

Strategic Plan
(2012-2014 Version 1)

Department of Behavioral Health and Developmental Services (720)

Agency Plan

Mission Statement

The Department of Behavioral Health and Developmental Services provides leadership and service to implement and 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 developmental disabilities. It seeks to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for individuals receiving services.

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.

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 who receives 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.

Information Technology

Current Operational IT Investments

See the Health and Human Resources Investment Management Strategic Plan for the 2012-2014 Biennium.

Factors Impacting the Current Agency IT

See the Health and Human Resources Investment Management Strategic Plan for the 2012-2014 Biennium.

Proposed IT Solutions

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. With new IT leadership, the Department is involved in an assessment of the agency's information technology, including its existing infrastructure and infrastructure needed to meet business objectives. This assessment is examining ITS staff skills, particularly with respect to the adoption of new technologies or integration strategies across the supported applications; software development processes and practices that facilitate cross-project communication and collaboration; application and project inventory organization and management; facility IT infrastructure and central office support; and IT infrastructure (system hardware and software) support. The goal of this assessment is to provide Department executive leadership with strategic and tactical recommendations to:

- Strengthen IT leadership and management;
- Improve communication, collaboration, and efficiency;
- Enhance project, portfolio, and organizational change management capability;
- Upgrade technical skills necessary for the adoption of modern technologies and software development methodologies; and
- Increase agency IT capacity to meet emerging business requirements.

Implementation of assessment recommendations will require a combination of more efficient use of existing staff capabilities and resources, by expansion of staff as

required to introduce absent skill sets, and by achieving alignment between budget and organizational demand.

Two new requirements are increasing the scope and complexity of the Department's ITS work and capacity. First is the requirement to align with and support the strategic plan of the HHR Secretariat. This includes implementation of an electronic health record that meets meaningful use requirements in each state facility and conformance of applicable Department systems to standards for data exchange. The second is the requirement to support implementation of the U.S. Department of Justice settlement agreement, including increased quality management and oversight processes. These drivers present an environment demanding rapid coordinated change, navigated and measured by information and analysis. Both will create increased demands regarding the pace, quality, and capabilities for information technology systems development, deployment and adoption in support of healthcare delivery to Virginians.

Financial Overview

The Department of Behavioral Health and Developmental Services (Department) central office is funded with 59 percent general fund dollars and 41 percent non-general fund dollars. Non-general fund dollars include 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 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 and other operations.

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	29,155,444	16,860,486	29,155,444	16,860,486
Changes to Base	9,387,277	12,270,143	7,998,237	8,745,847
Total	38,542,721	29,130,629	37,153,681	25,606,333

Agency Goals

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

Goal Summary and Alignment

This goal envisions the alignment of services system policies, regulatory requirements, funding incentives, administrative practices, and services and supports with the core values of self-determination, empowerment, recovery, and resilience at the state and local levels. This includes implementation of community-focused services and supports that enable individuals with mental health or substance use disorders or intellectual disability to live full and productive lives in their communities.

Implementation of this goal is essential to the Department's progress in advancing its vision and achieving the promise of a *Commonwealth of Opportunity* for individuals receiving behavioral health or developmental services and supports.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

Societal Indicator: Life Expectancy

- Build and sustain services capacity necessary to provide person-centered services and supports when and where they are needed, in appropriate amounts, and for appropriate durations.

Goal Summary and Alignment

This goal envisions statewide availability of a consistent array of person-centered behavioral health and developmental services and supports that enable individuals to participate as fully as possible in all aspects of community life. Services and supports exemplify clinical and management best and promising practices. They are flexible, appropriately tailored to the needs of individuals receiving services, and provided as close to the individual's home and natural supports as possible. Individuals in crisis and those with severe or complex conditions can easily access services and supports that prevent or reduce their use of more intensive interventions such as hospitalization or their involvement in the public safety system.

Implementation of this goal is essential to the Department's progress in advancing its vision and providing the array of services and supports required to achieve a *Commonwealth of Opportunity* for individuals with mental health or substance use disorders or intellectual disability.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

Societal Indicator: Life Expectancy

- Perform the core functions of the behavioral health and developmental services system in a manner that is efficient, effective, and responsive to the needs of individuals receiving services and their families.

Goal Summary and Alignment

This goal envisions consistent implementation of clinical, administrative, and funding policies and practices that support and sustain service quality and appropriateness, protect individual human rights, and promote efficiency and cost-effectiveness. Quality improvement processes use clearly defined performance and outcomes measures to demonstrate quality and track progress in achieving services system goals and priorities. Full advantage would be taken of federal funding opportunities, including Medicaid, to implement recovery-oriented and person-centered services. Affirmative actions are taken to identify and eliminate unnecessary variability and break down

funding and service silos to the extent possible.

Implementation of this goal is essential to the Department's progress in advancing its vision and documenting progress in achieving a *Commonwealth of Opportunity* for all Virginians, including individuals receiving behavioral health or developmental services and supports.

Long Term Goal

Inspire and support Virginians toward healthy lives and strong and resilient families.

Societal Indicator: Life Expectancy

Programs and Service Areas for Agency

- 499: Administrative and Support Services
- 56103: Regulation of Health Care Service Providers

Customers

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Health Care	Community services boards and other public and private providers licensed by the Department	774	1,175	Increase
Health Care	Nursing homes	278	278	Stable
Child	Juveniles requiring restoration to competency treatment services	213	249	Increase
Civilly- Committed	Individuals receiving sexually violent predator determination evaluations	442	580	Increase

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.

Products and 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.

Rankings & Customer Trends

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.

Trend Name	Trend Area
DOJ administrative complexity	Increase
Services demand	Increase
Information technology needs	Increase

Performance Highlights: Service Performance & Productivity Initiatives

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.

Management Discussion & Analysis**Future Direction, Expectations, and Priorities**

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 EHRs, 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.

499: Administrative and Support Services

Description

Administrative and Support Services consist of Department of Behavioral Health and Developmental Services central office general management and support functions that provide strategic direction to and operational and financial oversight of Virginia's publicly-funded behavioral health and developmental service system. The central office establishes policy direction for the Commonwealth's behavioral health and developmental services system; manages state hospitals and training centers and supports the provision of quality publicly-funded community-based services and supports; protects the health and safety of individuals receiving public or private services; sustains strong partnerships with individuals receiving services and family members, community services boards, professional and advocacy organizations, and state agencies with responsibilities affecting the services system; assures effective allocation and utilization of resources; and performs legally-mandated court-ordered, or administratively-required programs or processes.

Mission Alignment and Authority

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 self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life, including work, school, family, and other meaningful relationships for individuals receiving services.

State statutory authority for the Department's central office administrative and support services follow:

State Statutes

Chapter 2 of Title 37.2 of the Code of Virginia establishes the State Board of Behavioral Health and Developmental Services;

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services;

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;

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;

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, developmental, and substance abuse 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 hospitals and training centers;

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;

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 Department's responsibilities as the lead agency; and

Chapter 11 of Title 16.1 of the Code of Virginia addresses issues of juvenile competency to stand trial and authorizes the Commissioner to arrange for the provision of juvenile restoration services and provide competency restoration reports to the court.

Federal statutes and regulations affecting central office administrative and support services include:

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 interagency system of early intervention services for infants and toddlers with disabilities and their families;

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 service; and

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 for this Service Area

Anticipated Changes to Customers Base

No significant changes are anticipated.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
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Health Care	Community services boards and other public and private providers licensed by the Department	774	1,175	Increase
Health Care	Nursing homes	278	278	Increase
Child	Juveniles requiring restoration to competency treatment services	213	249	Increase
Civilly- Committed	Individuals receiving sexually violent predator determination	442	580	Increase

Partners for this Service Area

Partner	Description
Commitment Review Committee (CRC)	Department staff serves on the CRC committee, which is operated by the Department of Corrections.
Community services boards and behavioral health authority (CSBs)	The Department funds, contracts with, provides consultation to, monitors, licenses, and regulates CSBs. CSBs participate in policy, planning, and regulatory development for the services system.
Federal agencies	The Department receives grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services awards grants to support community mental health and substance abuse prevention and treatment services and from the Office of Special Education Programs (OSEP) in the U.S. Department of Education to support Part C early intervention services for infants and toddlers and their families.
Individuals receiving services, family members, and advocacy organizations	The Department receives feedback from associations representing individuals receiving services, family members, and advocates on issues of mutual concern through their participation in policy, planning, and regulatory development activities and membership on the State Board and other advisory committees and councils.
Private providers (for profit and non-profit organizations)	The Department works with private providers to ensure that they meet licensing and human rights requirements and receives feedback on issues of mutual concern through their participation in policy, planning, and regulatory development activities.
Provider associations	The Department receives feedback from provider associations on issues of mutual concern through their participation in policy, planning, and regulatory development activities
State agencies	The Department works with a number of state agencies that coordinate services or provide operational, financial, or workforce consultation and assistance to assure appropriate implementation of regulations and management requirements.
Virginia institutions of higher education (colleges, universities, and community colleges)	The Department collaborates with academic medical centers, academic programs of other colleges and universities, and community colleges to address workforce issues, promote the implementation of evidence-based and other promising practices, and to train the services system's current and emerging workforce.

Products and Services

Factors Impacting the Products and/or Services

- Significant increases in the number of private providers and service locations will increase the number of licenses issued and investigations of licensing and human rights related complaints.
- Demands will increase on the services system to adopt and deploy information technology solutions such as electronic health records and meet data requirements for agency quality management and oversight processes.
- Retirement of long-tenured central office employees (e.g., the average age the central office workforce is slightly over 52 years old and almost 38 percent will be eligible to retire in the next five years).
- Implementation of health care reform activities required by the Patient Protection and Affordable Care Act (PPACA) may affect central office operations.
- New Governor's Executive Orders and changes in requirements of external agencies such as the Department of Accounts (DOA), Department of Human Resources Management (DHRM), Department of Planning and Budget (DPB), Department of General Services (DGS), and Virginia Information Technologies Agency (VITA) could affect performance of central office administrative and support services.

Anticipated Changes to the Products and/or Services

- Implementation of quality management and oversight processes required by the settlement agreement with the U.S. Department of Justice.
- Strengthened central office provision of monitoring, training, and technical support necessary to assure provider compliance with regulations and standards of quality.
- Improved cultural and linguistic competence of services system staff to enable providers to address the recovery and communication needs of individuals and families in a culturally relevant manner.
- Recommended establishment of an Office of Peer Services and Recovery Supports in the Department's central office.

Listing of Products and / or Services

- Services system strategic direction, including:
 - State Board of Behavioral Health and Developmental Services and agency policies
 - legislative analysis and liaison activities
 - regulatory activities and
 - strategic and comprehensive planning;
- Agency operations, including:
 - financial management, reporting, and allocation and disbursement of state and federal funds
 - revenue collection
 - grant application development and implementation of grant-funded projects
 - budget analysis and long-term planning
 - central office contracts and business agreements
 - information technology systems development
 - workforce management, recruitment, training, and development
 - administrative support services and
 - staff support to boards and councils;
- Human rights investigations and reports;

- Services system and program development and oversight, including:
 - training and technical assistance and general guidance to CSBs, state facilities, and providers
 - risk and quality management
 - compliance reviews and audits
 - performance contracts with CSBs
 - criminal background checks for prospective state facility and certain community employees;
- Medicaid ID waiver pre-authorization of services;
- Implementation of lead agency responsibilities for the provision of infant and toddler intervention services under Part C of the Individuals with Disabilities Education Act (IDEA);
- Continuity of operations planning and terrorism and disaster preparedness, response, and recovery operations;
- Management of the SVP Conditional Release Program, including:
 - 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, including:
 - implementation of juvenile forensic evaluation and juvenile competency restoration procedures
 - arrangements for the provision of competency restoration services with public and private providers
 - general guidance and technical assistance, training, supervision, and oversight to services providers;
- Nursing home pre-admission screening and resident reviews (PASRR); and
- Architectural and engineering services for state facilities, including state facility capital master planning, oversight of facility capital projects' design and implementation, and energy audits.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	26,742,012	16,699,371	26,742,012	16,699,371
Changes to Base	9,272,054	12,226,515	8,238,090	8,856,962
Total	36,014,066	28,925,886	34,980,102	25,556,333

Objectives for this Service Area

Objectives for this Service Area

Objective

Provide central office leadership and administrative and support functions that support implementation of recovery-oriented and person-centered behavioral health and developmental services and supports.

Description

This objective aligns with the Department's goal of creating a recovery-oriented and person-centered system of services and supports that enable individuals to attain their highest achievable level of health and wellness, live as independently as possible, engage in meaningful activities, and participate in community activities. 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. The objective supports the implementation of the Creating Opportunities strategic initiatives and manages the implementation of an electronic health record system in state facilities.

Objective Strategies

- Collaborate with the Department of Medical Assistance Services to expand waiver capacity, modify existing or create new waivers, and address waiver rate structures.
- Complete capital projects to replace Southeastern Virginia Training Center and Western State Hospital, renovate Central Virginia Training Center, and support construction of community housing components of the Southeastern Virginia Training Center and Central Virginia Training Center projects.
- Conduct long-term financial planning.
- Continue to adhere to Prompt Payment Act, small purchase charge card usage, Payline participation, direct deposit participation, and other regulatory compliance requirements.
- Continue to assess opportunities to improve the effectiveness and efficiency of the Department's central office and state facilities and CSBs.
- Continue to plan and implement cross-agency suicide prevention initiatives across the Commonwealth.
- Develop or update memoranda of agreement for autism spectrum disorders and developmental disabilities service coordination with the Departments of Education, Rehabilitative Services, Health, Social Services, Medical Assistance Services, and Criminal Justice Services.
- Establish a state certification program for case managers to demonstrate that they meet competency and training requirements.
- Implement an electronic health record system of clinical treatment/medical record, pharmacy, ancillary, and accounts payable modules at each state facility.
- Improve the Department's quality assurance and oversight capacity to monitor service system performance and outcomes, perform systemic analyses of trends and patterns, identify issues and deficiencies, track incidents and follow-up to assure corrective action plans are implemented, and maintain compliance with federal block grant and Centers for Medicare and Medicaid Services expectations.
- Increase the capacity of the behavioral and developmental services system to provide culturally and linguistically appropriate services and supports to diverse populations across Virginia.
- Investigate all possibilities of additional revenue collection.
- Maintain financial management and internal controls to demonstrate compliance with federal and state statutory and regulatory requirements.
- Manage information technology operations reliability and efficiently in an environment that is secure, responds to user needs, and protects identifiable health information.
- Participate in Health and Human Resources Secretariat cross-agency strategic planning activities.

- Participate with the Virginia Department of Veteran's Services in the implementation of the Virginia Wounded Warrior Program.
- Participate, under the direction of the Secretary of Health and Human Resources, in implementation (contingent on resource availability) of the U.S. Department of Justice settlement agreement.
- Perform annual consultative audits at each state facility and use results to facilitate adoption of best practices and operational efficiencies, standardize procedures, as appropriate, and reduce duplication.
- Promote statewide implementation of evidence-based, best, and promising practices that are effective, demonstrate positive outcomes, and promote recovery, resilience, and person-centered principles and practices.
- Provide leadership to and monitor implementation of the behavioral health and developmental services system Creating Opportunities strategic initiatives.
- Strengthen state and local behavioral health and criminal justice partnerships and criminal justice/behavioral health collaborative programs.
- Support the work of the Secretary of Health and Human Resources' Office of Health Care Reform.
- Work with Department of Medical Assistance Services to establish Peer Support Services as a covered State Medical Assistance Plan service and establish a peer support specialist certification program.

Alignment to Agency Goals

- Implement self-determination, empowerment, recovery, resilience, and person-centered core values at all levels of the behavioral health and developmental services system through policy and practices that reflect the unique circumstances of individuals receiving services and supports.
- Perform the core functions of the behavioral health and developmental services system in a manner that is efficient, effective, and responsive to the needs of individuals receiving services and their families.

Measures

- Percentage of Electronic Health Record (EHR) project implementation

Measure Class Measure Type Preferred Trend Frequency

Data Source and Calculation

Data Source Commonwealth Technology Portfolio (CTP) Calculation: Percentage of completed major electronic health record project milestones on the last day of the reporting period.

- Amount of reimbursement collected per dollar expended for collection

Measure Class Preferred Trend Frequency

Data Source and Calculation

Data Source: Department of Behavioral Health and Developmental Services Financial Management System (FMS) Calculation: Total amount of Department reimbursements collected divided by the Reimbursement Office expenditures during the reporting period

56103: Regulation of Health Care Service Providers

Description

Regulation of Health Care Service Providers consists of various functions associated with licensing mental health, developmental, and substance abuse services; developmental disability waiver services; and residential brain injury services. These include issuing and renewing provider licenses, conducting annual unannounced inspections, investigating complaints and reports of serious injuries and deaths in licensed services; and initiating actions such as sanctions and revocations, where necessary. Through the licensing process, the Department ensures that providers meet and adhere to regulatory standards of health, safety, service provision, and individual rights.

Mission Alignment and Authority

Regulation of Public Facilities and Services supports the Department's mission of promoting quality services that are safe and healthy, respect human rights, and are conducive to providing treatment to individuals that promotes self determination, empowerment, recovery, resilience, inclusion, and participation.

State statutory authority for the Department's licensing activities follows:

Chapter 2 of Title 37.2 of the Code of Virginia establishes the State Board of Behavioral Health and Developmental Services; and

Chapter 4 of Title 37.2 of the Code of Virginia describes the protections available to individuals receiving mental health, developmental, and substance abuse services, including the Department's licensing of providers.

Customers for this Service Area

Anticipated Changes to Customers Base

The number of licensed providers will continue to increase as community behavioral health and developmental services capacity expands.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Health Care	Licensed providers	774	1,175	Increase

Partners for this Service Area

Partner	Description
Community services boards and behavioral health authority (CSBs)	The Department licenses mental health, developmental, and substance abuse services provided by CSBs.
Local governments	Through its licensing function, the Department works with local zoning, fire, health, taxation, and social services departments to implement regulations and share information.
Private providers (for profit and non-profit organizations)	The Department licenses mental health, developmental, and substance services; developmental disability waiver services; and residential brain injury services provided by private providers.

Products and Services

Factors Impacting the Products and/or Services

- Demands for community behavioral health and developmental services are expected to increase as Virginia's population grows.
- Aggressive initiatives are underway to ensure that adequate community support services are made available for individuals with intellectual or developmental disabilities as real alternatives to institutional placements in training centers.
- As Virginia's population becomes more diverse, providers of community behavioral and developmental services must improve their responsiveness to the needs of culturally and linguistically diverse groups.

Anticipated Changes to the Products and/or Services

Significant increases in the number of private providers and service locations are anticipated. This growth of community based services will increase the number of licenses issued and investigations of licensing related complaints.

Listing of Products and / or Services

Regulation of Public Facilities and Services Products and Services includes new and renewed provider licenses, unannounced monitoring of licensed services, complaint investigations of licensed services, revocation and sanction actions against licensed services, and applicants training.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	1,930,728	0	1,930,728	0

Changes to Base	242,851	50,000	242,851	50,000
Total	2,173,579	50,000	2,173,579	50,000

Objectives for this Service Area

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Objective

Issue and renew licenses and perform monitoring and oversight necessary to assure that licensed programs meet and maintain established standards of care.

Description

This objective aligns with the Department's mandated responsibility to license providers for services that promote and support recovery, self-determination, empowerment, and community integration for individuals receiving services.

Objective Strategies

- Focus staff energy on service areas with the highest risk or in most need of development.
- 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.
- Review all licenses within six months of expiration.

Alignment to Agency Goals

- Perform the core functions of the behavioral health and developmental services system in a manner that is efficient, effective, and responsive to the needs of individuals receiving services and their families.

Measures

- Percentage of services receiving a visit from a licensing specialist during the fiscal year.

Measure Class **Agency Key** Measure Type **Output** Preferred Trend **Increase** Frequency **Annually**

Data Source and Calculation

Source: Department of Behavioral Health and Developmental Services Office of Licensing Information System (OLIS) Calculation: Number of licensed services visited by a Department licensing specialist divided by total number of licensed services