

Strategic Plan
(2012-2014 Version 1)

Grants to Localities (790)
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

CSBs are not part of the Department of Behavioral Health and Developmental Services. CSBs purchase and manage their own IT programs.

Factors Impacting the Current Agency IT

Not applicable

Proposed IT Solutions

Not applicable

Financial Overview

Community Service Boards (CSB) are funded with 81 percent general fund dollars and 19 percent federal funds. Federal funds are derived from block grants (Substance Abuse Prevention and Treatment and Community Mental Health Services) and other grants for substance abuse and mental health services and Early Intervention grant funds for infants and toddlers with developmental delay.

In FY2013, general fund dollars include \$30 million for compliance with the agreement with the U.S. Department of Justice for transition of individuals from training centers to community services.

CSBs also receive funds from other sources such as local funds, Medicaid, other fees, and other revenues. These funds are not appropriated to CSBs and, therefore, are not included in these tables.

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	268,950,268	62,174,242	268,950,268	62,174,242
Changes to Base	16,447,050	50,000	397,050	100,000
Total	285,397,318	62,224,242	269,347,318	62,274,242

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

- 44501: Community Substance Abuse Services
- 44506: Community Mental Health Services

Customers

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Consumer	Individuals receiving CSB substance abuse services	36,743	49,090	Increase
Consumer	Individuals receiving CSB mental health services	113,552	187,385	Stable
Consumer	Infant and toddlers and their families served in Part C early intervention services	15,676	18,427	Increase
Consumer	Individuals receiving CSB developmental services	20,562	28,302	Increase

Key Risk Factors

- **Inadequate community behavioral health services capacity:** Extensive variations in regional and local service availability and some notable gaps in important basic services that prevent behavioral health crises and support an individual’s recovery continue to exist. Most significantly, these include a range of crisis and emergency services including acute inpatient care; basic outpatient, case management, and psychiatry services; wrap-around recovery-focused housing and employment supports; and timely access to services in the community and in local jails.
- **Inadequate community developmental services capacity:** Compliance with the DOJ settlement agreement requires considerable expansion of community services and supports that allow individuals to remain in their home communities and successfully transition training center residents to the community. These include new and enhanced waiver slots to address extensive medical and behavioral needs, crisis prevention and stabilization services, and individual and family supports.
- **Services system implementation of Health Care Reform and Medicaid Managed Care:** Implementation activities at the state and federal levels will significantly affect Virginia’s behavioral health and developmental services system, including:
 - Potentially significant expansion of newly insured and Medicaid enrollees seeking public MH, DEV, and SA services;
 - Compliance with health benefits design, covered services, and service delivery requirements;
 - Medicaid care coordination and managed care implementation;
 - Provider workforce capacity pressures; and
 - Integration of physical and mental health services
 - Potentially change the array of services funded by block grants administered by the federal Substance Abuse and Mental Health Services Administration.

Products and Services

Community MH, DEV, and SA services and supports provided by or through CSBs include:

- o Emergency services;
- o Acute psychiatric and substance abuse inpatient services, including SA medical detoxification;
- o Outpatient services, including counseling and psychotherapy, medication services, intensive outpatient SA services, intensive in-home services, assertive community treatment, medication-assisted treatment, and behavior management;
- o Case management services;
- o Day support services, including day treatment or partial hospitalization, ambulatory crisis stabilization, rehabilitation, and habilitation;
- o Employment services, including individual supported, group supported, and sheltered employment;
- o Residential services, including highly intensive - residential treatment centers, residential detoxification, and intermediate care facilities for individuals with intellectual disability; residential crisis stabilization; intensive - group homes, primary care, intermediate rehabilitation, and long-term habilitation; supervised - supervised apartments, domiciliary care, emergency shelter or respite, and sponsored placements; and supportive - supported living arrangements and housing subsidies;
- o Prevention services; and
- o Ancillary services, including motivational treatment, consumer monitoring, assessment and evaluation, and early intervention services.

Most, but not all CSBs provide Medicaid waiver services; Part C services; and peer services.

The IFSP provides up to \$3,000 per year to eligible individuals with intellectual or developmental disabilities on waiver waiting lists and their families to purchase a wide array of supports, services, and other assistance that enable individuals to continue to live at home.

Future demand for community services and supports is expected to increase as Virginia’s population grows and coverage increases under the Patient Protection and Affordable Care Act or other health reform measures.

Trends

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; be involved with the criminal justice system; or will be veterans experiencing behavioral health issues.

In FY 2012, 216,951 individuals (unduplicated) received services and supports provided by CSBs. The table below provides numbers receiving MH, DEV, SA, and Early Intervention services, excluding emergency and ancillary services. A May 2013 survey of CSB waiting lists documented 13,685 individuals waiting for CSB services, including 4,486 waiting for MH services; 8,095 waiting for DEV services; and 1,104 waiting for SA services. Demands for behavioral health and developmental services are expected to increase as Virginia's population grows and coverage increases under the Affordable Care Act or other health reform measures.

Trend Name	Trend Area
Services demand	Increase
Community crisis services	Increase
Criminal justice involvement	Increase

Performance Highlights: Service Performance & Productivity Initiatives

DBHDS contracts with the 40 CSBs, through the community services performance contract for the delivery of publicly funded community MH, DEV, and SA services. The contract establishes CSB and DBHDS requirements for service provision, reporting, and other responsibilities that are not in statute or regulation. The two year contract is updated annually.

DBHDS anticipates CSBs will be influenced by the following.

- CSB are participating in Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TCS), a transformational behavioral health change process to implement recovery-oriented and person-centered systems of care (ROSC) across Virginia.
- As Virginia implements Medicaid managed behavioral healthcare, CSBs and other providers must have the capability to evaluate their practices and services in clinical treatment programs, monitor outcomes, and document the effectiveness of their services.
- CSBs are experiencing increasing demand for community MH and SA services and are serving individuals with serious disabilities and complex needs that require a range of evidence-based services and supports that help prevent the need for more intensive interventions.
- The DOJ settlement agreement requires enhanced case management for many individuals receiving services under the agreement. CSBs are working with community agencies to provide critical supports that keep families intact and reduce the need for costly out-of-home placements. This includes work with housing agencies to access integrated housing and with employment services organizations to create supported and integrated or competitive work opportunities. To meet settlement agreement requirements, CSBs are improving their risk management and quality improvement processes, incident reporting, and collection and analysis of outcome measures.

Management Discussion & Analysis

Future Direction, Expectations, and Priorities

DBHDS contracts with CSBs. The community services performance contract supports CSBs' delivery of publicly funded community MH, DEV, and SA services; authorizes DBHDS to fund those services; and establishes CSB and DBHDS requirements for service provision, resource allocation, reporting, and other responsibilities that are not established in statute or regulation. The two year contract is updated annually.

DBHDS anticipates CSBs will be influenced by the following.

- CSB are participating in Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TCS), a transformational behavioral health change process to implement recovery-oriented and person-centered systems of care (ROSC) across Virginia.
- As Virginia implements Medicaid managed behavioral healthcare, CSBs and other providers must have the capability to evaluate their practices and services in clinical treatment programs, monitor outcomes, and document the effectiveness of their services.
- CSBs are experiencing increasing demand for community MH and SA services and are serving individuals with serious disabilities and complex needs that require a range of evidence-based services and supports that help prevent the need for more intensive interventions.
- The DOJ settlement agreement requires enhanced case management for individuals receiving services under the agreement. CSBs are working with community agencies to provide critical supports that keep families intact and reduce the need for costly out-of-home placements. This includes work with housing agencies to access integrated housing and with employment services organizations to create supported and integrated or competitive work opportunities.
- To meet settlement agreement requirements, CSBs are improving their risk management and quality improvement processes, incident reporting, and collection and analysis of outcome measures.

44501: Community Substance Abuse Services

Description

Community Substance Abuse Services funds public community substance abuse treatment services provided by 39 community services boards and one behavioral health authority, hereafter referred to as CSBs, throughout Virginia. CSBs function as the single points of entry into the publicly funded behavioral health and developmental services system. CSBs also offer prevention services that are aimed at substantially reducing the incidence of alcohol, tobacco, and other drug dependency and abuse. Community substance abuse services are integrated with other direct services and supports at the local level for individuals with special needs or those receiving services from multiple agencies, including adults and children or adolescents with co-occurring disorders such as mental illness and substance use disorders, and individuals who are hospitalized or involved in the criminal justice system.

Mission Alignment and Authority

Community substance abuse services align directly with the agency's mission and promote an individual's self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life, including work, school, family, and other meaningful relationships.

State statutory authority for the community substance abuse services follow:

Chapter 5 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of community services boards (CSBs) by local governments to provide community substance abuse services and authorizes the Department to fund CSBs; and

Chapter 6 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of a behavioral health authority (BHA) by a specified city or county to provide community substance abuse services and authorizes the Department to fund a BHA.

In addition, 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

- Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for community substance abuse services will change to reflect these demographic trends.
- The continued significant growth in Northern, Central, and Eastern Virginia will significantly increase the consumer base for community substance abuse services.
- Increasing numbers of veterans are returning to Virginia from Iraq and Afghanistan and are experiencing behavioral health issues.
- The number of individuals with co-occurring mental illness and substance use disorders served by the Commonwealth's behavioral health care system is expected to continue to increase. Currently, 35 percent of people with serious mental illness use alcohol or other drugs in a way that compromises stable recovery, and 19 percent of persons with alcohol abuse or dependence meet criteria for a mental illness.
- Changes to the Virginia Medical Assistance Program and block grants administered by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) resulting from federal health care reforms under the Patient Protection and Affordable Care Act (PPACA) could change the customer base for services supported by block grant funds.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Consumer	Individuals receiving CSB substance abuse services	36,743	49,090	Increase

Partners for this Service Area

Partner	Description
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 Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services awards grants that support community mental health and substance abuse prevention and treatment services and provides technical assistance to the Department and CSBs about requirements associated receipt of the grant funds.
Individuals receiving services, family members, and advocacy organizations	CSBs work closely with individuals receiving services and their families to assure their active and meaningful involvement in the delivery of services and supports and in discharge planning. Individuals receiving services, advocacy organizations, and peer and family groups also provide important feedback to CSBs on service needs and issues. Some individuals and family members serve on CSB boards.
Local governments	Local agencies such as school systems, social services, health departments, and area agencies on aging are critical partners in the provision of behavioral health services. These agencies provide auxiliary grants for assisted living facilities, various social services, health care, vocational training, and housing assistance.
Private providers (for profit and non-profit organizations)	Private providers contract with CSBs to provide community services.

Products and Services

Factors Impacting the Products and/or Services

- The dramatic problems associated with underage drinking and substance misuse and addiction, including abuse of prescription drugs, will put enormous pressure on the Commonwealth's behavioral health system.
- Improved assessment and screening of adults and children with co-occurring disorders will increase demands for integrated services to treat these co-occurring conditions.
- Untreated substance abuse costs Virginia millions of dollars in cost-shifting to the criminal justice system, the health care system, and lost productivity, not to mention the human suffering and effects on family and friends. A 2008 Joint Legislative Audit and Review Commission (JLARC) study, *Mitigating the Cost of Substance Abuse in Virginia*, conservatively estimated the cost in 2006 dollars to be \$613 million to the criminal justice system alone.
- Patterns of drug use will reflect an increased prevalence of prescription drug abuse and dependence. According to the Virginia Department of Health Office of the Chief Medical Examiner (2011), deaths due to drug/poison increased over the previous year by 18.2%, from 692 to 818. Of these deaths in 2011, 61.7% (505) were related to misuse of prescription drugs, an increase of 5.15% from the previous year. Deaths due to illegal (street) drugs also rose significantly, from 84 in 2010 to 143 in 2011, an increase of 71.43%.
- The 2010 and 2011 National Surveys of Drug Use and Health (NSDUH), conducted by the federal Substance Abuse and Mental Health Services Administration (SAMHSA), estimates that 23.21 percent of Virginians over 12 engaged in binge drinking (5 or more drinks on one occasion), and 555,554 individuals met clinical requirements for abuse or dependence of either alcohol or illicit drugs.
- The Department's Creating Opportunities substance abuse services strategic initiative has identified gaps in the array of evidence-based substance abuse treatment services. The 2008 JLARC study determined that substance abuse treatment services provided by CSBs are effective and have the impact of lowering other costs to the Commonwealth; however, services are not widely accessible, especially to the majority of offenders returning to the community.
- A significant proportion of adults and juveniles in the criminal justice system have identified issues associated with substance misuse and addiction. Currently, 70 percent of Virginia's incarcerated populations have substance use disorder issues that, if not addressed, considerably increase the risk of recidivism.
- The Governor's Virginia Prisoner and Juvenile Re-entry Council has recommended adoption of evidence-based treatment models at prisons and jails and in the community, with improved coordination and continuity for the 13,000 state responsible offenders who return to Virginia communities each year, and 60,773 offenders supervised by Department of Corrections on probation or parole.
- An increasing focus at federal and state levels on improving assessment, screening, and services for adults and adolescents with co-occurring substance use disorders and mental illnesses or serious emotional disturbances will increase the need and demand for integrated substance abuse and mental health services to treat these co-occurring disorders.
- Lack of a safe place to live is a frequent barrier to sobriety, as people with substance use disorders have frequently alienated friends and family and lack income. Supported living services can provide an option to placing a person in a more expensive residential treatment program when his or her clinical needs do not warrant that level of clinical care. The Department's Creating Opportunities study indicated that one-third of CSBs lack access to this type of support.

Anticipated Changes to the Products and/or Services

- The public behavioral health services system will experience increasing demand for existing and new types of community services and supports for people with substance use disorders such as those identified through the Creating Opportunities strategic planning process and interagency initiatives.
- Increased emphasis on the promotion of technology transfer regarding evidence-based or consensus-determined best practices or standards of care will require additional resources to implement, monitor, and evaluate these practices and services in clinical treatment programs.
- The CSB and private provider workforce would benefit from initiatives to improve the knowledge and skills necessary to effectively implement evidence-based and person-centered treatment.
- The number of peer-provided and peer-run programs will continue to increase.
- As Virginia's population becomes more diverse, cultural and linguistic competence of services system staff is being improved so providers can address the recovery and communication needs of individuals and families in a culturally relevant manner.
- Federal SAPT block grant funds will be focused on priority areas such as integration of behavioral health and primary health, co-occurring mental illness and substance use disorders, self-directed care, and prevention and promotion of wellness.

Listing of Products and / or Services

- Emergency services;
- Acute substance abuse inpatient services, including community-based substance abuse medical detoxification inpatient services;
- Outpatient services, including counseling and psychotherapy, intensive outpatient services, and medication-assisted treatment;
- Case management services;
- Day support services, including ambulatory crisis stabilization, rehabilitation, and day treatment or partial hospitalization;
- Residential services, including supportive (e.g., supported living arrangements and housing subsidies, supervised (e.g., supervised apartments, and emergency shelter or respite), intensive (e.g., primary care, intermediate rehabilitation, and long-term habilitation, and group homes), crisis stabilization, and highly intensive (e.g., detoxification) services;
- Prevention services; and
- Limited services, including motivational treatment, consumer monitoring, assessment and evaluation, and early intervention services.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	54,852,521	41,019,447	54,852,521	41,019,447
Changes to Base	0	0	0	0
Total	54,852,521	41,019,447	54,852,521	41,019,447

Objectives for this Service Area

Objectives for this Service Area

- Objective**
Increase the statewide availability of a consistent array of community substance abuse services that promote recovery and resilience, self-determination, and community participation.

Description

This objective aligns with the Department's goal of creating a recovery-oriented and person-centered substance abuse services and supports that promote self-determination, 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 objective implements the Creating Opportunities Substance Abuse Treatment Services strategic initiative. Additionally, the objective supports the implementation of Creating Opportunities behavioral health strategic initiatives to increase use of peers in direct service roles and expand recovery support services and enhance the core competencies of individuals who provide case management services.

Objective Strategies

- Collaborate with the Virginia Housing Development Authority, Department of Housing and Community Development, and other housing agencies to support implementation of the Governor's Housing Initiative recommendations and expand housing and supports options for individuals with substance use disorders.
- Continue to build and sustain collaborative relationships with other agencies at the state level to provide services to individuals with substance use disorders.
- Develop community treatment and support services tailored to divert young (juvenile and young adult) nonviolent offenders from incarceration and provide treatment to those who are released back to the community.
- Enhance the core competencies of persons who provide case management services to promote consistency in the practice of case management across Virginia.
- Expand access to integrated assessment and treatment services for individuals with co-occurring mental illnesses and substance use (alcohol or other drug dependence or abuse) disorders.
- Expand substance abuse peer recovery programs that provide group support, housing and employment assistance, day activity, and links to community resources.
- Expand the availability of specialized vocational rehabilitation counselors to provide services to individuals receiving treatment for substance use disorders through CSBs.
- Explore the feasibility of implementing the Network to Improve Addiction Treatment (NIATx) systems engineering model to improve the efficient use of resources and highlight operational policies and procedures that hamper successful treatment.
- Increase access to an adequate and more consistent array of substance abuse services, including medication assisted treatment, intensive outpatient services, case management, detoxification beds, and residential treatment for pregnant women and women with dependent children and enhanced uniform screening and assessment.
- Increase Project Link sites that provide intensive, coordinated interagency care for pregnant and post-partum women who are using drugs.
- Provide structured, safe, sober living environments for adults who are actively engaged in treatment as a "step down" from detoxification or residential services.
- Provide training to increase the basic knowledge and competency of public and private substance abuse services providers in the use of evidence-based and best practices.
- Support community-based prevention planning coalitions at the local level to implement strategies that reduce exposure to risk and enhance protective factors.

Alignment to Agency Goals

- 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.

Measures

- Percentage of adults admitted for substance abuse outpatient services who receive at least three hours of outpatient services within 30 days of admission.

Measure Class Measure Type Preferred Trend Frequency

Data Source and Calculation

Data Source: Department of Behavioral Health and Developmental Services Community Consumer Submission (CCS) Calculation: For adults admitted to substance abuse services during the previous 12 months, the number receiving three or more hours of outpatient services within 30 days of admission divided by the number receiving at least one hour of outpatient services within 30 days

44506: Community Mental Health Services

Description

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

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

Mission Alignment and Authority

Community mental health services align directly with the agency's mission and promote an individual's self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life, including work, school, family, and other meaningful relationships.

State statutory authority for community mental health services follow:

Chapter 5 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of community services boards (CSBs) by local governments to provide community mental health services and authorizes the Department to fund CSBs; and

Chapter 6 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of a behavioral health authority (BHA) by a specified city or county to provide community mental health services and authorizes the Department to fund a BHA.

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

Customers for this Service Area

Anticipated Changes to Customers Base

- Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for community mental health services will change to reflect these demographic trends.
- The continued significant growth in Northern, Central, and Eastern Virginia will significantly increase the consumer base for community mental health services.
- Increasing numbers of veterans are returning to Virginia from Iraq and Afghanistan and are experiencing behavioral health issues.
- The number of individuals with co-occurring mental illness and substance use served by the Commonwealth's behavioral health care system is expected to continue to increase. Currently, 35 percent of people with serious mental illness use alcohol or other drugs in a way that compromises stable recovery, and 19 percent of persons with alcohol abuse or dependence meet criteria for a mental illness.
- Almost 20 percent of the population 55 and older experience specific mental disorders that are not part of "normal" aging process. Older adults are among the fastest growing age groups in Virginia and nationally. The accelerated growth of the older adult population and its proportionately greater and more expensive healthcare needs is likely to place increased pressure on Virginia's behavioral health and developmental services system to provide specialized treatment to older adults.
- Proportionately greater numbers of individuals served by CSBs will have significant or complex service needs or will experience serious medical conditions requiring specialized services and supports.
- Increasing numbers of adults and juveniles in the criminal justice system have identified issues associated with a mental health disorder.
- Growing numbers of individuals will need services from peer-run initiatives and more peers and family members will need education and training programs to achieve the Department's vision for the services system.
- Changes to the Virginia Medical Assistance Program and block grants administered by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) resulting from federal health care reforms under the Patient Protection and Affordable Care Act (PPACA) could change the customer base for services supported by Medicaid and block grant funds.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Consumer	Individuals receiving CSB mental health services	113,552	187,385	Stable

Partners for this Service Area

Partner	Description
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 Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services awards grants that support community mental health and substance abuse prevention and treatment services and provides technical assistance to the Department and CSBs about requirements associated receipt of the grant funds.
Individuals receiving services, family members, and advocacy	CSBs work closely with individuals receiving services and their families to assure their active and meaningful involvement in the delivery of services and supports and in discharge planning. Individuals receiving services, advocacy organizations, and peer and family groups also provide important

organizations	feedback to CSBs on service needs and issues. Some individuals and family members serve on CSB boards.
Local governments	Local governments establish CSBs and approve their CSBs' performance contracts. They provide financial resources to the CSBs to match state funds, and may provide CSB administrative services.
Local agencies	Local agencies such as school systems, social services, health departments, and area agencies on aging are critical partners in the provision of behavioral health services. These agencies provide auxiliary grants for assisted living facilities, various social services, health care, vocational training, and housing assistance.
Private providers (for profit and non-profit organizations)	Private providers contract with CSBs to provide community services.

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.
- Virginia lacks a consistent basic array of emergency and crisis response services statewide and persons with mental illness and substance use disorders continue to be involuntarily hospitalized and incarcerated in high numbers. In the 2005 emergency services study, the Office of the Inspector General (OIG) found that most CSBs did not have access to appropriate emergency response and crisis intervention for persons with intellectual disability. The Creating Opportunities Emergency Response strategic initiative documented the need for more community-based crisis intervention and diversion services that would enable individuals to be served in the community where possible. Additionally, the Emergency Response strategic initiative found that only 32 percent of CSBs reported access to peers for persons in crisis even though peer and recovery support is enormously helpful for many individuals with mental health, substance use, or co-occurring disorders who are in crisis.
- The Creating Opportunities Peer Services and Recovery Supports strategic initiative has recommended that peer support services in Virginia be expanded by changing the State Medical Assistance Plan to add peer support as a distinct service. Providers of this new peer support service would need to demonstrate that they meet competency requirements through a state certification program for peer support specialists.
- Virginia Department of Education December 1, 2010 counts identified 9,562 students ages six to 22+ with a primary disability (as defined by special education law) of emotional disturbance.
- An increasing focus at federal and state levels on improving assessment, screening, and services for adults and adolescents with co-occurring substance use disorders and mental illnesses or serious emotional disturbances will increase the need and demand for integrated substance abuse and mental health services to treat these co-occurring disorders.
- Case management (service coordination and intensive case management) aids with the navigation and best usage of the publicly-funded system of services by helping individuals connect with appropriate services and receive day-to-day support to ensure stable community living. The Creating Opportunities Case Management strategic initiative found that there is no standard training and no system in Virginia for assuring that case managers have the knowledge and skills needed to be effective. As a result, the level and quality of such services varies widely from community to community.
- The lack of access to affordable housing adversely affects the services system's ability to address unmet service needs. As a general rule, individuals should not spend more than 30 percent of their monthly income on housing. Monthly Supplemental Security Income (SSI) payments for an individual are \$674 in Virginia while the average Fair Market Rent for a one-bedroom unit is \$887.
- In January 2010, a statewide one-day point-in-time count found 8,883 homeless persons. Of these, 1,479 individuals (17 percent) had been homeless for a year or longer or had been homeless at least three times in the previous four years and also had a disabling condition (i.e., meeting the HUD definition of chronic homelessness).
- In December 2012, the Governor established a multidisciplinary task force to review school and campus safety in light of the tragedy at Sandy Hook Elementary School in Newtown, Connecticut, which included a separate mental health workgroup chaired by Attorney General Ken Cuccinelli and Secretary of Health and Human Resources Dr. Bill Hazel. The Mental Health Workgroup was tasked with evaluating Virginia's mental health system to recommend improvements for identification, intervention, and treatment of behavioral and mental disabilities with a focus on ways to prevent acts of violence. The mental health workgroup recommendations included expanding suicide prevention programs, increasing mental health first aid training courses to instruct participants how to identify and respond to warning signs of mental health problems, creating additional "drop-off" centers where law enforcement can transport someone needing mental health evaluation instead of the emergency room or jail, and expanding adult and children's outpatient services. These recommendations were incorporated into the Governor's School and Campus Safety Initiative that provided \$2 million to the Department to support implementation.

Anticipated Changes to the Products and/or Services

- The public behavioral health services system will experience increasing demand for existing and new types of community mental health services and supports such as those identified through the Creating Opportunities strategic planning process.
- Implementation of recovery-based emergency and crisis response best practices will increase the number of peer support workers in emergency response services and the use of psychiatric advance directives and wellness recovery plans.
- Because individuals with more serious disabilities are being served in the community and the use of inpatient services has been drastically decreased, case managers will increasingly provide more supportive counseling and crisis intervention to individuals with serious disabilities, coordinate more complex plans of care and support, and spend more time monitoring the effectiveness of an entire range services to help prevent the need for more intensive and expensive interventions.
- Increased emphasis on the promotion of technology transfer regarding evidence-based or consensus-determined best practices or standards of care will require additional resources to implement, monitor, and evaluate these practices and services in clinical treatment programs.
- The CSB and private provider workforce would benefit from initiatives to improve the knowledge and skills necessary to effectively implement evidence-based and person-centered treatment.
- As Virginia's population becomes more diverse, cultural and linguistic competence of services system staff is being improved so providers can address the recovery and communication needs of individuals and families in a culturally relevant manner.
- Federal Community Mental Health Services block grant funds will be focused on priority areas such as integration of behavioral health and primary health services, co-occurring mental illness and substance use disorders, self-directed care, and prevention and promotion of wellness.

Listing of Products and / or Services

- Emergency services;
- Acute psychiatric inpatient services;
- Outpatient services, including counseling and psychotherapy, medication services, intensive in-home services, and assertive community treatment;
- Case management services;
- Day support services, including ambulatory crisis stabilization, rehabilitation, and day treatment or partial hospitalization;
- Employment services, including individual supported, group supported, and sheltered employment;
- Residential services, including supportive (e.g., supported living arrangement and housing subsidies, supervised (e.g., supervised apartments, domiciliary care, emergency shelter or respite, and sponsored placements), intensive (e.g., group homes), crisis stabilization, and highly intensive (e.g., residential treatment centers)

services;

- Prevention services;
- Limited services, including consumer monitoring, assessment and evaluation, and early intervention services; and
- Consumer-run services.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	158,346,270	11,760,000	158,346,270	11,760,000
Changes to Base	17,297,050	0	22,447,050	0
Total	175,643,320	11,760,000	180,793,320	11,760,000

Objectives for this Service Area

Objectives for this Service Area

Objective

Increase the statewide availability of a consistent array of community mental health services that promote recovery and resilience, self-determination, and community participation.

Description

This objective aligns with the Department's goal of creating a recovery-oriented and person-centered mental health services and supports that promote self-determination, 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 objective supports the implementation of several Creating Opportunities behavioral health strategic initiatives to enhance statewide emergency response and crisis prevention and diversion services capacity; increase the statewide availability of a consistent basic array of child and adolescent mental health services; increase use of peers in direct service roles and expand recovery support services; and enhance the core competencies of individuals who provide case management services.

Objective Strategies

- Collaborate with the Virginia Housing Development Authority, Department of Housing and Community Development, and other housing agencies to support implementation of the Governor's Housing Initiative recommendations and expand housing and supports options for individuals with mental health disorders.
- Create opportunities that emphasize integrated and supported employment for individuals with mental health disorders.
- Develop and implement community services for youth who are transitioning from children's services to young adult (ages 17-24) services.
- Enhance the core competencies of persons who provide case management services to promote consistency in the practice of case management across Virginia.
- Expand access to integrated assessment and treatment services for individuals with co-occurring mental illnesses and substance use (alcohol or other drug dependence or abuse) disorders.
- Expand jail-based behavioral health services that reduce demand for secure forensic treatment and prevent re-hospitalization of inmates.
- Expand outpatient restoration services to assure that defendants receive appropriate active treatment to restore competence in jails and community settings and providing funds for outpatient restoration services.
- Expand partnerships and cross-referral networks between CSBs and free clinics, federally funded health centers, and other providers of primary care services.
- Expand the array and capacity of jail diversion services, including pre-and post-booking, pre-trial alternatives, and community treatment services that prevent or divert individuals from incarceration.
- Expand the Cross-Systems Mapping process to more communities to enable community behavioral health and public safety systems to better understand experiences of individuals involved with both systems, identify service gaps, explore opportunities for diversion or system improvements, and develop local action plans.
- Implement a children's behavioral health workforce development initiative to increase consistency in public and private providers' knowledge and skills and support implementation of the comprehensive service array in a manner consistent with best practice standards.
- Increase access to an adequate and more consistent continuum of emergency and crisis response services, including crisis stabilization and local reception or drop-off centers.
- Increase access to non-crisis services or supports determined to be the most effective in preventing individuals from experiencing crises or diverting individuals in crisis from hospital-based inpatient psychiatric treatment.
- Increase the statewide availability of a consistent basic array of child and adolescent mental health services.
- Provide an array of community mental health services that represent best and most promising practices to individuals with serious mental illness or with or at risk of emotional disturbance across Virginia.
- Provide training to increase the basic knowledge and competency of public and private mental health services providers in the use of evidence-based and best practices.
- Support development and expansion of a wide range of peer services and peer provided recovery supports delivered through CSBs and peer-operated programs.
- Support the development of community alternatives, including transitional housing, to improve the flow-through of Not Guilty by Reason of Insanity (NGRI) acquittees and decrease their need for prolonged hospitalization.
- Work with CSBs, community providers of aging services, and community organizations to raise their awareness of the behavioral health service needs of older adults and develop a comprehensive, community-based continuum of specialized services for older adults in Virginia.

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.
- 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.

Measures

- Percentage of individuals receiving intensive mental health services who are served in the community.

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

Data Source and Calculation

Source: Department of Behavioral Health and Developmental Services Community Consumer Submission (CCS) and AVATAR, the Department's state facility information system Calculation: The number of individuals receiving intensive community-based mental health services divided by the total number of individuals receiving intensive community-based and state hospital services.

- Percentage of costs avoided by using community acute inpatient psychiatric services.

Measure Class **Productivity** Preferred Trend **Increase** Frequency **Annually**

Data Source and Calculation

Source: Department of Behavioral Health and Developmental Services Community Consumer Submission (CCS) and Community Automated Reporting System (CARS) Calculation: The difference between the average cost per individual for acute inpatient psychiatric services in community and for state hospital acute psychiatric services divided by the average cost for a state hospital acute psychiatric services.

- Percentage of law enforcement officers who return to the field within two hours after transporting an individual in crisis to a Crisis Intervention Team (CIT) assessment and triage site.

Measure Class **Other Agency** Measure Type **Outcome** Preferred Trend **Increase** Frequency **Annually**

Data Source and Calculation

Data Source: Department of Behavioral Health and Developmental Services (DBHDS) CIT outcome database Calculation: The number of events where a law enforcement officer records a return to the field within two hours divided by the total number of events during that fiscal year. NOTE: The Governor's initiative will fund three new CIT assessment and triage sites. The new sites will be established in FY 14 and the baseline outcome for these sites will be established at the end of FY 14. The goal is to have law enforcement officers back in the field within 2 hours. By FY 16, the sites will be fully operational with at least 60% of the officers returning to the field within 2 hours.

44507: Community Developmental Disability Services

Description

Community Developmental Disability Services funds public developmental services provided by 39 community services boards and one behavioral health authority, hereafter referred to as CSBs, throughout Virginia. CSBs function as the single points of entry into the publicly funded behavioral health and developmental services system. CSBs also provide preadmission screening of all requests for admission to training centers. Each CSB provides discharge planning for all individuals who reside or will reside in cities or counties served by the CSB before they are discharged from training centers. Community developmental services are integrated with other direct services and supports at the local level for individuals with special needs, those receiving services from multiple agencies, and individuals with co-occurring disorders such as an intellectual disability and a mental health disorder or an intellectual disability and a substance use (alcohol or other drug dependence or abuse) disorder.

This service area includes infant and toddler intervention (Part C) services, which are provided through contracts with local lead agencies (LLAs) across Virginia. LLA councils include representatives from a variety of agencies, including CSBs, serving infants and toddlers eligible for services under the Part C program.

Mission Alignment and Authority

Community developmental and Part C services align directly with the Department's mission and are required to promote an individual's self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life, including work, school, family, and other meaningful relationships.

State statutory authority for community developmental services follows:

Chapter 5 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of community services boards (CSBs) by local governments to provide community developmental services and authorizes the Department to fund CSBs;

Chapter 6 of Title 37.2 of the Code of Virginia authorizes the establishment and operation of a behavioral health authority (BHA) by a specified city or county to provide community developmental services and authorizes the Department to fund a BHA; and

Chapter 53 of Title 2.2 of the Code of Virginia establishes the Early Intervention Services System to implement Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and describes the lead agency's responsibilities. The Department is the lead agency and provides funds to local lead agencies (LLAs), which coordinate the provision of local infant and toddler intervention services.

In addition, Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and 34 CFR 303.303.11-325 under the Individuals with Disabilities Education Act authorize the state to implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families.

Customers for this Service Area

Anticipated Changes to Customers Base

- Virginia's population is increasing, becoming more culturally diverse, and growing older. The customer base for community developmental services and supports will change to reflect these demographic trends.
- The continued significant growth in Northern, Central, and Eastern Virginia will significantly increase the consumer base for community developmental services.
- Growing numbers of individuals with older care givers will require community developmental services to enable them to continue to reside in their homes or other community settings.
- Proportionately greater numbers of individuals served in community developmental services will have significant or complex needs or will experience serious medical conditions or behavioral challenges requiring specialized services and supports.
- Changes to the Virginia Medical Assistance Program resulting from federal health care reforms under the Patient Protection and Affordable Care Act (PPACA) could change the customer base for services supported by Medicaid.
- Increasingly, the developmental services system is being called on to provide services and supports to individuals with autism spectrum disorders or other developmental disabilities.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Consumer	Individuals receiving CSB developmental services	20,562	28,302	Increase
Consumer	Infant and toddlers and their families served in Part C early intervention services	15,676	18,427	Increase

Partners for this Service Area

Partner	Description
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 federal Office of Special Education Programs provides federal funds to the Department, as the lead state agency for the Part C program, for infant and toddler early intervention services.
Individuals receiving services, family members, and advocacy	CSBs work closely with individuals receiving services and their families to assure their active and meaningful involvement in the delivery of services and supports and in discharge planning. Individuals receiving services, advocacy organizations, and peer and family groups also provide important

organizations	feedback to CSBs on service needs and issues. Some individuals and family members serve on CSB boards.
Local governments	Local governments establish CSBs and approve their CSBs' performance contracts. They provide financial resources to the CSBs to match state funds, and may provide CSB administrative services.
Local agencies	Local agencies such as school systems, social services, and health departments are critical partners in the provision of developmental services. These agencies provide auxiliary grants for assisted living facilities, various social services, health care, vocational training, housing assistance, and Part C early intervention services.
Private providers (for profit and non-profit organizations)	Private providers contract with CSBs to provide community services and deliver Medicaid ID waiver services.

Products and Services

Factors Impacting the Products and/or Services

- Demands for community 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. In addition to funding significant additional waiver capacity, the Department's Creating Opportunities Developmental Services Capacity strategic initiative has affirmed the need to collaborate with the Department of Medical Assistance Services to expand waiver capacity, modify existing or create new waivers, and address waiver rate structures.
- Virginia Department of Education December 1, 2010 counts identified 9,784 students with an intellectual disability who are receiving special education services. Counts for children age three to five identified 8,244 children with a developmental disability and 935 children with an autism spectrum disorder. The total number of students identified with an autism spectrum disorder was 11,703.
- Pressures to increase community services capacity will continue as the approximately 2,000 students who graduate annually from special education classes seek ID waiver or other more flexible developmental services such as intermittent or limited supports to ease their transition from special education programs.
- In the 2005 emergency services study, the Office of the Inspector General (OIG) found that most CSBs did not have access to appropriate emergency response and crisis intervention for persons with intellectual disability. The Department and CSBs have begun to address this underserved group more directly, through a biennium appropriation of more than \$8 million to establish community crisis intervention services throughout the Commonwealth for individuals with intellectual disability and co-occurring mental health disorders.
- The number of infants and toddlers served in programs funded by the local lead agencies (LLAs) through the Part C program is expected to increase as a result natural population growth, better outreach and case finding efforts, and enhanced Part C child find activities.
- Growing numbers of individuals with aging care givers will require developmental services and supports to enable them to continue to reside in their homes or other community settings.
- Case management (service coordination and intensive case management) aids with the navigation and best usage of the publicly-funded system of services by helping individuals connect with appropriate services and receive day-to-day support to ensure stable community living. The Creating Opportunities Case Management strategic initiative found that there is no standard training and no system in Virginia for assuring that case managers have the knowledge and skills needed to be effective. As a result, the level and quality of such services varies widely from community to community.

Anticipated Changes to the Products and/or Services

- Implementation of the settlement agreement between the Department and the Department of Justice will significantly expand community developmental services capacity through dramatic increases in the number of licensed providers of community developmental services.
- The public developmental services system will experience increasing demand for existing and new types of community developmental services and supports such as those identified through the Creating Opportunities strategic planning process.
- Demand for family support services, which keep these families intact and reduce the need for costly out-of-home placements, is expected to grow over the biennium.
- As Virginia's population becomes more diverse, cultural and linguistic competence of services system staff is being improved so providers can address the recovery and communication needs of individuals and families in a culturally relevant manner.

Listing of Products and / or Services

- Emergency services;
- Outpatient services, including behavior management and medication services;
- Case management services;
- Day support services, including habilitation;
- Employment services, including individual supported, group supported, and sheltered employment;
- Residential services, including supportive (e.g., supported living arrangement and housing subsidies, supervised (e.g., supervised apartments, domiciliary care, emergency shelter or respite, and sponsored placements), intensive (e.g., group homes), crisis stabilization, and highly intensive (e.g., community intermediate care facility (ICF) for individuals with intellectual disability) residential services;
- Prevention services;
- Limited services, including consumer monitoring, assessment and evaluation, and early intervention services;
- Medicaid Intellectual disability waiver services; and
- Infant and toddler intervention (Part C) services.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	55,751,477	9,394,795	55,751,477	9,394,795
Changes to Base	-850,000	50,000	-22,050,000	100,000
Total	54,901,477	9,444,795	33,701,477	9,494,795

Objectives for this Service Area

Objectives for this Service Area

Objective

Implement person-centered community developmental services and supports that will enable individuals to live lives that are fully integrated in the community. that promote recovery and resilience, self-determination, and community participation.

Description

This objective aligns with the Department's goal of creating person-centered developmental services and supports that promote self-determination, 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 objective implements the Creating Opportunities developmental services strategic initiatives to build community services and supports capacity that will enable individuals who need developmental services and supports, including those with autism spectrum disorders and other developmental disabilities, to live a life that is fully integrated in the community.

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.
- Collaborate with the Virginia Housing Development Authority, Department of Housing and Community Development, and other housing agencies to support implementation of the Governor's Housing Initiative recommendations and expand housing and supports options for individuals with intellectual disability.
- Create opportunities that emphasize integrated and supported employment for individuals with intellectual disability.
- Develop community-based developmental services and supports pursuant to implementing agreed-upon plans with the U.S. Department of Justice.
- Enhance the core competencies of persons who provide case management services to promote consistency in the practice of case management across Virginia.
- Establish a crisis management system in each region of the Commonwealth, beginning with the initial developmental disability crisis response programs funded by the 2011 General Assembly.
- Expand Part C early intervention services for infants and toddlers (ages 0-3) and their families to prevent or alleviate later developmental or learning problems.
- Improve the quality and effectiveness of developmental services through oversight of program performance and services recipient outcomes.
- Support efforts with partners to provide information to the public about autism spectrum disorders, offer ongoing education and additional training, and expand access to early diagnosis and intervention resources.
- Support training and workforce development efforts across systems to increase providers' knowledge and skills regarding best practices and development of person-centered-environments.

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.
- 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.

Measures

- Percentage of individuals receiving intensive developmental services who are served in the community.

Measure Class **Agency Key** Measure Type **Outcome** Preferred Trend **Stable** Frequency **Annually**

Data Source and Calculation

Source: Department of Behavioral Health and Developmental Services Community Consumer Submission (CCS) and AVATAR, the Department's facility information system Calculation: Percent of individuals receiving developmental services (training center and ID and DS waiver services) during the fiscal year (denominator) who are enrolled in ID and DS waivers (numerator)