-focused care, promote innovation, and assure efficiency and cost-effectiveness.
  - Agency Goal: Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

  Objective Strategies

  - Establish intensive community capacity and behavioral consultation services that promote community integration and provide alternatives to training center admissions.
  - Expand the number of guardianships CSBs support for individuals who require substitute decision makers to facilitate their transition from training centers to community services or to enable them to receive services for which informed consent is required.
  - Support efforts to screen and refer children who are between 0-3 years old and who may exhibit or are “at-risk” for developmental delay or mental health issues
  - Increase the number of individuals receiving ID waiver services to address current waiting lists.
  - Build community housing capacity that will enable residents of Southeastern Virginia Training Center and Central Virginia Training Center to move to the community.
  - Increase opportunities at the system and individual levels for individuals and family members to determine the developmental services and supports they receive.
  - Work with DMAS to implement the ID and DD waivers in a manner that is flexible and responsive to the needs of individuals with intellectual or developmental disabilities.
  - Pursue opportunities to move forward in the development of a more comprehensive developmental disabilities system through ongoing dialogue with DMAS concerning the ID and DD waivers and promotion of autism spectrum disorder and developmental disability employment and housing initiatives.
  - Expand Part C early intervention services for infants and toddlers (ages 0-3) and their families to prevent or alleviate later developmental or learning problems
  - Develop innovative ways to serve children and adults who have intellectual disabilities but who are not eligible for the ID waiver.
  - Develop and implement community services for youth who are transitioning from children’s services to young adult (ages 17-21) services.
  - Support training efforts across systems to increase providers’ knowledge regarding best practices, development of person-centered-environments, and necessary skill development.
  - Implement the Service Intensity Scale (SIS) and person-centered planning practices for individuals receiving developmental services.
  - Provide cross training for state facility and community clinicians and direct care workers aimed at identifying and appropriately responding to the needs of individuals with co-occurring intellectual disability and mental health

disorders, clarifying service responsibilities and reconciling differences in language, philosophy, and expected outcomes among services providers.

- Increase the capacity of the behavioral and developmental services system to provide culturally and linguistically appropriate services and supports to diverse populations across Virginia.
- Collaborate with VHDA, DHCD, and other housing agencies in the design and implementation of affordable housing development plans for low-income and homeless Virginians with mental health or substance use disorders or intellectual disability.
- Promote continuous quality improvement for the Department and behavioral health and developmental services system providers.
- Improve the level of consultation, collaboration, and integration among providers of intellectual disability services and other community supports around policy, funding, staffing, and programming issues.

Link to State Strategy

- nothing linked

Objective Measures

- Number of individuals who are endorsed to provide Positive Behavioral Support consultation

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Up

  Measure Baseline Value: 16 Date: 6/30/2007

  Measure Baseline Description: Number of individuals endorsed to provide PBS consultation

  Measure Target Value: 75 Date: 6/30/2012

  Measure Target Description: Number of individuals endorsed to provide PBS consultation

  Data Source and Calculation: Source: Number of individuals endorsed through the Partnership For People With Disabilities Calculation: People successfully completing the endorsement process

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 12 of 15

Facility Administrative and Support Services (720 498 00)

Description

Facility Administrative and Support Services consist of general management and direction, computer services, food and dietary services, housekeeping services, linen and laundry services, physical plant services, power plant operations, and training and education services. These functions support the overall mission of each state hospital and training center. Facility administration and support services provide the foundation for the provision of quality behavioral health and developmental services in an inpatient environment.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  Facility Administrative and Support Services support the mission of the Department by providing the administrative framework that promotes quality patient or resident care in a safe and clean environment. Each of the components of this service area accomplishes this in a different way but the general focus is the same regardless of the support service. General management and direction and computer services activities support quality inpatient care by providing leadership, assuring compliance with administrative and financial requirements, and supporting an overall facility environment that is safe and conducive to quality treatment or habilitation. Food and dietary services, housekeeping services, and laundry and linen services provide for an environment that is safe, sanitary, and healthy for patients or residents and state facility staff. Physical plant services and power plant services serve to provide a safe and healthy environment by ensuring that buildings are free of dangerous hazards and comfortably heated and cooled, and by ensuring that preventive maintenance is performed on a regular basis. Training and education services ensure that all facility staff are properly trained and possess the latest tools for providing quality care to patients and residents. All of these functions, taken together, serve to help the Department achieve its vision of consumer-focused services and supports that promote consumer self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life.
- *Describe the Statutory Authority of this Service*
  Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services.
  • § 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state facilities, including facility administrative and support services.

  Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state facilities, including facility administrative and support services.
  • § 37.2-703 authorizes the Commissioner to prescribe a system of records, accounts, and reports of how money is received and disbursed and of consumers admitted to or residing in each state facility;
  • § 37.2-704 authorizes the Commissioner to receive and expend social security and other federal payments for consumers in state facilities; and
  • §§ 37.2-717 through 37.2-721 direct the Department to investigate and determine which consumers or parents, guardians, conservators, trustees, or other persons legally responsible for consumers are financially able to pay for care; to assess or contract with such individuals to recover expenses; and to pursue payment of such expenses.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Individuals receiving inpatient services provided on state hospital medical/surgical units	Adults served in state hospitals	4,725	5,748
Individuals receiving inpatient services provided on state hospital medical/surgical units	Children and adolescents served in state hospitals	581	764
Individuals civilly committed to the Virginia Center for Behavioral Rehabilitation (VCBR)	Individuals meeting SVP criteria and civilly committed to the Virginia Center for Behavioral Rehabilitation (VCBR)	150	300
Individuals receiving state training center services and supports	Individuals served in state training centers	1,386	1,500
Individuals with active criminal justice system involvement receiving secure forensic services	Individuals with active criminal justice system involvement who require secure forensic services	1,472	1,766
Individuals receiving inpatient services provided by Hiram Davis Medical Center	Patients at Hiram Davis Medical Center	122	150
Older adults (65 and older) receiving state hospital services	Senior adults (65 and older) receiving services in state hospitals	701	785
State facility employees	State facility employees	9,091	10,000

Anticipated Changes To Agency Customer Base
The development of more community services may decrease state facility census and may lessen the demand for facility administrative and support services.

Partners

Partner	Description
Community services boards and behavioral health authority (CSBs):	The Department provides state and federal funds to the 40 CSBs to support the provision of behavioral health and developmental services and supports.
Department of Accounts:	This agency provides accounting and processing services for each state facility along with policy guidance, financial reporting guidance and payroll expertise. Each state facility performs its own accounting and

	finance functions, but relies upon the Department of Accounts to serve as its policy arm.
Department of General Services:	This agency provides guidance regarding state facility physical plant services and building maintenance.
Department of Health:	This agency provides overall sanitation standards and regulates these standards particularly as they relate to facility food services operations.
Department of Human Resource Management:	This agency provides policy guidance to Human Resource officers at each state facility.
Department of Medical Assistance Services:	This agency provides reimbursement to each state facility for Medicaid eligible patients or residents. Medicaid reimbursement accounts for 43 percent of the state facility budgets.
Department of Planning and Budget:	The Department of Planning and Budget provides budget planning and finance expertise to the Department overall and each facility. This technical relationship helps each state facility to achieve its mission.
Department of Rehabilitative Services:	This agency provides guidelines for addressing accessibility issues in state facility buildings.
Departmental Central Office:	The central office provides oversight and internal auditing functions related to all state facilities. It also provides reimbursement services involving the billing and collection of third party reimbursement. This revenue represents a large part of most state facility budgets.
Other regulatory agencies:	These include agencies such as the Department of Environmental Quality (boiler inspections) and the local Fire Marshall (building safety).

Products and Services

- *Factors Impacting the Products and/or Services:*
  o The workforce of state facilities is aging just as the state workforce in general. This is particularly true of the facility workforce for facilities in rural areas where staff turnover is less than in more urban areas. Recruitment and retention of the facility workforce of the future will be a challenge.

  o New requirements in Governor's Executive Orders and changes in regulations from external agencies such as DOA, DHRM, DPB, DGS, and additional workload requirements, often unfunded, from federal or state agencies could affect state facility administrative and support services. Changes in the Department's regulations related to human rights also could affect state facility administrative and support services.

  o Individuals with more complex and severe medical disabilities will place additional demands on facility support services such as special diets, additional laundry services, more frequent housekeeping, and specialized safety and security.

  o The continuing economic downturn affecting the Commonwealth has significantly limited the ability of state facilities to hire the number of staff needed to accomplish the objectives of the service.

  o As state facilities are replaced, administration and support needs will change as a result of the new acreage and new facility structure and the configuration of buildings and units (e.g., building layout, number of units, energy and technological processes).

  o Facility administrative and support services also may be affected by the rapidly changing healthcare environment, annual increases in health care costs, facility relationships with VITA and implementation of technological changes such as the electronic health record, and future potential outsourcing of state facility administrative and support functions.

  o Facility building renovation needs driven by building code changes and aging capital equipment also could affect state facility administrative and support functions.
- *Anticipated Changes to the Products and/or Services*
  o Potential further consolidations of administrative functions and administrative service sharing across facilities to achieve administrative efficiencies or cost reductions.

  o Continuing efforts to reduce the energy consumed by modernizing the energy delivery systems, improving laundry operations, and using renewable energy sources.

  o Potential privatization of specific services.
- *Listing of Products and/or Services*
  - Administrative leadership and regulatory compliance
  - Information technology support
  - Food services for state facility patients and residents
  - Housekeeping services to ensure a clean and safe environment
  - Linen and laundry services
  - Physical plant services, including building maintenance and security services
  - Power plant operations
  - Employee training and education services

Finance

- *Financial Overview*
  This service area is funded with 48 percent general funds and 52 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to indirect services costs of patient care. Less than one-half percent of total non-general funds are federal grant funds for the National School Lunch, National School Breakfast, and the Virginia Department of Agriculture and Consumer Services Federal Food Distribution programs.

  Note: The information on the following tables is presented at the service area level. However, funding by fund source is appropriated at a higher program level. This results in the allocation of the non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. This methodology has

been applied and is represented in these amounts.

- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012	FY 2011	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund						
Base Budget	$81,673,162	$85,528,121	$81,673,162	$85,528,121						
Change To Base	-$2,415,707	$0	-$2,415,707	$0						
Service Area Total	$79,257,455	$85,528,121	$79,257,455	$85,528,121						
Base Budget	$81,673,162	$85,528,121	$81,673,162	$85,528,121						
Change To Base	-$2,415,707	$0	-$2,415,707	$0						
Service Area Total	$79,257,455	$85,528,121	$79,257,455	$85,528,121						
Base Budget	$81,673,162	$85,528,121	$81,673,162	$85,528,121						
Change To Base	-$2,415,707	$0	-$2,415,707	$0						
Service Area Total	$79,257,455	$85,528,121	$79,257,455	$85,528,121						
Base Budget	$81,673,162	$85,528,121	$81,673,162	$85,528,121						
Change To Base	-$2,415,707	$0	-$2,415,707	$0						
Service Area Total	$79,257,455	$85,528,121	$79,257,455	$85,528,121						

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Provide efficient and effective administration and support to inpatient services provided within each state hospital and training center.

  Objective Description

  Efficient and effective administration and support services must be in place if state facilities are to provide quality services in a safe and healthy environment.

  Alignment to Agency Goals

  - Agency Goal: Align administrative and funding incentives and organizational processes to support and sustain quality individually-focused care, promote innovation, and assure efficiency and cost-effectiveness.
  - Agency Goal: Assure that services system infrastructure and technology efficiently and appropriately meet the needs of individuals receiving publicly funded behavioral health and developmental services and supports.

- Agency Goal: Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.

Objective Strategies

- Continue to adhere to Prompt Payment Act, small purchase care usage, Payline participation, direct deposit participation regulatory and compliance requirements.
- Comply with all HIPAA Privacy and Security Rule requirements.
- Adhere to Health Department regulations pertaining to state facility food services operations, overall sanitation, and cleanliness.
- Adhere to all safety regulations as prescribed by the local Fire Marshall pertaining to building safety.
- Adhere to all safety regulations as prescribed by the Department of Environmental Quality pertaining to boiler inspections.
- Procure equipment so that proper state facility maintenance and support activities occur and safety and effective services are not compromised.
- Develop a succession-planning process for each facility that includes communication and recruitment strategies, identifies anticipated vacancies, determines critical positions, establishes current and future competencies, creates leadership transition/development activities, and evaluates succession management.
- Continue to assess opportunities for additional energy savings projects, modernize facility energy delivery systems, and use renewal energy sources.

Link to State Strategy

- nothing linked

Objective Measures

- Prompt Payment Act compliance rate

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

  Frequency Comment: Fiscal year

  Measure Baseline Value: 95 Date: 6/30/2005

  Measure Baseline Description: The Department achieved 95 % compliance across all state facilities

  Measure Target Value: 100 Date: 6/30/2012

  Measure Target Description: The Department achieved 95 % compliance across all state facilities

  Data Source and Calculation: Source: Department of Accounts prompt payment compliance reports Calculation: Divide the number of state facilities that have met the 95% compliance rate by the total number of state facilities.

- The daily cost to serve patients and residents in state facilities

  Measure Class: Productivity Measure Frequency: Quarterly Preferred Trend: Maintain

  Measure Baseline Value: 534.41 Date: 6/30/2008

  Measure Baseline Description: Direct per diem expenses for patients/residents in FY 08.

  Measure Target Value: 534.41 Date: 6/30/2012

  Measure Target Description: Direct per diem expenses for patients/residents.

  Data Source and Calculation: Total expenses incurred for state facility services year to date divided by the number of days that patients and residents reside in state facilities year to date. This measure will be calculated quarterly, recognizing factors that may produce spikes in quarterly per diem rates, which include purchases of inventoried items such as pharmaceuticals, food purchases, and energy raw materials such as fuel oil and natural gas. Purchase of these items, when incurred, will increase per diem costs in that period then reduce per diem costs in subsequent periods. Facility census patterns also will influence per diem costs.

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 13 of 15

Administrative and Support Services (720 499 00)

Description

Administrative and Support Services include functions of the central office, which provides leadership and strategic and policy direction to the publicly funded behavioral health and developmental services system. The central office oversees the operation of the nine state hospitals, five training centers, a medical center, and a residential treatment program for sexually violent predators. It provides general guidance and technical assistance to, negotiates contracts with, and funds the 39 CSBs and one behavioral health authority, hereafter referred to as CSBs; protects the human rights of consumers in services licensed, operated, or funded by the Department; develops comprehensive and strategic plans; provides financial management and controls for all state and federal funds appropriated to and allocated through the Department; defines performance measures for the public services system; conducts program and financial audits; performs quality and compliance assurance activities; and performs workforce management and development activities. It also coordinates terrorism and disaster behavioral health preparedness, response, and recovery activities for the service system.
The central office administers three programs:
• A Juvenile Competency Restoration Program that provides competency evaluations and treatment services to restore competency to stand trial of juveniles under criminal charge in Juvenile and Domestic Relations courts;
• A community-based Conditional Release program for individuals who have been found by the courts to be sexually violent predators but who do not need secure residential care; and
• The Pre-Admission Screening and Resident Review process required by the Nursing Home Reform provisions of OBRA 87.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  Central office administrative and support services are required to meet the operational needs of the Department and to implement the agency's vision of services and supports that promote consumer self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life, including work, school, family, and other meaningful relationships.
- *Describe the Statutory Authority of this Service*
  State Statutes

  Chapter 2 of Title 37.2 of the Code of Virginia establishes the State Board of Behavioral Health and Developmental Services.
  • § 37.2-200 authorizes the employment of a secretary to assist in the Board's administrative duties; and
  • § 37.2-202 outlines the powers and duties of the Board, which include establishing programmatic and fiscal policies governing the operations of state facilities and community services boards (CSBs), adopting regulations, ensuring development of long-range programs and plans for mental health, mental retardation, and substance abuse services, ensuring development of public education programs, reviewing and commenting on Department budget requests, advising the Governor, Commissioner, and General Assembly, and ensuring that the Department assumes the responsibility for providing for education and training of school-age consumers in state facilities.

  Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services.
  • § 37.2-300 establishes the Department in the executive branch under the supervision and management of the Commissioner;
  • § 37.2-304 outlines the duties of the Commissioner;
  • § 37.2-306 directs the Commissioner to promote research into the causes of behavioral health and developmental services throughout the Commonwealth;
  • § 37.2-308 directs the Department to report data related to child and adolescent inpatient acute care psychiatric and residential treatment beds;
  • §§ 37.2-309 through 37.2-311 prescribes powers and duties of the Department related to substance abuse, including the establishment of an Office of Substance Abuse Services;
  • § 37.2-314 directs the Department to conduct background checks of state facility employees;
  • § 37.2-315 directs the Department to develop and biennially update a six-year Comprehensive State Plan for mental health, mental retardation, and substance abuse services;
  • § 37.2-316 directs the Commissioner to establish community consensus and planning teams for system restructuring in instances where a state hospital may be closed or converted to another use; and
  • §§ 37.2-318 and 37.2-319 establish the Mental Health, Mental Retardation, and Substance Abuse Services Trust Fund and outline the responsibilities of the Commissioner to administer the fund.

  Chapter 4 of Title 37.2 of the Code of Virginia describes the protections available to individuals receiving behavioral health and developmental services, including their human rights.
  • § 37.2-400 defines the human rights of consumers and the regulatory responsibilities of the Department to protect these rights; and
  • § 37.2-402 directs the Commissioner to report on human research projects.

  Chapter 5 of Title 37.2 of the Code of Virginia authorizes the Department to fund community services boards (CSBs) to provide community mental health, mental retardation, and substance abuse services.
  • § 37.2-500 authorizes the Department to provide funds to assist local governments in the provision of mental health, mental retardation, and substance abuse services.
  • § 37.2-508 requires the Department to negotiate the performance contracts through which it provides funds to CSBs and provides for performance monitoring by the Department of CSBs' compliance with their contracts.
  • § 37.2-509 requires the Department to allocate available state-controlled funds to CSBs.

  Chapter 6 of Title 37.2 of the Code of Virginia authorizes the Department to fund a behavioral health authority (BHA) to provide community mental health, mental retardation, and substance abuse services.
  • § 37.2-601 authorizes the Department to provide funds to assist certain cities or counties in the provision of mental health, mental retardation, and substance abuse services.
  • § 37.2-608 requires the Department to negotiate the performance contract through which it provides funds to a BHA and provides for performance monitoring by the Department of a BHA's compliance with its contract.
  • § 37.2-611 requires the Department to allocate available state-controlled funds to a BHA.

Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state hospitals and training centers (state facilities).
• § 37.2-700 authorizes the Commissioner to determine the need for and design of any new state facility, to construct any new building at an existing state facility, and to employ architects and other experts or hold competitions for plans and designs for such purposes;
• § 37.2-701 authorizes the Commissioner to examine the condition of state facilities operated by the Department;
• § 37.2-703 authorizes the Commissioner to prescribe a system of records, accounts, and reports of how money is received and disbursed and of consumers admitted to or residing in each state facility;
• § 37.2-704 authorizes the Commissioner to receive and expend social security and other federal payments for consumers in state facilities;
• § 37.2-707 authorizes the Commissioner to employ state facility directors;
• § 37.2-711 authorizes the Department and state facilities to exchange consumer-specific information for former and current consumers with CSBs to monitor the delivery, outcome, and effectiveness of services;
• §§ 37.2-717 through 37.2-721 direct the Department to investigate and determine which consumers or parents, guardians, conservators, trustees, or other persons legally responsible for consumers are financially able to pay for care; to assess or contract with such individuals to recover expenses; and to pursue payment of such expenses.

Chapter 26 of Title 2.2 of the Code of Virginia establishes the Substance Abuse Services Council as an advisory council in the executive branch of state government.
• § 2.2-2690 and 2.2-2691 establish the Substance Abuse Services Council to coordinate the Commonwealth's public and private efforts to control substance abuse, require the Office of Substance Abuse Services of the Department of Behavioral Health and Developmental Services to provide staff assistance to the Council, and require a Comprehensive Interagency State Plan

Chapter 53 of Title 2.2 of the Code of Virginia establishes the Early Intervention Services System to implement Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and describes the lead agency's responsibilities. The Department is the lead agency.
Federal Statutes
• Public Law 102-321 authorizes the federal Substance Abuse and Mental Health Services Administration to provide federal funds to the Department for community mental health services.
• The Nursing Home Reform provisions of the Omnibus Budget Reconciliation Act of 1987 allow for preadmission screening evaluations and determinations for OBRA eligibility.
• Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and 34 CFR 303.303.11-325 under the Individuals with Disabilities Education Act authorize the state to implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families. The Individuals with Disabilities Education Act also defines who receives special education services in state facilities.
• Sections 1921-1954 of the Public Health Services Act authorize the federal Substance Abuse Treatment and Prevention (SAPT) Block Grant, providing federal funds to the Department for community substance abuse treatment and prevention services.
• The federal Centers for Medicaid and Medicare (CMS) certifies all ICF/MR beds in training centers operated by the Department and acute care beds and skilled nursing beds at the CVTC.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Community services boards and the behavioral health authority (CSBs)	Community services boards and behavioral health authority (CSBs)	40	40
Individuals meeting SVP criteria and conditionally released for SVP treatment	Individuals meeting SVP criteria and conditionally released for SVP treatment	166	600
Juveniles requiring restoration to competency treatment services	Juveniles requiring restoration to competency treatment services	121	175
Members, State Behavioral Health and Developmental Services Board	Members State Behavioral Health and Developmental Services Board	9	9
Nursing homes	Nursing homes	178	178
Providers licensed by the Department (including CSBs and other public and private providers)	Providers licensed by the Department (including CSBs, other public, and private providers)	612	750
State hospitals and training centers	State hospitals and training centers	16	16
Virginia circuit and district courts	Virginia Circuit and District Courts	325	325

Anticipated Changes To Agency Customer Base
The Department has employed a specialist in autism services and a specialist in general developmental disabilities to promote employment and housing initiatives and non-waiver funded service development.

Partners

Partner	Description
Commitment Review Committee (CRC):	Department staff serves on the CRC committee, which is operated by the Department of Corrections
Commonwealth Consortium for Mental Health and Criminal Justice Transformation	The Department is working with this Consortium, established by Executive Order 62 in 2008, to identify, evaluate, and support the development of jail diversion models and establish a Criminal Justice and Mental Health Training Academy for the Commonwealth.
Community services boards and behavioral health authority (CSBs):	The Department contracts with, provides consultation to, funds, monitors, licenses, and regulates CSBs. CSBs participate in Department in policy, planning, and regulatory development for the services system. The Commissioner enters into contracts with CSBs to provide juvenile competency evaluation and restoration services. CSBs participate in central office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the services system.
Federal agencies:	The central office meets federal requirements associated with the receipt of block grants and other resources that support the provision of behavioral health and developmental services and for the development of services system capacity and technology.

Individuals receiving services, family members, and advocacy organizations:	Individuals receiving services, advocacy organizations, and peer and family groups provide important feedback to the Department and CSBs on service needs and issues of mutual concern. These organizations participate in central office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the services system. Some peers and family members serve on CSB boards.
Local governments:	Because they establish CSBs, local governments have an important relationship with the central office through the CSBs. Local governments approve their CSBs' performance contracts that provide the basis for funding the CSBs. They also provide financial resources to the CSBs to match state funds, and, in some instances, may provide administrative services that are essential to CSBs' efficient operation.
Private providers (for profit and non-profit organizations):	The Commissioner enters into contracts with private providers to provide juvenile restoration services and conduct post restoration evaluations of juvenile competency. Also through contracts with the Department, private community providers deliver sexually violent predator treatment, supervision, and monitoring services. The central office works with private providers to ensure that they meet human rights requirements. Private providers also participate in central office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the services system.
Provider associations:	The central office meets with provider associations to address issues of mutual concern. These associations participate in central office efforts to implement its mission and vision and have a voice in policy, planning, and regulatory development for the services system.
State and local agencies:	The central office works closely with many state and local agencies that provide or fund services and supports that respond to the needs of individuals with mental health or substance use disorders or intellectual disability. These include partnerships with the Departments of Medical Assistance Services, Social Services, Health, Rehabilitative Services, Housing and Community Development, Corrections, Juvenile Justice, Criminal Justice Services, Aging, and Education; Office of Comprehensive Services; and of the Office of the Executive Secretary of the Supreme Court Executive Secretary. Central office staff work with the Virginia Office for Protection and Advocacy (VOPA) to ensure protections and advocacy for the human and legal rights of individuals with mental, cognitive or developmental disabilities. The central office works closely with the Office of the Attorney General, which provides legal consultation, training, and technical assistance to the Department; with the Department of Planning and Budget around budget development and operations; with the Department of Accounts, which provides accounting and processing services, financial reporting guidance, and payroll expertise; and with the Department of General Services around guidance regarding facility physical plant services. The central office works closely with the Office of the Attorney General, which provides legal consultation, training, and technical assistance in a number of important areas, including civil commitment training; serving as counsel to the Department on the State Board and Human Rights Committee; assisting the Department in the development or revision of legislation; reviewing Department regulations, State Board policies, and key departmental instructions; and providing specialized training, expert testimony, and consultation various forensic and sexually violent predator issues. Central office partnerships with local agencies such as school systems, local social services, local health departments, and area agencies on aging are critical to the success of community behavioral health and developmental services. These agencies provide auxiliary grants for assisted living facilities, various social services, health care, vocational training, housing assistance, and Part C early intervention services. Some of these local agencies also provide Part C early intervention services to infants and toddlers and may serve as Part C local lead agencies (LLAs). State and local agency representatives participate as members of various state and regional planning committees focused on transforming the services system.
University of Virginia Institute of Law, Psychiatry, and Public Policy (ILPPP):	The ILPPP, in consultation with the Department, develops and provides training for CRC evaluators and others relating to SVP civil commitment. The ILPPP also has partnered with the Department's forensic program for more than 25 years to develop improved evaluation and treatment services for forensic consumers and promote community-based, outpatient approaches to service delivery.
Virginia institutions of higher education (universities, colleges, and community colleges):	The central office to collaboratively with academic medical centers, college and university academic programs, and community colleges to address workforce issues, to promote the implementation of evidence-based and other promising practices, and to train the services system's existing and emerging workforce.

Products and Services

- *Factors Impacting the Products and/or Services:*

  The average age of the central office workforce is slightly over 52 years old and the average length of central office employees' state service is more than 17 years. Almost 30 percent of central office employees will be eligible to retire in the next five years. This level of turnover, especially in key positions, could significantly affect central office operations.

  o The continuing economic downturn affecting the Commonwealth will limit and the resulting loss of 43 classified and wage positions have significantly limited the ability of the central office to maintain the level of staff needed to accomplish the objectives of the service.

  o Changes in legislation and the Code defining SVP qualifying crimes and SVP screening have increased the number of inmates who qualify for SVP civil commitment by approximately 300 percent, necessitating the expansion of community treatment and supervision resources for conditionally released sexually violent predators.

o New requirements in Governor's Executive Orders and changes in regulations from external agencies such as DOA, DHRM, DPB, DGS, and VITA. Additional workload requirements, often unfunded, from federal or state agencies could affect central office administrative and support services.

o Central office administrative and support services may be affected by new federal performance measurement requirements, VITA IT systems transformation, and Commonwealth of Virginia IT standards.

o Individuals receiving services, family members, and advocacy organization issues could affect central office operational priorities, strategic and comprehensive planning, and policy and regulatory development activities.

- *Anticipated Changes to the Products and/or Services*
  Administrative and support services have become more complex over the years as the services system has expanded, Virginia's behavioral health industry has changed, and new services technologies and medications have been introduced. The complexity of and accountability requirements associated with central office funding also has expanded significantly as federal funding opportunities have been pursued and as state funds have been increasingly earmarked for specific initiatives and individualized services. This is expected to continue.
- *Listing of Products and/or Services*
  - Policy, Legislation, Strategic and Comprehensive Plans, and Studies: State Board and operational and programmatic policies, regulations, and guidance documents; legislative analysis, proposal development, and studies; strategic, comprehensive, and continuity of operations plans; surveys of individuals receiving services; and staff support to boards and councils established in State Code or by federal requirements.
  - Consumer Protections: Human Rights investigations and reports and criminal background checks for prospective employees of state facilities and certain community programs.
  - Services System and Program Development and Oversight: training and technical assistance and general guidance to CSBs, state facilities, and providers; Performance Contracts with CSBs; Medicaid ID waiver pre-authorization of services; nursing home pre-admission screening and resident reviews (PASRR); terrorism and disaster preparedness, response, and recovery operations; compilation and analysis of service data and quality indicators; grant application development and implementation of grant-funded projects; and quality assurance reports.
  - Agency Operations: financial management, reporting, and allocation and disbursement of state and federal funds; development of central office contracts and business agreements; revenue collection; internal audits, audits of data and reports, and compliance reviews; information technology systems development and support; workforce management, recruitment, training, and development; risk management and HIPAA compliance; and general support services for central office operations (mail, parking, procurement).
  - Management of the SVP Conditional Release Program: development of conditional release safety and treatment plans; training to expand community treatment capacity; and recruitment, training, and management for community conditional release treatment teams.
  - Supervision of the Juvenile Competency Restoration Program: implementation of juvenile forensic evaluation and juvenile competency restoration procedures; arrangements for Competency to Stand Trial restoration treatment services; administration of fee-for-services contracts with CSBs and private providers; technical assistance, training, supervision, oversight, and general guidance to services providers; and quality assurance and compilation of service data and quality indicators.

Finance

- *Financial Overview*
  This service area is funded with 66 percent general funds and 34 percent non-general funds. About 63 percent of the non-general funds are federal funds appropriated for administrative oversight functions within federal grants including the Community Mental Health Services (CMHS) grant and Substance Abuse Prevention Treatment (SAPT) Block Grants. The remaining non-general funds are from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to indirect services costs of patient care.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012	FY 2011	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund				
Base Budget	$29,209,879	$15,658,262	$29,209,879	$15,658,262				
Change To Base	$969,433	$0	$969,433	$0				
Service Area Total	$30,179,312	$15,658,262	$30,179,312	$15,658,262				
Base Budget	$29,209,879	$15,658,262	$29,209,879	$15,658,262				
Change To Base	$969,433	$0	$969,433	$0				
Service Area Total	$30,179,312	$15,658,262	$30,179,312	$15,658,262				
Base Budget	$29,209,879	$15,658,262	$29,209,879	$15,658,262				
Change To Base	$969,433	$0	$969,433	$0				
Service Area Total	$30,179,312	$15,658,262	$30,179,312	$15,658,262				

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date	

Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Support implementation of the vision of an individual-driven system of services that promotes self-determination, empowerment, recovery, resilience, and community participation through central office leadership and administrative and support functions.

  Objective Description

  A priority of the central office is to transform Virginia's publicly funded behavioral health and developmental services system to fully realize self-determination, empowerment, recovery, resilience, and person-centered core values. Successful transformation requires the inclusion, participation, and partnerships of consumers and families in daily operations at all levels of the services system. The central office provides stewardship in the use of funding, human resources, and capital infrastructure across the public services system to assure that services and supports are delivered in a manner that is efficient, cost-effective, and consistent with best and promising practices.

  Alignment to Agency Goals

  - Agency Goal: Align administrative and funding incentives and organizational processes to support and sustain quality individually-focused care, promote innovation, and assure efficiency and cost-effectiveness.
  - Agency Goal: Assure that services system infrastructure and technology efficiently and appropriately meet the needs of individuals receiving publicly funded behavioral health and developmental services and supports.
  - Agency Goal: Obtain sufficient numbers of professional, direct care, administrative, and support staff with appropriate skills and expertise to deliver quality care.
  - Agency Goal: Enhance service quality, appropriateness, effectiveness, and accountability through performance and outcomes measurement and service delivery and utilization review.

  Objective Strategies

  - Adopt and promote evidence-based, best, and promising practices that are effective, demonstrate positive outcomes, and promote recovery, resilience, and person-centered principles and practices.
  - Initiate financial management and internal controls to demonstrate compliance with federal and state statutory and regulatory requirements
  - Provide for the increased statewide demand for juvenile competency restoration services.
  - Promote and increase the central office's utilization of E-procurement and products and services provided by small businesses and businesses owned by women or minorities.
  - Investigate all possibilities of additional revenue collection.
  - Complete the replacement of Eastern State Hospital's adult mental health treatment center and the design replacements of Western State Hospital and Southeastern Virginia Training Center and the renovation of Central Virginia Training Center.
  - Work with the CSBs, Southeastern Virginia Training Center, Central Virginia Training Center, the Department of General Services, family members, advocates, and community stakeholders to design and construct community housing into which residents of the training centers can move.
  - Work with state facilities to identify and implement initiatives that generate energy efficiencies.
  - Continue to update individual state facility master plans to respond to the programming needs of individuals.
  - Conduct program reviews to monitor service provider accomplishment of defined performance expectations and consumer outcomes and to promote quality improvement.
  - Increase the effectiveness and efficiency of the Department's licensing and human rights programs.
  - Work with the regional utilization management committees to establish more uniformity in utilization management protocols and practices for psychiatric inpatient services provided in state hospitals or purchased in local hospitals.
  - Enhance central office presence in the field, monitor existing programs' performance and services recipients' outcomes, and maintain compliance with federal block grant and CMS expectations.
  - Manage information technology operations, security, and reliability efficiently in an environment that is responsive to the needs of users and protects identifiable health information.
  - Deliver efficient and effective information technology services and shared solutions to central office, state facility, and community partners.
  - Work with CSBs and stakeholders to design and implement a system wide continuous quality improvement process based on a consistent shared vision and with measurable and realizable implementation processes.
  - Implement the Web CSB and State Facility Accountability Measures.
  - Reach out to all organized parent groups and other stakeholder organizations whose efforts are concentrated on autism spectrum disorder or developmental disabilities initiatives to increase communication, collaboration, and

mutual support.

- Support efforts of the Children's Services System Transformation Initiative to implement the continuum of behavioral health and developmental services for children and adolescents and enhance linkages with local schools and community providers to fill gaps and build community capacity for youth who are transitioning from children's to adult services.
- Work with the Consortium for Mental Health and Criminal Justice Transformation to support and enhance collaboration, education, and criminal justice-behavioral health partnerships at the state, regional, and local levels.
- Strengthen state and local behavioral health and criminal justice partnerships and criminal justice/behavioral health collaborative programs in order to expand the array and capacity of jail diversion services, including pre-and post-booking, pre-trial alternatives, and community treatment services that prevent or divert individuals from incarceration.
- Implement training and other learning opportunities that develop provider skills necessary to meet the needs of the most challenging consumers, including individuals with co-occurring disabilities.
- Participate with Virginia Department of Veteran's Services in the implementation of the Virginia Wounded Warrior Program.
- Continue to fund and support Virginia's statewide network of peer organizations and family alliances that increase the voice and representation of individuals receiving services and supports.
- Work with the Department of Medical Assistance Services to implement recovery and resilience practices in Medicaid behavioral health and developmental service policies and expand opportunities for individual and family participation in individual-directed services.
- Explore the potential for public-academic partnerships to develop centers of excellence or training institutes that support statewide implementation of evidence-based practices.
- Continue to participate in the ongoing work of the Commission on Mental Health Reform.
- Increase the capacity of the behavioral and developmental services system to provide culturally and linguistically appropriate services and supports to diverse populations across Virginia.
- Initiate implementation of the Suicide Prevention Across the Lifespan Plan for the Commonwealth of Virginia.
- Work with the Community Integration Oversight Advisory Committee and Community Integration Implementation Team to monitor implementation of the Olmstead Task Force Report recommendations.

Link to State Strategy

- nothing linked

Objective Measures

- Percent of administrative measures marked as "meets expectations" (green indicator) for the agency

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Up

  Frequency Comment: Fiscal year

  Measure Baseline Value: 20 Date: 6/30/2005

  Measure Baseline Description: Percent of administrative measures marked as "meets expectations" (green indicator) for the agency

  Measure Target Value: 100 Date: 6/30/2012

  Measure Target Description: Percent of administrative measures marked as "meets expectations" (green indicator) for the agency

  Data Source and Calculation: Source: There are currently 13 administrative measures organized into five categories. Each measure has a different data source. The administrative measures data source information table provides the data sources for each measure. The table is located in Virginia Performs/Agency Planning and Performance/Administrative Measures. Calculation: The appropriate colored indicator (green, yellow, red) will be selected for each measure, depending on results. A gray indicator is used for measures where data is unavailable. The agency administration measure is the percent of the administrative measures that have a green indicator (meets expectations). Items with a gray indicator are excluded from the calculation.

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 14 of 15

Regulation of Health Care Service Providers (720 561 03)

Description

Regulation of Health Care Service Providers involves licensing of mental health, intellectual disability, and substance abuse services; developmental disability waiver services; and residential brain injury services. The Department licenses all behavioral health (mental health and substance abuse), developmental (intellectual disability), developmental disability waiver, and residential brain injury services. It ensures that providers meet and adhere to regulatory standards of health, safety, service provision, and individual rights; conducts annual unannounced inspections, investigates complaints and reports of serious injuries and deaths in licensed services; and initiates actions such as sanctions and revocations, where necessary.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  Regulation of Public Facilities and Services supports the Department's mission of promoting quality services that are safe and healthy, respect human rights, and conducive to providing treatment to individuals that promote consumer self determination, empowerment, recovery, resilience, inclusion, and participation.
- *Describe the Statutory Authority of this Service*
  Chapter 2 of Title 37.2 of the Code of Virginia establishes the State Behavioral Health and Developmental Services Board.
  • § 37.2-202 outlines the powers and duties of the Board, which include establishing programmatic and fiscal policies governing the operations of state facilities and community services boards (CSBs) and adopting regulations, for example, licensing regulations.

  Chapter 4 of Title 37.2 of the Code of Virginia describes the protections available to consumers of mental health, mental retardation, and substance abuse services, including the Department's licensing of providers.
  • §§ 37.2-404 through 37.2-422 give the Commissioner authority to grant licenses and define regulatory responsibilities of the Department to implement this responsibility.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Providers licensed by the Department (including CSBs and other public and private providers)	Providers licensed by the Department (including CSBs, other public, and private providers)	612	750

Anticipated Changes To Agency Customer Base
The Department experienced a 92 percent increase in the number of licensed providers and a 70 percent increase in the number of licensed services between FY 2002 and FY 2009. The ratio of licensing staff to services licensed has gone from 1:73 in FY 2002 to 1:99 in FY 2009. From FY 2005 to FY 2008 the number of licensed children's residential services increased 41 percent, intensive in-home by 57 percent, and supportive in-home by 44 percent.

Partners

Partner	Description
Community services boards and behavioral health authority (CSBs):	The Department's licensing function regulates CSBs and works with CSBs to revise and streamline licensing processes.
Individuals receiving services, family members, and advocacy organizations:	The Department's licensing function shares and receives information with and from individuals receiving services and their families and advocacy organizations regarding issues of mutual concern.
Local governments:	The Department's licensing function works with local zoning, fire, health, taxation, social services, and Comprehensive Services Act officials to implement regulations and share information.
Private providers (for profit and non-profit organizations):	The Department's licensing function works with private providers to ensure that they meet licensing and human rights requirements. Private providers participate in the licensing function's efforts to implement the Department's mission and vision and have a voice in policy, planning, and regulatory development for the services system.
Provider associations:	The Department's licensing function works with provider associations to address issues of mutual concern. Provider associations have a voice in policy, planning, and regulatory development for the services system.
State and local agencies:	The Department's licensing function collaborates closely with state and local agencies that provide, fund, or regulate a range of services and supports, including health care, education, vocational training, social services, and housing assistance, that respond to individuals with behavioral health and developmental services needs. Representatives of these agencies participate in the licensing function's efforts to implement the Department's mission and vision and have a voice in policy, planning, and regulatory development for the services system.

Products and Services

- *Factors Impacting the Products and/or Services:*
  o Several major factors affect Regulation of Public Facilities and Services products and services:
  • New or revised federal and state statutes and regulatory or funding requirements;
  • Development and funding of new services throughout the state with significant increases in applicants due to children's transformation initiative;
  • Significant modifications to existing licenses due to the economy;
  • Reduction in the number of licensing positions by five during FY 2009;
  • Consumers and advocacy group issues; and

• Media or community attention to licensed services as a result of serious incidents or community concerns.

- *Anticipated Changes to the Products and/or Services*
  o Continued growth of community based services due to reductions in beds at state facilities and children's transformation initiative will affect the Department's licensing activities. The central office will issue more licenses and will conduct more licensing and human rights related investigations.

  o Increased focus on community services may increase likelihood of investigations by VOPA or the media, which affects and generally increase licensing monitoring activities.
- *Listing of Products and/or Services*
  - Issue new licenses and renew licenses for mental health, mental retardation, and substance abuse services and, developmental disability and waiver services providers
  - Conduct unannounced monitoring of licensed services
  - Perform complaint investigations of licensed services
  - Maintain data on serious injuries and deaths in services
  - Perform revocation and sanction actions against licensed services
  - Provide information to the public about licensed providers or revocation and sanction actions against licensed services
  - Verify to payment sources (Department of Medical Assistance Services, insurance payers, Department of Social Services) that a provider is licensed
  - Train applicants to become licensed
  - Compile reports on licensed programs

Finance

- *Financial Overview*
  This service area is funded with 98 percent general funds and 2 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to indirect services costs of patient care.
- *Financial Breakdown*

	FY 2011		FY 2012		FY 2011	FY 2012
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund		
Base Budget	$1,566,227	$34,224	$1,566,227	$34,224		
Change To Base	$0	$0	$0	$0		
Service Area Total	$1,566,227	$34,224	$1,566,227	$34,224		
Base Budget	$1,566,227	$34,224	$1,566,227	$34,224		
Change To Base	$0	$0	$0	$0		
Service Area Total	$1,566,227	$34,224	$1,566,227	$34,224		

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Issue and renew licenses and perform monitoring and oversight necessary to assure that licensed programs meet and maintain established standards of care.

  Objective Description

  The extent to which the Department is able to perform its licensing function in an efficient and effective manner, the

closer Virginia will become to fully realizing desired standards of care. Recognizing significant growth in the numbers and types of community providers and the increasing complexity of populations served in state facilities and community settings, coupled with current budget realities that constrain staff resources, the Department is examining how it performs these oversight activities. For the licensing program specifically, the Department is seeking opportunities to improve the ability of the program to perform its mandated responsibilities within existing resources and in a manner that promotes the vision of recovery, self-determination, empowerment, and community integration for individuals receiving services.

Alignment to Agency Goals

- Agency Goal: Align administrative and funding incentives and organizational processes to support and sustain quality individually-focused care, promote innovation, and assure efficiency and cost-effectiveness.

Objective Strategies

- Identify program efficiencies that would increase time that staff would have available to perform core licensing responsibilities.
- Identify work assignment strategies to ensure inspections are made, complaints are investigated, and licenses are issued within reasonable timeframes.
- Focus staff energy on service areas with the highest risk or in most need of development.
- Review all licenses within six months of expiration.

Link to State Strategy

- nothing linked

Objective Measures

- Ratio of licensed services per licensing specialist

  Measure Class: Other Measure Type: Output Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 75.5 Date: 6/30/2005

  Measure Baseline Description: Ratio of licensed services per licensing specialist

  Measure Target Value: 100 Date: 6/30/2012

  Measure Target Description: Ratio of licensed services per licensing specialist

  Data Source and Calculation: Source: Office of Licensing Information System (OLIS) Calculation: Number of licensed services divided by total number of filled specialist positions on June 30

Service Area Strategic Plan

Department of Behavioral Health and Developmental Services (720) 3/11/2014 10:44 am

Biennium: 2010-12

Service Area 15 of 15

Facility and Community Programs Inspection and Monitoring (720 787 01)

Description

The Office of the Inspector General for Behavioral Health and Developmental Services (OIG) inspects, monitors, reviews, and makes recommendations to the Governor and General Assembly regarding the quality of services provided in facilities operated by the Department of Behavioral Health and Developmental Services (the Department) and by providers as defined in §§ 37.2-4-4 through 37.2-422 that are licensed by the Department. These include hospitals as defined in § 32.1-123, community services boards and behavioral health authorities as defined in § 37.2-100, licensed private providers, and other similar providers.

Background Information

Mission Alignment and Authority

- *Describe how this service supports the agency mission*
  The OIG is a separate agency from the Department and therefore has its own mission and goal. It is the mission of the Office of the Inspector General to serve as a catalyst for improving the quality, effectiveness, and efficiency of services for people whose lives are affected by mental illness, intellectual disability, or substance use disorders. It is the goal of the OIG that the Office of the Governor, the General Assembly, the Secretary of Health and Human Resources, the Department, and the system of service providers understand the quality of services being provided and take actions that will enable improvement in the quality of services provided.
- *Describe the Statutory Authority of this Service*
  Chapter 4 of Title 37.2 of the Code of Virginia establishes the Office of the Inspector General for Behavioral Health and Developmental Services.
  • §§ 37.2-423 through 37.2-425 create and outline the powers and duties of the Office of the Inspector General and specify the reports required of the Inspector General.

Customers

Agency Customer Group	Customer	Customers served annually	Potential annual customers
Governor (Office of the Inspector General Reports)	Governor (Office of the Inspector General Reports)	1	1
Members of the General Assembly (Office of the Inspector General Reports)	Members of the General Assembly (Office of the Inspector General Reports)	140	140

Anticipated Changes To Agency Customer Base
None

Partners

Partner	Description
Department of Behavioral Health and Developmental Services Office of Human Rights (OHR):	The OHR oversees the human rights protection system in the state facilities and licensed community programs and conducts investigations of human rights complaints. The OIG coordinates any work involving human rights with the OHR to prevent duplication of effort and to obtain information when needed.
Department of Behavioral Health and Developmental Services Office of Licensing:	The OIG coordinates work with the Licensing Office to avoid duplication of effort and to obtain information when needed.
Individuals receiving services and family members:	The OIG routinely invites individuals receiving services and family members to make input to the design of the OIG's work. Individuals receiving services are invited from time to time to serve as members of the OIG inspection teams.
Office of the Secretary of Health & Human Resources:	The Secretary of Health and Human Resources oversees the work of the Department of Behavioral Health and Developmental Services. The OIG keeps the Secretary informed about the work of the office and seeks input from the Secretary as OIG plans are developed.
Public and private providers:	The OIG routinely invites input to the design of OIG projects from the CSBs, state facilities, and other licensed providers.
Virginia Office of Protection and Advocacy (VOPA):	The OIG and VOPA utilize information generated by both agencies to enhance the information available to both agencies.

Products and Services

- *Factors Impacting the Products and/or Services:*
  The Department of Behavioral Health and Developmental Services initiative to transform the system of care that is consumer-driven and guided by the principles of self-determination, resilience, recovery, and community participation.

  • The gradual downsizing of state facilities and increase in the severity and complexity of consumer needs.

  • The shift of care for many consumers with severe disabilities to the community and an increase in the number of community-based public and private providers.

  • The federal Department of Justice (DOJ) expectation for ongoing compliance by the state facilities with DOJ-VA settlement agreements.

  • Limited OIG staffing with which to carry out the responsibilities established in the Code of Virginia.
- *Anticipated Changes to the Products and/or Services*
  The OIG will focus more inspections of state facilities and community programs on topical areas that enable a targeted look at specific functional areas across the broader system of care.

- *Listing of Products and/or Services*
  - Reports including findings and recommendations regarding the quality of services that result from inspections of facilities operated by and programs licensed by the Department.
  - Investigations of complaints regarding abuse, neglect, and quality of services.
  - Consultation to state facilities and licensed programs regarding compliance with OIG recommendations.
  - Review of Department instructions and regulations.
  - Support to the Office of the Governor and the General Assembly, as requested.

Finance

- *Financial Overview*
  This service area is funded with 70 percent general funds and 30 percent non-general funds. Non-general funds are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to indirect services costs of patient care.

  Note: The information on the following tables is presented at the service area level. However, funding by fund source is appropriated at a higher program level. This results in the allocation of the non-general fund amounts to the various service areas within the program level in accordance with reasonable allocation methodology. This methodology has been applied and is represented in these amounts.
- *Financial Breakdown*

	FY 2011		FY 2012	
	General Fund	Nongeneral Fund	General Fund	Nongeneral Fund
Base Budget	$400,900	$168,000	$400,900	$168,000
Change To Base	$0	$0	$0	$0
Service Area Total	$400,900	$168,000	$400,900	$168,000

Human Resources

- *Human Resources Overview*
  [Nothing entered]
- *Human Resource Levels*

Effective Date		
Total Authorized Position level	0	
Vacant Positions	0	
Current Employment Level	**0.0**	
Non-Classified (Filled)		
Full-Time Classified (Filled)		*breakout of Current Employment Level*
Part-Time Classified (Filled)		
Faculty (Filled)		
Wage		
Contract Employees		
Total Human Resource Level	**0.0**	*= Current Employment Level + Wage and Contract Employees*

- *Factors Impacting HR*
  [Nothing entered]
- *Anticipated HR Changes*
  [Nothing entered]

Service Area Objectives

- Systematically assess the quality of care delivered by providers and formulate recommendations for quality improvement.

  Objective Description

  In order to make recommendations for improving the quality of services provided by state facilities and licensed providers, the OIG must develop and implement methods that will enable a thorough assessment of the service providers. It is through inspections, reviews, and responses to complaints and concerns that the quality of services delivery is assessed. This service is called for in VA Code §37.2-424. In addition, this objective aligns with these state long-term objectives: Objective 4 – Be recognized as the best-managed state in the nation. Objective 5 – Inspire and support Virginians toward healthy lives and strong and resilient families. It also aligns with the mission of the OIG.

  Objective Strategies

  - Conduct inspections or reviews of state facilities and licensed community programs.
  - Assess compliance with prior recommendations regarding state facilities and community programs.
  - Seek input to the design of inspections or reviews from consumers, family members, community providers, state operated facilities, and the Department central office staff.
  - Involve consumers in the inspection and review of programs.
  - Provide adequate training to OIG staff to assure state of the art knowledge of investigation and inspection methods.
  - Investigate complaints/concerns/requests with the cooperation of providers and follow-up to assure that resolution is reached.
  - Review reports of critical incidents (CI) provided by state facilities and investigate those that are of concern.

- Review reports of autopsies of deaths in state facilities performed by the Office of Medical Examiner and investigate those that are of concern.
- Enhance the data systems within the OIG to monitor information on an ongoing basis. This strategy includes collaboration with the Department to avoid duplication
- Submit all findings and recommendations to the Governor for review and approval.
- Place all reports on the OIG website in a timely fashion.
- Prepare semi-annual reports of OIG activities and provide to the Governor, General Assembly, Joint Commission on Healthcare, and other interested parties.
- Make presentations to committees and subcommittees of the General Assembly
- Make presentations to provider groups and community groups as requested.

Link to State Strategy

- nothing linked

Objective Measures

- Percentage of complaints/concerns/requests received by the Office of the Inspector General that are responded to within two business days.

  Measure Class: Other Measure Type: Outcome Measure Frequency: Annual Preferred Trend: Maintain

  Measure Baseline Value: 85.1 Date: 6/30/2007

  Measure Baseline Description: Percentage of all complaints/concerns/requests to which the OIG responds within two business days

  Measure Target Value: 95 Date: 6/30/2012

  Measure Target Description: Percentage of all complaints/concerns/requests to which the OIG responds within two business days

  Data Source and Calculation: Number of complaints/concerns/requests to which OIG staff provide an initial response within two business days divided by the total number of complaints/concerns/requests received during a fiscal year.