2018-20 Executive Progress Report

Commonwealth of Virginia
Secretary of Health and Human Resources

Department of Behavioral Health and Developmental Services

At A Glance

Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life

Staffing	439 Salaried Employees, 0 Contracted Employees, 431 Authorized, and 17 Wage Employees.
Financials	Budget FY 2019, $113.89 million, 61.48% from the General Fund.

Trends Legend: ↑ Increase, ↓ Decrease, → Steady

Key Perf Areas Productivity Legend: ↑ Improving, ↓ Worsening, → Maintaining

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

Background and History

Agency Background Statement

Services System Direction and Oversight (Central Office)

The Department of Behavioral Health and Developmental Services (DBHDS) central office provides financial resources, policy direction, and programmatic and financial oversight of Virginia's public behavioral health and developmental services system. The system includes nine state hospitals, a medical center, two training centers, and a treatment center for sexually violent predators (SVP) all operated by the DBHDS, and 39 community services boards and a behavioral health authority (CSBs) established by local governments.

Major Products and Services

The DBHDS central office performs a variety of administrative and oversight services for Virginia's behavioral health and developmental services system, including financial management and controls, risk and quality management, behavioral health and developmental services program monitoring for children, adolescents, adults, and older adults, human resources development and management, information systems technology services, contracting, strategic planning, and architectural and engineering services.

As the lead agency for the Virginia Program for Infants and Toddlers with Disabilities (Early Intervention Part C), the central office manages a comprehensive interagency system of services and supports for at-risk children from birth to age three and their families to prevent or reduce developmental delay.

The DBHDS central office negotiates performance contracts with, partially funds, and provides technical assistance to CSBs. It licenses public and private mental health, developmental, and substance-use disorder services, developmental disability waiver services; and residential brain injury services to ensure that services providers adhere to basic standards of quality. The central office administers a statewide human rights program which protects individuals receiving public or private behavioral health or developmental services from abuse, neglect, or exploitation. It also operates programs for juvenile competency restoration, community-based conditional release of individuals found by courts to be sexually violent predators, and nursing home pre-admission screenings and resident reviews.

Customers

Customer Summary

Customer Summary

As the DBHDS system coordination and governance body, Central Office's customers include the state-run facilities, programs, and providers who serve the DBHDS community of individuals. This includes DBHDS-operated hospitals and training centers, locally-run CSBs, state-run programs, and private providers. Central Office Customers also include the individuals who receive mental health, substance-use disorder or developmental services and supports in community programs and state hospitals and training centers. Additional Central Office customers include families, other state and local agencies, law enforcement, and other agents of the criminal justice system who are impacted by DBHDS programs and policy changes. The customer base for publicly-funded behavioral health or developmental disability services frequently exhibits serious or complex needs or medical conditions requiring specialized services. Many individuals have significant behavioral challenges or co-occurring combinations of mental illness, substance-use disorders, or developmental disabilities. Individuals served by Virginia's behavioral health and developmental services system face risks for serious challenges such as homelessness, involvement in the criminal justice system, or dangerousness to self or others. In many cases, the individual has been rejected by the private health care system, either through acuity, complexity or lack of a payer source. The system serves Virginians with such risks through the crisis response system for adults and for children with developmental disabilities, admitting individuals in crisis to state psychiatric hospitals, and through CSB clinicians conducting over 200 emergency mental health evaluations every day across Virginia. Importantly, improvements to non-emergent community behavioral health services and expansions in early intervention and wellness programs would treat and manage issues sooner, which would in turn lower risk and decrease need for expensive crisis or hospital-based services.

DBHDS anticipates that the number of individuals seeking community-based services will increase as Virginia's population grows, as more individuals are enrolled in Medicaid starting in January 2019 as part of Virginia's expansion efforts, as health reform measures increase access to services and as individuals who are identified earlier with critical needs are able to access prevention services. Expansion of community service capacity to address this demand will increase the number of providers, services, and locations licensed by DBHDS.

In response to the need to improve the access, quality, and consistency of behavioral health services and to strengthen accountability throughout the public system, DBHDS is now working closely with the Administration, the General Assembly and system stakeholders to move Virginia's system forward in a cohesive, strategic manner. **To reform the system, DBHDS built System Transformation Excellence and Performance (STEP-VA), an innovative initiative to address the unique needs of Virginians with mental health and substance-use disorders.** STEP-VA features a uniform set of services with consistent availability and improved oversight across all Virginia communities. In 2017, the Governor and the General Assembly set STEP-VA in motion by providing $4.9 million in general fund dollars and $4 million through the Governor's Access Plan (GAP) for 18 CSBs to implement Same Day Access, a program that allows a person who calls or appears at a CSB to be assessed that same day instead of potentially waiting weeks for an appointment. In addition, the General Assembly required the remainder of STEP-VA services to be implemented over the next two biennia, and funding should be allocated in the coming years. The 2018 budget passed by the General Assembly and signed by Governor Northam includes funds to implement Same Day Access across the remaining 22 CSBs, to begin providing support for all 40 CSBs to implement primary care screening and monitoring, and to begin phasing in a statewide expansion of outpatient services at CSBs.

In Virginia's current public behavioral health system, 50% of the general fund dollars support just 3% of the individuals the system serves because of Virginia's historic emphasis on costly state hospital services. There are also currently 185 people on the "extraordinary barriers to discharge list" who cannot leave the state hospital because appropriate community services are not available for a safe discharge. Also, following "last resort" legislation in 2014, state hospitals have experienced a 294 percent increase in TDO admissions and a 84 percent increase in total admissions since FY 2013. The state hospitals are running at an unsustainable 95% occupancy or higher, resulting in potentially unsafe conditions for patients and staff. In response to a 2017 General Assembly directive, DBHDS developed a plan for the financial realignment of Virginia's behavioral health system. Financial realignment would work alongside STEP-VA to build the comprehensive community services needed to ensure that state hospital care is used only when clinically necessary and is available and effective when it is utilized. DBHDS is currently working with the Administration, CSBs, and the General Assembly to lay the groundwork for financial realignment by installing necessary discharge services in communities across Virginia, such as housing support, to facilitate discharges from state hospital beds.

In 2011, following a three year investigation into Central Virginia Training Center and Virginia's compliance with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court *Olmstead* ruling, the U.S Department of Justice concluded that Virginia was failing to provide services to individuals with developmental disabilities in the most integrated setting appropriate to their needs. In 2012, Virginia and DOJ reached a settlement agreement that resolves DOJ's investigation with the central premise that Virginia produce a system that features integration, rather than segregation, of individuals with developmental disabilities. Also in 2012, Virginia announced the closure of four of its five intermediate care facility (ICF/IID) training centers. At the time, the statewide census among the five training centers was 1,018. **As of October 2018, the census was 149 and three training centers so far have closed.** The settlement agreement provides a framework for creating a system of integrated services and supports of high quality that are person-centered and align resources with needs. The agreement requires Virginia to enhance its community services system, discharge and transition individuals from training centers appropriately and create a quality and risk

management system. The 10-year agreement calls for Virginia to move more rapidly toward a community-based system of supports that provides more integrated environments such as independent and smaller living situations, supported employment and integrated day options for all levels of complexity of disability. As additional community services and supports required in the settlement agreement are brought on line and the planned closures of one more training center occurs, the number of individuals remaining in the state-operated ICF training centers will continue to decline. At this time, Virginia continues to move forward with plans for Southeastern Virginia Training Center to be the only remaining state operated ICF/IID training center by 2020, with a 75 bed capacity.

Customer Table

Predefined Group	User Defined Group	Number Served Annually	Potential Number of Annual Customers	Projected Customer Trend
Civilly-Committed	Individuals receiving sexually violent predator determination	134	150	Increase
Consumer	Individuals receiving CSB developmental services	24,903	27,303	Increase
Consumer	Individuals receiving CSB mental health services	120,751	185,880	Increase
Consumer	Individuals receiving CSB substance-use disorder services	30,549	40,924	Increase
Consumer	Individuals receiving CSB emergency or ancillary services	155,502	160,522	Increase
Consumer	Infant and toddlers and their families served in Part C early intervention services	19,085	22,453	Increase
Consumer	Individuals served in state hospitals	6,683	7,552	Increase
Consumer	Individuals Served at HDMC	55	55	Stable
Consumer	Individuals served in training centers	291	75	Decrease

Finance and Performance Management

Finance

Financial Summary

Funds depicted in the table show 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 other funds received as generated by the Central Office by requesting reimbursement for allowable overhead costs related to Medicaid services in accordance with 2 CFR §200 Uniform Administrative Requirements, Cost Principals and Audit Requirements for Federal Awards.

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

Fund Code	Fund Name	FY 2019	FY 2020
01000	General Fund	$70,014,613	$75,163,757
02003	Dbhds Special Revenue Fund	$9,064,192	$7,814,192
02800	Appropriated Idc Recoveries	$6,600,000	$7,600,000
09081	Mental Hlth/Retard Subst Abuse	$1,200,000	$0
10000	Federal Trust	$27,010,854	$27,010,854

Revenue Summary

Revenue collections include federal grant funds and other funds received as generated by the Central Office by requesting reimbursement for allowable overhead costs related to Medicaid services in accordance with 2 CFR §200 Uniform Administrative Requirements, Cost Principals and Audit Requirements for Federal Awards. Non-general fund revenues serve to augment the central office general fund appropriation.

Performance

Performance Highlights

Making Improvements to the Mental Health System

- Since 2014, no person has been turned away from a state psychiatric hospital bed when needed.
- In 2017, began implementation of Same Day Access. As of September 2018, 25 CSBs have implemented Same Day Access and nine are scheduled to implement by the end of 2018. The remaining six will implement by June 30, 2018.
- Since 2015, DBHDS has received $12 million to serve more than 900 individuals with serious mental illness in permanent supportive housing (PSH). Additionally, in FY 2019, DBHDS was awarded $2.5 million over the biennium to serve approximately 75 pregnant and parenting women with substance use disorders in PSH.
- As of September 2018, Virginia has trained a total of 46, 494 citizens in mental health first aid (MHFA), including teachers, law enforcement, first responders, health care workers, military and veterans, service organizations, clergy, family members and other interested members of the public.
- In September 2018, all CSBs were trained on the new outcomes tool (the Daily Living Activities (DLA)-20) that will be required for all CSBs in 2019.

Implementing the Department of Justice Settlement Agreement

- As of August 2018, there were 13,424 people receiving Medicaid DD Waiver services. The FY 2019 budget provides an additional 628 waiver slots and FY 2020 provides 1,067 additional slots.
- In FY 2018, 3,538 applications had been funded for the Individual and Family Support Program, which is required by the settlement agreement.
- In FY 2018, he adult developmental services crisis program had 1,837 referrals to the program.
- In FY 2018, the children's developmental services crisis program had 1,294 referrals to the program.

Expanding Substance Use Disorder Services

- In September 2018, DBHDS received a $15.8 million federal State Opioid Response grant to provide targeted assistance to states that are battling the ongoing opioid crisis. Virginia has now received a total of $35.3M in federal grants to combat the opioid epidemic over the last three years.
- In September 2018, Virginia's REVIVE! Program has trained about 16,400 lay rescuers and about 6,650 local law enforcement agencies to use naloxone, a medication that reverses the effects of overdoses.

Working to Improve Licensing Capabilities

- 49 percent increase in providers since 2012.
- DBHDS Licensing Specialists' average case load is 150-200 licensed services and some specialists have over 600 locations. According to national averages, each regulator/licensing specialist should only have 70-90 locations each.

Selected Measures

Measure ID	Measure	Alternative Name	Estimated Trend

Key Risk Factors

Several factors pose substantial risk and will have a significant impact on DBHDS over the next several years.

- **Significant Strain on State Psychiatric Hospitals: Virginia's nine state mental health hospitals are under tremendous strain as they are weathering a 294 percent increase in temporary detention order (TDO) admissions and a 94 percent increase in total admissions since FY 2013.** This follows "last resort" legislation passed in 2014 requiring state hospitals to accept admissions of individuals under a TDO if no alternate treatment location is found within the eight hour emergency custody order period. This high admissions rate, in combination with having approximately 180 individuals in our state hospitals clinically ready for discharge but who cannot leave because the right community services are unavailable (referred to as the extraordinary barriers to discharge list, or EBL), has resulted in an unsustainable utilization rate for the state hospitals. This consistently high utilization rate places both staff and patients alike in potentially unsafe conditions and leading to increases in turnover rates among critical staff. In addition to this dramatic increase in admissions, state hospitals are experiencing an increase in individuals who have significant or complex needs or serious conditions requiring specialized services and supports. Many have co-occurring combinations of mental health and substance use disorders, significant behavioral challenges, or acute or chronic medical conditions. Children and adolescents receiving care are among the most challenged and traumatized

children in Virginia.

- □**Inadequate behavioral health service capacity in the community:** While immense efforts went into reducing Virginia's jail waiting list and shoring up the emergency mental health system, significant challenges remain because the system is thinly stretched and underfunded such that it is unable to focus in every area of risk that needs attention. Although mental health is a crucial component of individual and community wellness, access to needed community behavioral health services varies significantly across the commonwealth. Service availability is limited by notable gaps in important basic services such as crisis, emergency, acute inpatient, outpatient, case management, and psychiatry services and recovery-focused housing and employment supports. In particular, the prevention and early intervention system is underdeveloped, severely limiting Virginia's ability to treat mental health issues earlier when symptoms tend to be more manageable and psychosocial consequences are less likely to have occurred. Improving access to specialized services and community placements would provide safe and appropriate alternatives to state hospital beds and expedite discharges of state hospital patients who are clinically ready for discharge. In truth, it is not possible to produce the array of community services needed while Virginia lags so far below the rest of the nation for spending on community behavioral health services.

- □**The U.S. Department of Justice (DOJ) Settlement Agreement:** Virginia has steadily moved forward with implementing the DOJ settlement agreement, which requires individuals with developmental disabilities to be served in the most integrated settings appropriate to their needs. The initial challenges associated with this effort included expanding community capacity to support individuals through the development on non-congregate services in integrated settings, improving the discharge process of individuals from training centers into the community, and developing a quality management system. Strategies adopted from the beginning focused upon redesigning the Medicaid Developmental Disability waivers to provide the resources to support individuals in inclusive community settings and creating a quality management system to ensure the quality of services. Multiple steps must still be taken to achieve full compliance with the agreement, including:
    - Enhancing case management through additional guidance and tools for case managers;
    - Increasing child crisis capacity, including adding respite services and opening crisis therapeutic homes for children and youth;
    - Increasing provider capacity and competency to serve individuals in integrated, non-congregate settings including those with intense medical and behavioral support needs;
    - Expanding opportunities for individuals to access competitive employment and independent housing;
    - Enhancing data collection, reporting capabilities, and use of data to strengthen the system;
    - Improving risk management capabilities;
    - Developing and improving quality improvement mechanisms which improve outcomes for individuals living in the community; and
    - Improving consistency in the availability and quality of services across the state.

- **Inadequate developmental service capacity:** Virginia recently redesigned its three Medicaid waiver program for individuals with developmental disabilities. The redesign included the addition of waiver services to help support individuals secure employment and access community housing. Crisis transition services are being expanded to address the needs of individuals who require more intense behavioral supports post crisis stabilization and to allow time for providers to develop community services. Further development of providers and services that address those with more intense support needs will support individuals currently living in the community and those who are transitioning from training centers to the community. The settlement agreement requires the steady addition of waiver slots over the course of the 10-year agreement to ensure adequate capacity is available to serve individuals in integrated, community settings. However, **as of July 2018, there were over 12,996 individuals with developmental disabilities who choose to receive services in their own communities instead of training center care and were therefore on the waiting list to receive waiver services.** In order to support the move of individuals from the training centers to the community and to further reduce the waiting list for community services, additional resources are required. The statewide average cost of supporting individuals in training centers in FY 2018 was $396,973 per person, per year. The cost per person is projected to continue to increase due to the fixed costs allocated to a declining census in the facilities as well as discharges and natural deaths. Using FY 2017 data, the average annual cost of supporting former residents who have moved into community homes was $154,339.

- □**Continuing Opioid Epidemic:** According to the Office of the Chief Medical Examiner (VDH), the increase in rate of death due to fatal drug overdose slowed from an increase of 38.91% between 2015 (1028) to 2016 (1428) an increase of 7.7% in 2017 (1538). Half of these deaths (770) were due to fentanyl, a synthetic opioid that is extremely potent. Deaths related to heroin (135) rose slightly over the previous year (129) General fund allocations that support basic treatment services for SUDs have been level for years, and federal Substance Abuse Prevention and Treatment funding has been level for over a decade even as the need for services and the complexity of the needs of those receiving services increases.

- □**The Virginia Center for Behavioral Rehabilitation to Soon Reach Capacity:** The Virginia Center for Behavioral Rehabilitation (VCBR) is Virginia's only facility designated for the treatment of individuals committed as sexually violent predators (SVPs). These individuals have completed their prison sentences but have been tested to present a danger to the public with a substantial risk to reoffend and court-ordered

to additional treatment and secure confinement. VCBR has a maximum bed capacity of 450. The current census is 443 thus the facility is essentially full at this time. The 2013 Appropriation Act authorized DBHDS to conduct a pre-planning study for a new facility to be located in Nottoway County. Chapter 2, 2014 Special Session I of the General Assembly provided funding for the detailed planning of the expansion. Construction recently started in Summer 2018. This project proposes the phased construction and renovation of the existing facility with the addition of up to 258 new beds and additional treatment and support services spaces. Phase 1 proposes 182 beds with shelled space for 76 additional beds, which could be completed quickly if the need arises sooner than forecast. Phase 2 proposes the fit-out of the additional 76 shelled-space beds. Construction just recently began. To address the growing census while the facility is under expansion, DBHDS has taken over a unit at Piedmont Geriatric Hospital (which is located on the same campus) and is renovating that unit to house medically fragile SVPs. VCBR will operate the unit and the individuals will receive programming at VCBR/ from VCBR staff. This is a stop gap measure. Additionally, DBHDS has worked with the construction company to build the expansion in phases. Living quarters will be completed first in order to address the growing census. Construction of the expansion will take approximately three years.

- **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.

- **Inadequate technical support capacity:** As DBHDS expands use of electronic health records, implements health care reforms, improves central office and facility performance through technology improvements, and replaces aging, expensive technologies with more cost effective solutions, the organization's reliance on technical support will increase. An increasing number of mission critical clinical and financial processes used by central office, state facilities, CSBs, and licensed providers rely on technology provided by a limited number of agency information technology staff.

Agency Statistics

Statistics Summary

The following statistics provide a snapshot of DBHDS central office operations during FY 2016:

Statistics Table

Description	Value
Number of licensed providers	1,071
Confirmed Human Rights Complaints (facility and community)	1,482
Number of SVP commitment evaluations	134

Management Discussion

General Information About Ongoing Status of Agency

A key priority of the DBHDS central office is improving services system transparency, oversight, and accountability. In addition, the DBHDS Central Office is working aggressively to achieve a truly community-based and person-centered system of high-quality behavioral health and developmental services provided in the most integrated settings appropriate to individuals' needs and consistent with their preferences and choices. This includes initiatives to improve service access by:

- **Continue working towards compliance with the Department of Justice (DOJ) Settlement Agreement:** This initiative, required by the federal government, is an immediate vehicle to achieve long-term transformation of Virginia's developmental disabilities system into one that integrates (rather than segregates), individuals with developmental disabilities into community life. Virginia has implemented about 65 percent of the 10-year settlement agreement requirements and is on track to complete implementation before June 2021. However, experience in other states has shown that a period demonstrating maintenance following implementation is required before the state is considered by the court to be in full compliance.

- Virginia has embraced the goal of providing services for individuals with developmental disabilities in the most integrated care settings appropriate to their needs. Critical system elements have been created to expand community capacity to ensure people have access to quality services provided in safe, appropriate, inclusive settings.

- **Eliminate the Priority I Waiting List for the Medicaid DD Waiver by the end of FY 2022:** As of July 26, 2018, there were over 12,996 people on the waiting list to receive Medicaid Developmental Disability Waiver services. Of those, over 3,451 are expected to need waiver services within a year and have an urgent "Priority I" status. Eliminating the Priority I waiting list would ensure waiver services are available when individuals need them, would allow individuals who require support to continue to reside in, work, volunteer and live in their communities, and it would prevent the need for more intensive levels of care. It would also help ensure a robust community provider

network statewide offering a range of services individuals need to be successful in the community, including housing, day support, medical, behavioral and employment opportunities.

- **Continue on path to close one more of Virginia's training centers:** At this time, DBHDS continues to move forward with creating a single system of services, rather than a dual one of Medicaid Waiver supported services and state operated ICF facilities. Central Virginia Training Center is scheduled to close by June 2020. Southeastern Virginia Training Center will be Virginia's only remaining state operated ICF facility at that time. Since 2012, as individuals with mild to severe and profound disabilities have moved successfully from training centers to new community homes, the statewide training center census has decreased over 86 percent. Virginia will be able to meet the needs of all current residents in community settings by January 2020.

- **Reform Virginia's community behavioral health system:** DBHDS is currently working with the Administration, the CSBs and the General Assembly to fully implement STEP-VA services by FY 2021. STEP-VA services including same day access, primary care screening and monitoring and outpatient services are currently in the process of being implemented and will make historic improvements to Virginia's community behavioral health system; however, there are still six more STEP-VA services to be funded before the model is fully implemented. In addition, in response to a 2017 General Assembly directive, DBHDS developed a plan for the financial realignment of Virginia's public behavioral health system. Financial realignment would work alongside STEP-VA to build the comprehensive community services needed to ensure that state hospital care is used only when clinically necessary and is available and effective when it is utilized. These services, such as building community housing options, would facilitate discharges from the state hospitals. DBHDS is currently working with the Administration, CSBs, and the General Assembly to lay the groundwork for financial realignment by installing necessary discharge services in communities across Virginia, such as housing support, to facilitate discharges from state hospital beds.

- **Strengthen Substance-use Disorder (SUD) Treatment Capacity:** Infrastructure is lacking to combat Virginia's opioid epidemic. Additional resources are needed to improve Virginia's SUD system of care, especially for non-disabled, non-pregnant adults who are not eligible for Medicaid. In addition, the administration has initiated efforts to address Virginia's opioid crisis and SUD challenges and improve its coverage of substance use disorders. As a result, Virginia is now one of three states approved to expand SUD treatment, as well as to dramatically improve the rates it pays for treatment. This initiative, Addiction Recovery and Treatment Services, or "ARTS," went live April 1, 2017. Also, due to an infusion of significant federal funding from the 2017 CURES Act, In September 2018, DBHDS received a $15.8 million federal State Opioid Response grant to provide targeted assistance to states that are battling the ongoing opioid crisis. Virginia has now received a total of $35.3M in federal grants to combat the opioid epidemic over the last three years. In addition, in the Spring of 2017, the Department of Medical Assistance Services initiated implementation of a waiver from the Centers for Medicaid and Medicare (CMS) to expand the types of treatment and support services for people with SUDs reimbursable by Medicaid to include the entire clinical continuum of care. Coupled with the expansion of Medicaid scheduled for January 1, 2019, a significant number of individuals in need will be able to access services if capacity is available. CSB capacity to treat individuals with SUDs has remained static at about 30,000 unduplicated. Federal grant funds cannot be used to address longstanding infrastructure needs such as bricks and mortar or workforce development that are necessary to expand capacity. In addition, the federal grant funds targeted to address the opioid crisis are time limited and focused solely on that class of substance when a significant number of Virginians continue to need intervention with alcohol and stimulant use. The federal grants also provide funds for Medicated Assisted Treatment, a STEP-VA service to help combat Virginia's opioid epidemic. Together with the DBHDS-sponsored REVIVE! program, which trains people with no medical or health background to use naloxone to reverse the effects of an overdose, Virginia hopes to reverse Virginia's tragic opioid epidemic.

- **Addressing Behavioral Health Services in Jails:** Virginia, like many states, has historically had to maintain admission waitlists for individuals court ordered for inpatient treatment to attempt to restore the individual's competency to stand trial. In September 2015, there were 85 individuals awaiting admission (with 75 waiting longer than seven days for admission). Currently, there are only four individuals awaiting admission (with 0 waiting longer than seven days for admission). At the same time, the demand for inpatient forensic beds continues to increase: The total forensic admissions increased by 260 (1,504 to 1,764) from FY 2017 to FY 2018. Despite this demand, DBHDS has worked to admit all restoration cases within 10 days from receipt of the court order.
- In November 2017, DBHDS issued a report on Forensic Discharge Planning and has provided multiple presentations to various stakeholder groups on this topic. During the 2018 General Assembly session, funding was received to implement comprehensive discharge planning for individuals with Serious Mental Illness in two jails. During FY 2018, DBHDS also formed a stakeholder group to develop minimum standards for mental health services in all jails. DBHDS has issued that report and has presented the information to various stakeholder groups.
- Throughout FY 2018, DBHDS continued to support various criminal justice diversion programs for individuals with mental health issues who are bettered served by being diverted into the behavioral health system. During the 2018 GA session, funding was awarded to DBHDS to further support more Crisis Intervention Team programs (CIT) and to fund three pre/post booking diversion programs in rural jurisdictions. DBHDS is also working with local and state criminal justice partners to identify strategies to improve access to opioid treatment services for justice involved individuals. Finally DBHDS continues to collaborate with the Office of the Executive Secretary on supporting and

expanding Mental Health Dockets throughout the Commonwealth.

- **Continue to develop the quality improvement system:** DBHDS has been actively building a greatly needed quality management system. As these project activities are becoming operational, the focus of quality management (QM) is shifting to measure our effectiveness in meeting improvement goals and expanding QM across DBHDS. Then, efforts will focus on building quality improvement functions and activities within all community providers. New licensing regulations that became effective September 1, 2018, require all providers to establish their own quality improvement programs, and have changed reporting requirements to allow DBHDS to gather more robust data on serious incidents.

DBHDS is working to utilize new data warehouse capabilities to identify common trends, risk, triggers, and threshold. Using this data and information will help DBHDS provide technical assistance, training, and guidance to the providers, as well as develop processes and metrics to anticipate and correct problems early on. As a result, CSBs and private providers will understand and become aware of the expectation to have and implement quality improvement systems including measures and risk management. The quality improvement system is critical to exiting the DOJ settlement agreement. With the commonwealth increasingly relying on private providers to deliver care, a robust system that allows providers the flexibility to be innovative in meeting the needs of citizens who depend upon the public system of care, appropriate means of oversight that ensures individuals are receiving high quality, outcome focused services are delivered that respects the rights of all. This quality assurance system is the means by which DBHDS will assure that the monitoring and oversight provided protects the rights of those served.

Information Technology

The DBHDS Central Office Information Services and Technology (IS&T) team provides coordination, guidance, oversight, and support to information systems affecting the central office, state facilities operated by DBHDS, community service boards ("CSB"), licensed private providers, and the public. These services include information technology ("IT"), Information Security ("InfoSec"), compliance with Commonwealth IT standards, cloud file storage, web and application development and support, and data management. IS&T provides around the clock development and technical support for 253 critical applications across the DBHDS enterprise (including central office, state run facilities, CSBs, licensed providers, and the citizen customers of the agency). These systems support clinical and hospital operations

The major business goals prioritized by DBHDS leadership for IS&T include:

- Improve Application Configuration Management Capabilities: Evaluate methodologies, assign resources, and execute the documentation of security baseline configurations for information systems in compliance with industry best practices and the Commonwealth Security Standards.
- Increase Oversight over Third-Party Providers: Evaluate methodologies, assign resources, and execute a formal process for gaining assurance that third party providers have secure IT environments to protect sensitive data.
- Ensure the Physical Security of People in our Facilities: DBHDS hospitals and training centers need comprehensive physical security systems in order to ensure staff, family, and individual safety at our facilities. Security systems can include, but are not limited to, duress systems, door access systems, and overhead enunciators.
- Increase Frequency and Quality of Licensing Specialist Visits to Providers: Replace the current DBHDS licensing system with a system that will be used by DBHDS for licensing specialists and providers. DBHDS has a VA Performs key measure to increase the percentage of licensed service providers that receive a visit from a licensing specialist per quarter and per year. The new system will also deliver improved functionality for performance reporting and data mining, event tracking, public-facing search options, and integration between other state agencies that use provider data.
- Align with the Commonwealth Plan to Replace CIPPS: DOA is replacing the statewide payroll system, CIPPS--a mainframe/COBOL application, with sole-source PeopleSoft product provided by Accenture. DBHDS will have to modify existing interfaces with CIPPS according to DOA's timeline (an approach similar to their implementation of Cardinal Financials). Currently our legacy financial application FMS, and KRONOS, our timekeeping application, interface with CIPPS.
- Ensure Financial Technology Remains Supportable: Replace the Financial Management System (FMS) application with modern technology that is cheaper to support, provides more robust reporting and analysis functions, and more easily integrates with Commonwealth partner financial applications such as Cardinal, Performance Budgeting, and the future CIPPS replacement.
- Mobile Remote Access Services (MRAS): As the organization transitions to community based care, Mobile Remote Access Services (MRAS) will be required for high-speed mobile access to the COV network and DBHDS business infrastructure in even the most remote parts of the state, thereby enabling employees, CSB staff, and providers to access DBHDS and vendor-hosted applications and data with mobile devices.

Workforce Development

The DBHDS central office faces a number of recruitment and retention challenges, especially in the IS&T area where there is intense competition for individuals with specialized EHRS skills. The central office current turnover rate for FY 2018 was 9.4 percent and 42 positions are currently being recruited. This has helped the DBHDS to recover from budget cuts over the last ten years when about one-third of the central office staff

was eliminated.

The average age of DBHDS central office staff is 49 years old and the average work tenure is 9.7 years. During the next five years, 27 percent of central office staff will be eligible to retire with unreduced benefits. Comprehensive workforce succession planning and systematic training and workforce development strategies are essential if the central office 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 involves central office staff, staff in state hospitals and training centers, and now includes 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 qualified internal candidates to assume leadership positions; retain superior performers; and reduce turnover rates among high-performing employees. The program is currently in its fourth year, and experienced much success in the previous three years. DBHDS will be accelerating professional development efforts through the Virginia Public Sector Leadership Program, SystemLEAD, and mentoring rates.

As the Central Office 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 informatics, quality management, and EHRS and other new IT systems.

Physical Plant

The DBHDS central office occupies Department of General Services' space in 14 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. Windows were replaced in 2015. Maintenance and sealing work on the external face of the building in 2017. In 2018, several floors were repainted and recarpeted and a plan is in place for the remaining floors.

Space planning studies have been commissioned to improve building space utilization and accommodate additional office space. Space standards have also been established to guide assignments and advise staff regarding space types and sizes for position types including: permanent, contractor, part-time and DBHDS employees that only visit the Central Office occasionally. Based on the studies and standards, moves are underway with a goal of group functional teams together on the same floors where reasonable. Other space saving strategies are also being explored.

An active dialogue has been opened with the Department of General Services to improve the quality of services in the building. Addressed items include: Poor quality work when making repairs and installing new items, lack of heat in the Upper Basement areas, necessary changes to door locking schemes, space refresh schedule addressing recarpeting and repainting.

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).