

Trends

No Data Available

Legend:

▲ Increase,
 ▼ Decrease,
 ↔ Steady

Key Performance Areas

No Data Available

Productivity

No Data Available

Legend:

▲ Improving,
 ▼ Worsening,
 ↔ Maintaining

For more information on administrative key, and productivity measures, go to www.vaperforms.virginia.gov/agencylevel/index.cfm

Background & HistoryServices System Direction and Oversight (Central Office)

The Department of Behavioral Health and Developmental Services (DBHDS) central office provides strategic direction and financial resources to and operational and financial oversight of Virginia's public behavioral health and developmental services system of 9 state hospitals, a medical center, 5 training centers, and sexually violent predator (SVP) behavioral rehabilitation center operated by DBHDS and 39 community services boards and a health authority (CSBs) established by local governments. State hospitals provide highly-structured inpatient psychiatric services, including specialized services for older adults, children and adolescents, and individuals with a forensic status. The medical center provides medical and skilled nursing services. Training centers provide an array of person-centered services and supports to persons with intellectual disability. The SVP center provides secure evaluation and rehabilitation services to individuals found by the court to meet SVP criterion. CSBs deliver community behavioral health and developmental services and serve as the single point of entry into publicly-funded services.

DBHDS protects individuals receiving public or private behavioral health or developmental services from abuse, neglect, or exploitation and assures that public and private services providers adhere to basic standards of quality.

DBHDS works actively to strengthen its partnerships with state agencies, advocates, individuals and family members, and others to raise awareness of the needs and challenges of individuals with mental health or substance use disorders or intellectual disability and to promote access to and continuity of needed services and supports. As Virginia's designated lead agency for the federal Program for Infants and Toddlers with Disabilities (Part C), DBHDS works with a variety of local agencies to provide early intervention services to infants and toddlers with developmental delay.

Primary Product & Services

The DBHDS central office (CO) provides strategic oversight of state facilities and CSBs; negotiates contracts with, funds, provides technical assistance to CSBs; provides operational oversight of state facilities; and maintains relationships with state agencies, private providers, and others serving or supporting individuals with mental health or substance use disorders or intellectual or developmental disabilities.

The CO licenses public and private mental health, developmental, and substance abuse services; developmental disability waiver services; and residential brain injury services and protects the human rights of individuals receiving services licensed, operated, or funded by DBHDS.

CO priorities include expanding community service capacity and assuring that needed supports are provided in communities to reduce reliance on state facilities and improving CO quality assurance, performance and outcomes measurement, and clinical oversight capability. These efforts are critical for U.S. Department of Justice (DOJ) settlement agreement compliance.

Other priorities are to identify alternative funding sources; expand financial services and program and audit oversight capability; implement information technology solutions such as an electronic health record system (EHRs); improve facility operational efficiencies; and add new capital infrastructure to meet projected SVP population growth and replace Central State Hospital.

CO administrative services include financial management and controls; risk management; human resources services; and architectural and engineering services. It administers programs for juvenile competency restoration, community-based conditional release of individuals found by courts to be SVPs; infant and toddler early intervention services; and nursing home pre-admission screenings and resident reviews.

Agency Executive Progress Report

Customer Base

Thousands of Virginians are affected by mental health or substance use disorders or developmental disabilities. By applying national prevalence rates to Virginia, an estimated:

- 341,773 adults have a serious mental illness (SMI) and between 117,592-143,724 children and adolescents ages 9-17 have serious emotional disturbance (SED);
- 147,346 have a developmental disability (DD), of which 71,574 ages 6+ have intellectual disability (ID) and 1 in 88 children has autism spectrum disorder;
- 116,190 infants and toddlers ages 0-3 have developmental delays that may require early intervention services; and
- 175,234 adults and adolescents ages 12 -18 abuse or are dependent on an illicit drug and 477,409 abuse or are dependent on alcohol.

Only a portion of persons with diagnosable disorders will need services at any given time and an even smaller number will require or seek public services. Those seeking public services are likely to have the most serious and complex needs or medical conditions requiring specialized services and supports or to lack or have inadequate insurance coverage. Many will have serious behavioral challenges or co-occurring combinations of mental illness, substance use disorder, or intellectual disability. Proportionately greater numbers are involved with criminal justice system or are veterans experiencing behavioral health issues.

In FY 2012, 223,189 individuals (unduplicated) received public behavioral health and developmental services, including 216,951 served by CSBs and 6,238 served by state facilities. A May 2013 survey of CSB waiting lists documented 13,685 individuals waiting for CSB services, including 4,486 waiting for mental health services; 8,095 waiting for developmental services; and 1,104 waiting for substance abuse services. Demands for behavioral health and developmental services are expected to increase as Virginia's population grows and coverage increases under the affordable health care act or other health reform measures.

Customer Listing

No Data Available

Key Agency Statistics

The following statistics provide a snapshot of DBHDS central office operations during FY 2013:

Finances

Funds depicted in the table include general fund dollars and nongeneral funds that include federal funds appropriated for administrative oversight functions within federal grants including the Substance Abuse and Mental Health Administration (SAMHSA) Community Mental Health Services (CMHS) and Substance Abuse Prevention Treatment (SAPT) block grants and Program for Infants and Toddlers with Disabilities (Early Intervention Part C) funds, and other funds received as fees from Medicaid, Medicare, private insurance, private payments, and Federal entitlement programs related to indirect services costs to support facility operations.

Financial summary tables for CSB and state facility services and activities are included in the following Executive Progress Reports – 790: Grants to Localities; 792: Mental Health Treatment Centers; 793: Intellectual Disabilities Training Centers; and 794: Virginia Center for Behavioral Rehabilitation.

Fund Sources

No Data Available

Revenue Summary Statement

Revenue collections include federal grant funds and other funds received as fees related to indirect services costs to support facility operations. Non-general fund revenues serve to augment the central office general fund appropriation.

Key Risk Factors

- *Inadequate developmental service capacity:* To comply with the DOJ settlement agreement major expansion of new/enhanced waiver slots, work and housing supports, and crisis services is required to support individuals living in the community and those transitioning from training centers to the community.
- *Inadequate behavioral health service capacity:* Large variations in MH and SA service availability and notable gaps in important basic services require a range of crisis, emergency, acute inpatient, outpatient, case management, and psychiatry services and recovery-focused housing and employment supports.
- *State hospital discharge delays:* Delays because stable housing and community supports are not available place pressure on local hospitals, law enforcement, and individuals who need but cannot access hospital services.
- *Forensic pressures on state hospital beds:* Although community alternatives exist, 33% of available beds are occupied by forensic patients. DBHDS has reduced the jail inmate admission waitlist from 111 (2007) to an average of 15 (2013). Sustaining this progress will require ongoing diligence and aggressive utilization management.
- *Health Care Reform:* DBHDS and the services system will be affected by:
 - Expansion of newly insured and Medicaid enrollees seeking services
 - Medicaid care coordination and managed care implementation
 - Compliance with health benefits design, covered services, and service delivery requirements
 - Provider workforce capacity pressures
 - Integration of physical and mental health services.
 - Potential changes to the arrays of federal MH and SA block grant services.
- *Individual protections and oversight:* Significant provider growth will increase demands on licensing and human rights to assure that individuals with extensive medical and behavioral challenges are receiving appropriate services in safe settings.
- *Information technology:* EHRs implementation is required to continue up to \$300 million in Medicaid/Medicare funds.

Performance Highlights

DBHDS and services system stakeholders made significant progress implementing *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia* (DBHDS 2010) strategic initiatives to promote community integration, expand access to a basic service arrays, improve quality oversight and accountability, and implement best practices. FY 2013 highlights follow.

- Dropped the training center census to 788 (from 1,198 in 3/2010);
- Transitioned 155 long-term training center residents to the community;
- Filled 460 ID new waiver slots and authorized 735 slots for FY 2014 distribution;
- Funded Individual and Family Supports for 825 individuals and families;
- Established a statewide developmental disabilities crisis response system;
- Reduced state hospital jail inmate admission waitlists to an average of 15 (from 111 in 2007);
- Provided safe and clinically appropriate outpatient competency restoration services to 116 individuals;
- Expanded children's crisis response and child psychiatry services in all 5 regions;
- Implemented a 7-module curriculum that was completed by 3,271 ID and 11 DD case managers;
- Created quality assurance/oversight mechanisms to track critical incidents and provider performance;
- Conducted more frequent licensing inspections and enhanced case management visits to enhance oversight of developmental services;
- Initiated planning for a recovery-oriented system of behavioral health services and supports;
- Issued an interagency Housing Plan to increase independent housing options;
- Expanded Employment First and integrated work opportunities;
- Implemented annual consultative audits in state hospitals;
- Integrated best practices to reinforce positive behaviors in VCBR's treatment program;
- Initiated state facility electronic health record system (EHRs) implementation.
- Reduced facility operating costs and energy consumption by new facility construction designs; a computerized maintenance management system; and removing unused buildings from facility energy systems.

Performance Measures

Management Discussion & Analysis

General Information about the Ongoing Status of the Agency

DBHDS is working aggressively to achieve a truly community-based and person-centered system of behavioral health and developmental services provided in the most integrated settings appropriate to individuals' needs and consistent with their choices. This includes concerted efforts to expand community MH, SA, and DEV services and improve access to supports that allow individuals to live fully integrated lives in the community.

To realize Virginia's commitment to community integration and because few families today are requesting admission to training centers as more community services are becoming available, DBHDS will close 4 of the 5 training centers by FY 2020.

The DOJ settlement agreement requires that DBHDS:

- expand and enhance waiver services;
- implement a program of individual and family supports;
- implement crisis services;
- provide integrated employment opportunities;
- increase independent living options;
- transition training center residents to the community;
- enhance case management and provide case manager competency training;
- conduct enhanced licensing visits of certain providers;
- improve risk management processes; and
- enhance quality management data collection and analysis and incident reporting.

Eighteen project teams comprised of public and private services providers, the Department of Medical Assistance Services, and advocates are working with DBHDS to implement these requirements.

DBHDS also is expanding access to human rights advocates; reducing involvement of individuals with MH or SA disorders in the criminal justice system; strengthening DBHDS clinical and program auditing and oversight capabilities; implementing an EHR, data warehouse, and financial model to track DOJ expenditures vs. budget; and improving state hospital services through annual consultative audits and forensic patient utilization management and diversion to community alternatives.

These efforts are yielding positive results and will enhance DBHDS and services system performance.

Information Technology

The DBHDS IT program provides coordination, guidance, oversight, and support to central office (CO) and state facility IT services, including IT security, Commonwealth IT standards compliance, and web and application development. DBHDS IT goals and priorities are included in the Health and Human Resources Investment Management Strategic Plan for the Secretariat.

Two new requirements are increasing the scope and complexity of IT work and capacity:

- Implementation of an electronic health record system (EHR), OneMind, to meet meaningful use requirements and allow data exchange
 - Year 1: Implementation began in January 2013 and is being piloted at 3 state hospitals.
 - Year 2: The 11 remaining facilities will begin using OneMind.
 - Year 3: All facilities migrate their billing and reimbursement business processes to OneMind.
- Implementation of data warehouse to support increased quality management and oversight processes required to support the DOJ settlement agreement.

DBHDS IT priority projects include:

- EHR annual operational, maintenance, and support costs;
- Health information management scanning of pre-EHR documents;
- Facility VITA costs for workstations, scanners, and other COV network-attached devices for EHR;
- DBHDS data warehouse and business intelligence system management, operational, and maintenance;
- Cardinal Interface financial management system (FMS) upgrade;
- Infant/toddler early intervention services information system (ITOTS);
- Regional Information Security Officers (ISO) roles state facilities;
- Completion of DBHDS server transformation; and
- Collaborative paperless content management and workflow.

Other internally-financed IT projects include CO staff remote access to VITA/CESC hosted applications/data, secure DBHDS video conferencing, CO telephone system/services upgrade, CO wireless COV network and internet access, adoption of federal ICD-10 and

Agency Executive Progress Report

DSM-V health-care coding requirements.

Workforce Development

The average age of DBHDS central office (CO) staff is 51.9 years old and the average work tenure is 15.2 years. In the next five years, 39% of CO staff will be eligible to retire with unreduced benefits. Comprehensive workforce succession planning and systematic training and workforce development strategies are essential if the CO is to successfully transfer responsibilities from retiring to new employees and support advancement of staff through successively higher levels of competencies.

DBHDS has developed SystemLEAD, a long-term leadership development initiative designed to give participants broad exposure to the competencies necessary for leadership in the services system. SystemLEAD will be piloted with staff in the CO, in a state hospital and a training center, and in partnership with neighboring CSBs.

The SystemLEAD curriculum will focus on leadership competencies, including knowledge, skills, abilities, and behaviors, that staff who aspire to leadership roles in the service system must possess. It includes an individualized assessment and development plan, training and group projects, coaching and mentoring, and special work assignments and cross training. SystemLEAD goals are to:

- Prepare one or more well-qualified internal candidates to assume key leadership positions;
- Retain superior performers who will not leave their organizations or the services system because of lack of opportunity or lack of development; and
- Reduce turnover rates among high-performing participating employees.

The first phase of the program, which includes creating the core and site committees and communicating the initiative to the workforce is set to begin in late 2013 or early 2014.

In addition, as the CO assumes additional quality management and oversight responsibilities, workforce development priorities will include training to develop new skill sets, including project management, proficiency with new reporting and infomatics, quality management, and EHRS and other new IT systems.

Physical Plant

The DBHDS central office occupies 11 floors of the Jefferson Building, a 15-story state structure located at the edge of Capital Square in Richmond at the intersection of Bank and Governor Streets. The building was constructed in 1956, and the interior was renovated in 1999. At the time, neither the exterior envelop furniture, nor were the fixtures, furniture and equipment upgraded. They now require substantial upgrade or replacement.

Window replacement is planned for later this year and a study is underway to recommend methods for improving the space utilization to accommodate the changing staff requirements of the building due to electronic health records and changes in the manner in which services to individuals with intellectual disabilities are being delivered. Corrections need to be made to the central heating and cooling system.

Note: This is one of five DBHDS Executive Progress Reports. See Grants to Localities (790); Mental Health Treatment Centers (792); Intellectual Disabilities Training Centers (793); and Virginia Center for Behavioral Rehabilitation (794).