

Strategic Plan
(2012-2014 Version 1)

Mental Health Treatment Centers (792)
Agency Plan

Mission Statement

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

Vision Statement

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

Values

Focus First on Individuals Receiving Services

Our decisions and actions consider first the best interests of individuals who receive services and their families. We respect the potential and capacity of each individual who receives services. We value and support the healing and recovery process.

Responsiveness to External and Internal Customers

We seek input and involvement from our customers. We share ideas and remain open to different opinions. We listen to and respect what our customers say and respond promptly to their requests.

Partnership and Collaboration

We create opportunities for partnerships, encourage teamwork, and support each other to succeed. We accept shared ownership and seek win-win (mutually acceptable) solutions. We communicate openly and clearly. We are willing to take risks as we look for creative solutions and new ways of solving problems. We make decisions and resolve problems at the level closest to the issue.

Professionalism, Integrity, and Trust

We recognize and celebrate individual and team successes. We use valid data that reflect best practices and positive results and outcomes. We take responsibility for ourselves, for our actions, and for how these actions affect others. We develop a supportive and learning environment and work continuously to improve the quality of the services we provide. We keep our word and deliver what we promise. We incorporate our values into everyday decisions.

Stewardship

We protect the assets and interests of the entire services system. We value and take care of staff. We use the Commonwealth's resources in the most effective and efficient manner.

Information Technology

Current Operational IT Investments

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

Factors Impacting the Current Agency IT

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

Proposed IT Solutions

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

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

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

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

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

Financial Overview

State mental health facilities operated by the Department of Behavioral Health and Developmental Services (Department) are funded with 68 general fund dollars and 32 percent non-general fund dollars. Non-general fund dollars are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and federal entitlement programs related to patient care.

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	216,530,118	95,582,567	216,530,118	95,582,567
Changes to Base	-10,139,828	217,928	-11,588,412	217,928
Total	206,390,290	95,800,495	204,941,706	95,800,495

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 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 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 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. For those individuals who require services provided by state hospitals, person-centered services prepare them for successful integration back into the community.

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.

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. The services system promotes stewardship and wise use of services system funds, human resources, and capital infrastructure. 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; streamline functions to realize savings and achieve

operational efficiencies; and break down funding and service silos through cross-agency initiatives.

Implementation of this goal is essential to the Department's progress in advancing its vision, implementing Commission on Government Reform and Restructuring (Executive Order #2 2010) recommendations, and documenting progress in achieving a *Commonwealth of Opportunity* for all Virginians, including individuals receiving behavioral health 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

- 19708: Facility-Based Education and Skills Training
- 35707: Forensic and Behavioral Rehabilitation Security
- 42102: Inpatient Pharmacy Services
- 43006: Geriatric Care Services
- 43007: Inpatient Medical Services
- 43014: State Mental Health Facility Services
- 498: Facility Administrative and Support Services

Customers

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Child	Children and adolescents served in state hospitals	644	997	Stable
Consumer	Individuals with active criminal justice involvement who require inpatient forensic services	1,160	1,208	Increase
Consumer	Individuals served in state hospitals	4,005	5,640	Stable
Consumer	Older adults served in state hospitals	520	551	Stable
Consumer	Individuals served at Hiram Davis Medical Center	118	118	Stable

Key Risk Factors

- **State hospital discharge delays:** Some persons who are determined by their treatment teams to be clinically ready for discharge face barriers to discharge because community supports and housing arrangements meeting their specific needs are not available. On average, 140-150 individuals wait for discharge because they have extraordinary barriers. One-third are civil patients with special needs, one-third are geriatric patients who need nursing home placements, and one-third are forensic patients who are committed as not guilty by reason of insanity and whose services need court approval. Delayed discharges increase pressure on local hospital emergency rooms, law enforcement, and individuals who would benefit from state hospital services.
- **Forensic pressures on state hospital bed capacity:** With adult civil beds increasingly occupied by adults with a forensic status, fewer state hospital beds are available for civil patients. Even with a statutory preference for outpatient competency evaluations and competence restoration whenever possible, many persons who could be served on an outpatient basis are instead referred to state hospitals. Additional development of community-focused forensic services such as outpatient and jail-based evaluations, restoration of competency, and treatment for persons found not guilty by reason of insanity (NGRI) would offset the increasing demand for state hospital beds by adults with a forensic status.
- **Management of jail inmate forensic service demand:** Although DBHDS reduced its jail inmate admission waitlist from 111 in 2007 to an average of 15 in 2013, maintaining this progress will require ongoing diligence and aggressive utilization management.
- **Facility capital requirements:** With the completion of the new WSH, the average age of state hospital buildings is nearly 50 years old. Many of these older buildings have significant physical plant problems requiring major renovation. CSH is the remaining hospital that needs to be replaced.

Products and Services

State hospitals provide highly structured intensive inpatient services, including a range of psychiatric, psychological, psychosocial rehabilitation, nursing, support, and ancillary services. Specialized programs are provided to older adults, children and adolescents, and individuals with a forensic status.

Hospital forensic services include inpatient pretrial evaluation, competency restoration, and a variety of clinical and inpatient interventions. At CSH, a maximum security forensic unit has perimeter and internal security and security staffing equivalent to a medium security correctional center and an intermediate security unit has a medium correctional center level of perimeter security. Three hospitals have medium security units or programs, ESH, SVMHI, and WSH, with specialized staff and a minimum of two levels of locked security to prevent escape. Adults with a forensic status also receive services on state hospital civil units.

Geriatric centers at ESH, SWVMHI, CH, and PGH provide a variety of specialized clinical and inpatient interventions in areas of behavioral management, cognition, interpersonal skills, self-care, and leisure time development that are specifically designed to address the unique and complex recovery, treatment, and support needs of older adults (65 years and older). Robust state geriatric center partnerships with community psychiatric hospitals are enabling acute care to be increasingly provided in community hospitals and partnerships with nursing facilities are focusing centers' services and supports on transitioning individuals residing in state geriatric centers to the community.

State hospital inpatient medical services include a broad range of medical, dental, laboratory, and nursing services, but most predominantly include skilled nursing, infirmary services, and acute medical or surgical care. Services are provided in state hospital medical/surgical units at ESH, SWVMHI, WSH, and HDMC or by referral to local acute care hospitals through the DBHDS special hospitalization program.

Rankings & Customer Trends

State hospitals have around 3,500 admissions and 3,600 discharges annually. Individuals receiving state hospital services 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.

Proportionately greater numbers of adults receiving services in state hospitals are involved with criminal justice system. Over the past ten years, the percentage of state hospital beds occupied by adult forensic patients has increased from 28.9% to 40.1%.

Older adults with psychiatric needs receiving services in state hospital geriatric centers represented 18% of total hospital bed days in FY 2013. This rate is due in large part because the Commonwealth lacks community alternatives that provide specialized programs and providers trained to address the specific needs of older adults with mental health or substance use disorders.

Trend Name	Trend Area
State hospital census	Steady
Forensic bed use	Increase
Geriatric bed use	Decrease

Performance Highlights: Service Performance & Productivity Initiatives

DBHDS has implemented annual consultative audits (ACAs) to improve state hospital service delivery. ACAs use a peer-review process involving colleagues from other state hospitals, individuals receiving services, and central office staff to review and provide feedback on facility operations and compliance with oversight and accreditation requirements and offer consultative suggestions to improve service delivery. First year ACAs resulted in a concerted focus to completely revamp assessment and treatment planning in preparation for electronic health record implementation. Second year ACAs were completed in early 2013 and included a new consumer peer review component.

An important measure of hospital performance is the use of beds by individuals with forensic status. Increased use of beds by forensic admissions means that fewer beds are available for civil patients. State hospitals are safely and appropriately diverting forensic admissions and improving forensic patient management and review and oversight processes. Over the past five years, DBHDS has made significant progress in reducing state hospital waitlists for jail inmate admissions. To safely divert forensic admissions, DBHDS provided outpatient competency restoration in all 7 regions and allocated \$144,000 to CSBs to provide 116 adults with outpatient competency restoration services in either the community or in jail.

Effectiveness of other state hospital services is measured by adolescent classroom instruction attendance, falls by individuals receiving geriatric services, anti-psychotic poly-pharmacy, pressure ulcer improvements, and readmissions of individuals with long-stays within one year following their discharge. The new WSH design, which meets U.S. Green Building Council's LEED® criteria for SILVER, should reduce operating and energy costs significantly when it is completed in 2013.

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

State hospitals have made significant progress in changing their cultures to support recovery, self-determination, and empowerment. Recovery-oriented and person-centered principles are now increasing the recovery experience for individuals receiving services through peer-to-peer supports, treatment planning partnerships, and educational and career development and job training opportunities.

State hospitals will continue to focus on improving bed utilization through aggressive monitoring of service plans and discharge efforts that reduce lengths of stay and enable individuals to be integrated more quickly into the community. This includes ongoing improvements to current processes for managing the delivery and utilization of services provided to individuals with forensic status and will participate in efforts to divert persons with mental illness who are in crisis from hospital admission.

Results of annual consultative audits (ACAs) should facilitate adoption of best practices and operational efficiencies; standardize procedures, as appropriate; and reduce duplication. Operational efficiencies also should result from the implementation of the electronic health record system (EHRS) clinical treatment/medical record, pharmacy, ancillary, and accounts payable modules.

With increasingly complex caseloads, state hospitals must maintain sufficient numbers of staff trained in best practice guidelines and evidence-based approaches in the treatment and care of individuals receiving state hospital services. Hospitals also are working to improve staff cultural and linguistic competence so they can better address the recovery and communication needs of individuals and families in a culturally relevant manner.

19708: Facility-Based Education and Skills Training

Description

Facility-Based Education and Skills Training Services consist of educational services provided to individuals receiving state facility services who are 22 years of age or younger and covered by the federal Individuals with Disabilities Education Act (IDEA).

Mission Alignment and Authority

Facility-Based Education and Skills Training Services enable individuals to continue to make academic progress during their hospitalization and to improve their person-centered work skills, thereby promoting choice, self-worth, and satisfaction.

State and federal statutory authority for mental health treatment center education and skills training services follows:

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services. Section 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state facilities that provide care and treatment for persons with mental illness;

Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state hospitals that serve individuals with mental health disorders; and

Chapter 8 of Title 37.2 of the Code of Virginia addresses admissions to and discharges from state hospitals, involuntary commitment, and admissions to private facilities. Section 37.2-843 authorizes the Department or CSBs to provide drugs or medicines from funds appropriated to the Department for that purpose for individuals discharged from state facilities when they or the persons liable for their care and treatment are financially unable to pay for or otherwise access them (aftercare pharmacy services).

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

Customers for this Service Area

Anticipated Changes to Customers Base

- Virginia's population is increasing and becoming more culturally diverse. Children and adolescents receiving education services during their hospitalization will reflect these demographic trends.
- Proportionately greater numbers of children and adolescents receiving education services during their hospitalization will have complex service needs, co-occurring combinations of mental health and substance use disorders, or acute or chronic medical conditions that require specialized interventions.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Child	Children and adolescents served in state hospitals	644	997	Stable

Partners for this Service Area

Partner	Description
Community services boards and behavioral health authority (CSBs)	State hospitals participate with CSBs in discharge planning.
Individuals receiving services, family members, and advocacy organizations	State hospitals work closely with individuals receiving services and their families to assure their active and meaningful involvement in treatment and discharge planning and service provision.
Private providers (for profit and non-profit organizations)	State hospitals purchase inpatient medical care for individuals receiving their services.
State agencies	State hospitals work with a number of state agencies that coordinate services or provide operational, financial, or workforce consultation or oversight to assure appropriate implementation of regulations and management requirements.
Virginia institutions of higher education (colleges, universities, and community colleges)	State hospitals collaborate with academic medical centers, academic programs of other colleges and universities, and community colleges to address workforce issues, promote the implementation of evidence-based and other promising practices, and to train the services system's current and emerging workforce.

Products and Services

Factors Impacting the Products and/or Services

Provision of educational services is affected by the challenging behaviors and physical needs of children and adolescents receiving services in state hospitals.

Anticipated Changes to the Products and/or Services

No major changes are anticipated.

Listing of Products and / or Services

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	2,002,785	137,286	2,002,785	137,286
Changes to Base	22,633	0	22,633	0
Total	2,025,418	137,286	2,025,418	137,286

Objectives for this Service Area

Objectives for this Service Area

Objective

Provide appropriate education services to children and adolescents in state hospitals

Description

This service is mandated by state and federal statutes and regulations that apply to special education services.

Objective Strategies

- Coordinate with local school divisions to assure that the educational needs of children and adolescents are addressed during their inpatient stays.
- Incorporate educational needs in discharge planning with community services boards.
- Provide educational services that are appropriate to the needs of children and adolescents while they are receiving inpatient psychiatric services.

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 adolescents at the Commonwealth Center for Children and Adolescents who attend scheduled classroom instruction

Measure Class Measure Type Preferred Trend Frequency

Data Source and Calculation

Data Source: Commonwealth Center for Children and Adolescents report to the Department of Behavioral Health and Developmental Services. Report compiled by the Center principal based on information provided by the Virginia Department of Education's State Operated Programs database.
 Calculation: The number of adolescents who attend an individual class divided by the number of adolescents scheduled to attend the individual class.

35707: Forensic and Behavioral Rehabilitation Security

Description

State hospitals consist of inpatient pretrial evaluation, competency restoration, and a variety of clinical services and inpatient interventions to individuals who are involved with the criminal justice system in Virginia. The most secure forensic treatment location is the Maximum Security Forensic Unit at Central State Hospital (CSH) in Petersburg, which has levels of perimeter and internal security and security personnel that are equivalent to a medium security correctional center. An Intermediate Security Unit at CSH has a medium correctional security level of perimeter security, with less restricted internal milieu and security staffing. Three hospitals have medium security units or programs, Eastern State Hospital (ESH) in Williamsburg, Southern Virginia Mental Health Institute (SVMHI) in Danville, and Western State Hospital (WSH) in Staunton, with specialized staff and a minimum of two levels of locked security to prevent escape.

Mission Alignment and Authority

The Department must, by statute, provide secure confinement of individuals under criminal charge who are admitted directly from law enforcement custody.

State statutory authority for state hospital forensic services follows:

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

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

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 state hospital forensic services will reflect these demographic trends.
- Proportionately greater numbers of individuals served in state facility forensic units will have significant or complex service needs or co-occurring mental health and substance use disorders, increased individual acuity, and complicated acute and chronic medical needs requiring specialized services and supports.
- Upon their release from incarceration, individuals served in state facility forensic units may have difficulty re-entering and reintegrating into the community. This difficulty may be exacerbated by their loss of income supports and lack of health insurance benefits, making them highly likely to recycle through the behavioral health and criminal justice systems.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Consumer	Individuals with active criminal justice involvement who require inpatient forensic services	1,160	1,208	Increase

Partners for this Service Area

Partner	Description
Community services boards and behavioral health authority (CSBs)	State hospitals participate with CSBs in discharge planning.
Individuals receiving services, family members, and advocacy organizations	State hospitals work closely with individuals receiving services and their families to assure their active and meaningful involvement in treatment and discharge planning and service provision.
Local and regional jails	State hospitals work closely with local and regional jails to transfer inmates in need of inpatient forensic services.
Private providers (for profit and non-profit organizations)	State hospitals purchase inpatient medical care for individuals receiving their services.
State agencies	State hospitals work with a number of state agencies that that coordinate services or provide operational, financial, or workforce consultation and assistance to assure appropriate implementation of regulations and management requirements.
Virginia institutions of higher education (colleges, universities, and community colleges)	State hospitals collaborate with academic medical centers, academic programs of other colleges and universities, and community colleges to address workforce issues, promote the implementation of evidence-based and other promising practices, and to train the services system's current and emerging workforce.

Products and Services

Factors Impacting the Products and/or Services

- State hospital adult bed capacity is likely to be increasingly filled by individuals who have some level of involvement with the criminal justice system. In FY 2010, 1,297 unique individuals with a forensic legal status were served in state hospitals, occupying the equivalent of 518 beds. They had an average length of stay of 146 days compared to 79 days for civil patients.
- Between FY 2000 and FY 2010, state hospital bed days occupied by individuals with a forensic status increased from 133,440 to 189,136 bed days or from 22.6 to 38 percent of total hospital bed days. Without additional community forensic services, including outpatient and jail-based evaluations, restoration of competency, and treatment for persons found Not Guilty by Reason of Insanity (NGRI), the proportion of state hospital civil beds will continue to decline. Implementation of community and jail-based treatment options would prevent behavioral health situations from requiring criminal justice response, divert individuals from incarceration or detention whenever legally possible, and link individuals to community-based services and supports.

- The Forensic Subcommittee of the Creating Opportunities State Hospital Effectiveness and Efficiency strategic initiative found that although the Code expresses a preference that evaluations of competency to stand trial be conducted on an outpatient basis whenever possible, courts regularly issue orders for inpatient services even when clinical assessment indicates that an inpatient level of care is not needed, and some regions experience a shortage of qualified or willing evaluators.
- After undergoing an initial evaluation of competence to stand trial, some defendants are adjudicated incompetent and ordered to undergo treatment to restore competence, but there is currently no reimbursement mechanism to CSBs for providing this service even with the Code's preference for outpatient competence restoration whenever possible. This can result in unnecessary admissions for restoration and in NGRI findings in cases where legal criteria do not appear to have been met. At Eastern State Hospital and Central State Hospital, especially, jails inmates are waiting for admission to a state hospital for restoration of competency because no alternative exists. Not all of those persons would be appropriate for diversion to outpatient services, but many would.
- Mandatory parolees are admitted directly to the Central State Hospital maximum security unit from the Department of Corrections as civilly committed persons upon the expiration of their sentences. They can then be transferred to civil units after an initial period of assessment. The large majority of these individuals do not appear to require maximum security. Often they are former patients of state civil units that are very familiar with them.
- After commitment, NGRI acquittees can gradually obtain privileges that integrate increasing levels of community access until they are considered appropriate for conditional release. Acquittees remain under the jurisdiction of the original trial court, which makes the decision regarding conditional release and supervises the acquittee while on release. The average length of inpatient stay for NGRI acquittees is 6.3 years. The Creating Opportunities Forensic Subcommittee found that in the last three years 10 individuals found NGRI did not appear to meet legal criteria.

Anticipated Changes to the Products and/or Services

- The Department and its partner agencies will continue to improve the current process for managing the delivery and utilization of services provided to individuals with mental illness who are involved with the criminal justice system. This includes efforts to divert persons with mental illness who are in crisis from arrest and criminal prosecution. Through the Cross-System Mapping process, additional community behavioral health and public safety systems will explore opportunities for diversion or system improvement and develop local action plans to address service gaps.
- Changes to forensic evaluation and treatment services may result from Department evaluation of the size and use of the Central State Hospital maximum security unit; changes in Department policy regarding management of Not Guilty by Reason of Insanity (NGRI) acquittees; and examination of NGRI statutes (revocation of conditional release) and forensic evaluation oversight to identify any needed changes.
- State hospitals are working to improve staff cultural and linguistic competence so they can better address the recovery and communication needs of individuals and families in a culturally relevant manner.

Listing of Products and / or Services

Forensic Services include inpatient pretrial evaluation, competency restoration, and inpatient treatment to individuals who are involved with the criminal justice system.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	12,265,106	308,098	12,265,106	308,098
Changes to Base	135,798	0	135,798	0
Total	12,400,904	308,098	12,400,904	308,098

Objectives for this Service Area

Objectives for this Service Area

Objective

Provide sufficient secure inpatient forensic evaluation, competency restoration, and treatment services that meet the demands of jails and courts.

Description

This objective aligns with the statutory mandate to provide secure inpatient forensic services and implements the Department's Creating Opportunities strategic priorities to enhance the effectiveness and efficiency of inpatient forensic services.

Objective Strategies

- Develop a structured competency restoration treatment protocol to assure that defendants receive appropriate active treatment to restore competence in jails and community settings.
- Evaluate the size of the Central State Hospital maximum security unit and explore opportunities to improve its safe and secure management.
- Focus provision of inpatient pretrial evaluation and treatment to persons who meet emergency treatment criteria.
- Implement changes in Departmental policy regarding Not Guilty by Reason of Insanity (NGRI) acquittee management to allow temporary custody of new insanity acquittees to be implemented in state hospital civil beds whenever possible based on clinical and risk status.
- Improve oversight to reduce unnecessary admissions for pretrial evaluation, competency restoration, and treatment of NGRI acquittees.
- Improve the Department's Forensic Information System (FIMS).
- Improve the flow-through of NGRI acquittees by placing acquittees into the least restrictive settings necessary as quickly as possible and providing enhanced access to expert consultation to assist services providers address treatment-recalcitrant and institutionalized patients.
- Reduce current waiting list of persons in jails referred for restoration of competency.
- Strengthen state and local behavioral health and criminal justice partnerships and collaborative programs to reduce or divert forensic admissions from state hospitals and increase conditional releases and discharges to the community.

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

- Number of local or regional jail inmates waiting to access state hospital-based forensic services.

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

Data Source and Calculation

Data Source: State hospital reports to the Department of Behavioral Health and Developmental Services Calculation: Number of local or regional jail inmates on waiting lists to access state hospital forensic services on the last day of the reporting period

42102: Inpatient Pharmacy Services

Description

Inpatient Pharmacy Services consist of medication selection and procurement, storage, ordering and prescribing, preparation and dispensing, administration, and monitoring. Medication orders are prepared, packaged, compounded (if needed), labeled and then sent directly to the individual's unit for administration by nursing staff.

Mission Alignment and Authority

State hospitals provide medications that appropriately alleviate the symptoms of and distress associated with an individual's illness or medical condition, or both.

State statutory authority for state hospital inpatient pharmacy services follows:

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services. Section 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state facilities, which provide inpatient pharmacy 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 state hospital pharmacy services will reflect these demographic trends.
- Proportionately greater numbers of individuals served in state hospitals will have complex service needs that require specialized interventions due to co-occurring combinations of mental health and substance use disorders or acute or chronic medical conditions.
- The number of individuals served on state hospital civil units should continue to decline as more community-based services become available.
- Changes to the Virginia Medical Assistance Program resulting from federal health care reforms under the Patient Protection and Affordable Care Act (PPACA) will likely have a significant impact on Virginia's publicly-funded behavioral health and developmental services system and the individuals served by this system.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Consumer	Individuals served in state hospitals	4,742	5,640	Stable

Partners for this Service Area

Partner	Description
Pharmacy oversight agencies	State hospitals assure that its pharmacy operations meet regulatory requirements.

Products and Services

Factors Impacting the Products and/or Services

- Inpatient pharmacies will continue to experience increasing medication costs as drug prices rise and increasing numbers of individuals receiving services are uninsured or underinsured. These costs may be offset somewhat as patents for certain anti-psychotic medications expire and generic medications become available.
- The pharmacist shortage in Virginia and nationally make recruitment and retention of pharmacists extremely difficult.

Anticipated Changes to the Products and/or Services

The Department's electronic health record system is incorporating inpatient pharmacy operations.

Listing of Products and / or Services

Inpatient pharmacy services include medication selection, procurement, preparation, dispensing; management, and education, and pharmacy service oversight and cost containment.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	7,283,500	0	7,283,500
Changes to Base	4,464,733	7,258,163	4,464,733	7,258,163
Total	4,464,733	14,541,663	4,464,733	14,541,663

Objectives for this Service Area

Objective

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

Description

Medications dispensed by inpatient pharmacies are an important component in treating psychiatric and medical conditions experienced by individuals receiving state hospital services.

Objective Strategies

- Continually evaluate and ensure the capacity of inpatient pharmacies to bill a variety of third party insurance plans.
- Ensure that current inpatient pharmacies' procedures and capabilities comply with state requirements and federal programs.
- Implement 30-day and 90-day medication reviews as required by federal and state regulatory agencies (Medicare, Medicaid, and Virginia Board of Pharmacy).
- Monitor inventory to reduce excess inventories and price discrepancies while ensuring the availability of normal stock levels for medications.
- Monitor physician prescribing practices to identify potential prescribing issues and take appropriate actions.

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 individuals who have been identified as receiving two or more antipsychotic medications upon discharge from a state hospital.

Measure Class Measure Type Preferred Trend Frequency

Data Source and Calculation

Source: AVATAR, the Department of Behavioral Health and Developmental Services state facility information system Calculation: Number of individuals discharged with prescriptions for more two or more antipsychotic medications without a justification divided by the total number of individuals discharged for the same time period.

43006: Geriatric Care Services

Description

Geriatric Care Services consist of a variety of clinical services and inpatient interventions that promote optimal performance in areas of behavioral management, cognition, interpersonal skills, self-care, and leisure time development and are specifically designed to address the unique and complex recovery, treatment, and support needs of older adults (65 years of age and older). Specialized inpatient geriatric care services are provided by Eastern State Hospital (ESH) in Williamsburg, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, Catawba Hospital (CAT) near Salem, and Piedmont Geriatric Hospital (PGH) in Burkeville.

Mission Alignment and Authority

Inpatient geriatric services are provided to older adults (65 years of age and older) who are in crisis or who present with acute or complex conditions, or both, and who require the highly intense and structured environments of care that currently is available only in an inpatient setting. Inpatient geriatric services are person-centered, flexible, and sensitive to the cultural and age-related needs of individuals.

State statutory authority for state hospital geriatric care services follows:

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services, including supervising and managing the Department and its state facilities, which provide geriatric inpatient services; and

Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state facilities, including the establishment and operation of separate geriatric units in state facilities.

Additionally, the federal Centers for Medicare and Medicaid Services (CMS) establishes requirements for certified beds in state hospitals.

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 state geriatric facilities and programs will reflect these demographic trends.
- The accelerated growth of Virginia's older adult population and its proportionately greater and more expensive healthcare needs will place increased pressure on state geriatric centers to provide specialized treatment to older adults with behavioral health disorders. Proportionately greater numbers of older adults will have complex service needs that require specialized interventions due to co-occurring combinations of mental health and substance use disorders, behavioral challenges, or acute or chronic medical conditions.
- Changes to the Virginia Medical Assistance Program resulting from federal health care reforms under the Patient Protection and Affordable Care Act (PPACA) will likely have a significant impact on Virginia's publicly-funded behavioral health and developmental services system and the individuals served by this system.
- The number of individuals served by state geriatric centers should continue to decline as more community-based services become available.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Consumer	Older adults served in state hospitals	520	551	Stable

Partners for this Service Area

Partner	Description
Community services boards and behavioral health authority (CSBs)	State hospitals participate with CSBs in discharge planning.
Federal agencies	State geriatric centers and certain state hospital beds must be certified by the Centers for Medicare and Medicaid Services (CMS) to receive Medicaid reimbursement for services provided.
Individuals receiving services, family members, and advocacy organizations	State hospitals work closely with individuals receiving services and their families to assure their active and meaningful involvement in treatment and discharge planning and service provision.
Private providers (for profit and non-profit organizations)	State hospitals purchase inpatient medical care for individuals receiving their services.
State agencies	State hospitals work with a number of state agencies that coordinate services or provide operational, financial, or workforce consultation and assistance to assure appropriate implementation of regulations and management requirements.
Virginia institutions of higher education (colleges, universities, and community colleges)	State hospitals collaborate with academic medical centers, academic programs of other colleges and universities, and community colleges to address workforce issues, promote the implementation of evidence-based and other promising practices, and to train the services system's current and emerging workforce

Products and Services

Factors Impacting the Products and/or Services

- The reluctance of many older adults and family caregivers to seek behavioral health services and poor service coordination among agencies providing services to this population often result in a more complicated clinical picture when an individual finally does present for services and an increased demand for inpatient services.
- Virginia lacks adequate behavioral health services infrastructure to meet the current needs of older adults. The provision of services to older adults is complicated

by the limited number of specialized community-based programs and lack of providers trained to serve this population.

- A shift in cultural perspectives on aging, which once assumed that older adults required no more than custodial or end-of-life care, has increased demand for new service models and more treatment choices for individuals who need services.
- State geriatric centers are working with CSBs and other stakeholders to develop innovative services for older adults in their home communities and improve and sustain access to community providers with the goal of intervening earlier and reducing the need for psychiatric hospitalization.
- The Annual Consultation Audit process will identify systemic and individual state geriatric service center areas for improvement.
- Clinical, environmental, and administrative standards set by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission require heightened vigilance and resources to maintain adequate physical plans and compliance with standards.

Anticipated Changes to the Products and/or Services

- State geriatric centers are working to implement best practices and clinical practice guidelines and evidence-based approaches in their care of older adults.
- State geriatric centers are working to improve staff cultural and linguistic competence so they can better address the recovery and communication needs of individuals and families in a culturally relevant manner.
- State geriatric center partnerships with nursing facilities are focusing centers' services and supports on transitioning individuals residing in state geriatric centers to the community.
- State geriatric center partnerships with community psychiatric hospitals are enabling acute care to be increasingly provided in community hospitals.
- State geriatric centers are responding to increasing demands for geriatric education and consultation from local nursing and assisted living facilities.

Listing of Products and / or Services

Inpatient geriatric care services include inpatient psychiatric and medical assessment; psychology, nursing, and social work services; recreational, physical and occupational therapies; and medication management and rehabilitation.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	291,331	34,519,242	291,331	34,519,242
Changes to Base	0	107,061	0	107,061
Total	291,331	34,626,303	291,331	34,626,303

Objectives for this Service Area

Objectives for this Service Area

Objective

Offer a comprehensive array of person-centered inpatient geriatric treatment and rehabilitation services that promote self-determination, recovery, and community participation.

Description

This objective aligns with the Department's responsibility to operate state geriatric treatment centers and its goal of creating recovery-oriented and person-centered services and supports that enable individuals to return to his community, family, and life. It also supports the Department's Creating Opportunities strategic initiative to enhance the effectiveness and efficiency of services provided by state geriatric treatment centers.

Objective Strategies

- Conduct Annual Consultation Audits to facilitate state geriatric hospital and unit adoption of best practices and operational efficiencies, standardize procedures, as appropriate, and reduce duplication.
- Maintain sufficient numbers of trained staff in each geriatric facility and program to ensure services are appropriate to the populations served and sufficient to provide quality services and assure the safety of individuals receiving services.
- Participate in cross-agency initiatives that encourage the creative use of funds to keep older adults with behavioral issues out of institutions.
- Provide education, training, and support to long-term care facilities, primary care providers, and family caregivers on dealing with older adults with behavioral health issues.
- Support development of community "best practice" alternatives to intensive services to reduce or divert older adult admissions from state hospitals and increase discharges to the community.

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

- Rate of falls experienced by individuals in geriatric care services.

Measure Class Measure Type Preferred Trend Frequency

Data Source and Calculation

Data source: Geriatric facility reports to the Department of Behavioral Health and Developmental Services. Fall reports include the following breakdowns: "Found on Floor", transfers; slipper surface, improper shoe surface/no shoe surface, obstacle, falling during change of position -sitting to standing and environmental. Calculation: The total number of falls in the geriatric centers divided by the number of bed days of service, divided by 1,000.

43007: Inpatient Medical Services

Description

Inpatient Medical Services consist of a broad range of medical, dental, laboratory, and nursing services, but most predominantly include skilled nursing, infirmary services, and acute medical or surgical care provided in state hospital medical/surgical units or by referral to local acute care hospitals through the Department's special hospitalization program. Medical/surgical units are available at Eastern State Hospital (ESH) in Williamsburg, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, Western State Hospital (WSH) in Staunton, and the Hiram Davis Medical Center (HDMC) in Dinwiddie.

Mission Alignment and Authority

Inpatient medical services focus on alleviating the symptoms and distress associated with an illness or medical condition. Acute symptom resolution or management is a prerequisite for active and meaningful individual involvement and participation in other facility services that enable individuals to develop skills and supports.

State statutory authority for medical services provided to individuals receiving services in state hospitals follows:

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services, including supervising and managing state hospitals, which provide inpatient medical 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 inpatient medical services will reflect these demographic trends.
- Proportionately greater numbers of older adults served in state hospitals will have complex service needs that require specialized interventions due to co-occurring combinations of mental health and substance use disorders, behavioral challenges, or acute or chronic medical conditions.
- Individuals admitted to state hospitals often have had limited previous access to medical services and may have chronic medical conditions that require medical treatment during the course of their inpatient stay.
- Changes to the Virginia Medical Assistance Program resulting from federal health care reforms under the Patient Protection and Affordable Care Act (PPACA) will likely have a significant impact on Virginia's publicly-funded behavioral health and developmental services system and the individuals served by this system.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Consumer	Individuals served at Hiram Davis Medical Center	114	127	Stable
Consumer	Individuals served in state hospitals	4,742	5,640	Stable

Partners for this Service Area

Partner	Description
Community services boards and behavioral health authority (CSBs)	State hospitals participate with CSBs in discharge planning.
Federal agencies	State geriatric centers and certain state hospital beds must be certified by the Centers for Medicare and Medicaid Services (CMS) to receive Medicaid reimbursement for services provided.
Individuals receiving services, family members, and advocacy organizations	State hospitals work closely with individuals receiving services and their families to assure their active and meaningful involvement in treatment and discharge planning and service provision.
Private providers (for profit and non-profit organizations)	State hospitals purchase inpatient medical care for individuals receiving their services.
State agencies	State hospitals work with a number of state agencies that coordinate services or provide operational, financial, or workforce consultation or oversight to assure appropriate implementation of regulations and management requirements.
Virginia institutions of higher education (colleges, universities, and community colleges)	State hospitals collaborate with academic medical centers, academic programs of other colleges and universities, and community colleges to address workforce issues, promote the implementation of evidence-based and other promising practices, and to train the services system's current and emerging workforce

Products and Services

Factors Impacting the Products and/or Services

- Growth in the number of individuals with forensic involvement, who typically have more medical conditions associated with poor health care prior to admission and iatrogenic disorders, will increase demand on state hospitals to provide or purchase medical services.
- The Creating Opportunities State Hospital Effectiveness and Efficiency strategic initiative to implement a state facility Annual Consultation Audit process will identify systemic and individual areas for improvement.
- Clinical, environmental, and administrative standards set by the Centers for Medicare and Medicaid Services (CMS) and by the Joint Commission are likely to continue to become more complex, burdensome, and more expensive to oversee and implement.
- Individuals served on state hospital civil units should continue to decline as more community-based services become available.

Anticipated Changes to the Products and/or Services

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

Listing of Products and / or Services

Inpatient medical services include physician, nursing, and dental services; skilled nursing care; speech and audiology; physical, occupational, and recreational therapy; and special hospitalization (purchase of medical care from local hospitals).

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	0	19,155,690	0	19,155,690
Changes to Base	0	107,060	700,000	107,060
Total	0	19,262,750	700,000	19,262,750

Objectives for this Service Area

Objectives for this Service Area

Objective

Offer or arrange for medical care appropriate to the particular needs of individuals receiving services in state hospitals or at the Hiram Davis Medical Center.

Description

State hospitals provide medical care to individuals within their facilities, in local hospitals, or through referrals to the Hiram Davis Medical Center.

Objective Strategies

- Continue partnerships with local hospitals to assure continuity of treatment for individuals who are referred for medical and surgical treatment or who are returning from local hospitals to the Hiram Davis Medical Center.
- Maintain sufficient numbers of trained staff to ensure that medical services are appropriate to the individuals served and sufficient to provide quality care.
- Monitor the cost effectiveness of continuing to provide medical/surgical services and develop plans, as necessary, to change services or close units when other alternatives are determined to be more cost effective.
- Offer quality medical care that meets federal Centers for Medicare and Medicaid Services (CMS) and Joint Commission requirements.
- Provide funds to assure medical care and special hospitalization needs are met for individuals receiving services in state hospitals.

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 pressure ulcers that heal within three months of the start of treatment at Hiram Davis Medical Center.

Measure Class Measure Type Preferred Trend Frequency

Data Source and Calculation

Source: Hiram Davis Medical Center report to the Department of Behavioral Health and Developmental Services. Report includes the number of individuals admitted with pressure ulcers and the monthly status of each wound treated. Calculation: Number of ulcers that heal within three months of the start of treatment divided by the total number of ulcers treated.

43014: State Mental Health Facility Services

Description

State Mental Health Facility Services consist of a variety of intensive inpatient clinical services and supports to adults with serious mental illnesses and children and adolescents with serious emotional disturbances who are in crisis, who present with acute or complex conditions, or both, and who require the highly intensive and structured environments of care provided in an inpatient setting. Services include psychiatric assessment and stabilization and a range of psychiatric, psychological, psychosocial rehabilitation, nursing, and ancillary services, and, in collaboration with the CSBs, discharge planning. State hospital services are further specialized by the age groups and legal status served at a facility. State hospitals include Catawba Hospital (CAT) near Salem, Central State Hospital (CSH) in Dinwiddie, Commonwealth Center for Children and Adolescents (CCCA) in Staunton, Eastern State Hospital (ESH) in Williamsburg, Northern Virginia Mental Health Institute (NVMHI) in Falls Church, Southern Virginia Mental Health Institute (SVMHI) in Danville, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, and Western State Hospital (WSH) in Staunton.

Mission Alignment and Authority

State hospital services are person-centered and individualized to meet each individual's goals for recovery. They focus on stabilizing acute psychiatric symptoms, developing skills needed for successful community living, and enhancing other fundamental life skills, such as identifying and developing positive community supports, increasing hope, motivation, and confidence, and making informed choices.

State statutory authority for state mental health facility services follows:

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services, including supervising and managing the Department and its state hospitals, which provide care and treatment for persons with mental illness.

In addition, the federal Centers for Medicare and Medicaid Services (CMS) establishes requirements for certified beds in state hospitals.

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 state hospital services will reflect these demographic trends.
- Proportionately greater numbers of older adults served in state hospitals will have complex service needs that require specialized interventions due to co-occurring combinations of mental health and substance use disorders, behavioral challenges, or acute or chronic medical conditions.
- Proportionately greater numbers of individuals served in state hospitals have some level of involvement with the criminal justice system. Although the proportion of forensic individuals varies by hospital, typically these individuals comprise between one quarter to half of state hospital bed utilization and many of these individuals are served on civil units. Demand for beds to serve individuals with forensic involvement is likely to increase over time as Virginia's population grows.
- Increasing numbers of veterans are returning to Virginia from Iraq and Afghanistan and are experiencing behavioral health issues.
- The number of individuals served on state hospital civil units should continue to decline as more community-based services become available.
- Changes to the Virginia Medical Assistance Program resulting from federal health care reforms under the Patient Protection and Affordable Care Act (PPACA) will likely have a significant impact on Virginia's publicly-funded behavioral health and developmental services system and the individuals served by this system.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Consumer	Adults served in state hospitals	4,169	4,919	Stable
Consumer	Children and adolescents served in state hospitals	573	721	Stable

Partners for this Service Area

Partner	Description
Community services boards and behavioral health authority (CSBs)	State hospitals participate with CSBs in discharge planning.
Federal agencies	State geriatric centers and certain state hospital beds must be certified by the Centers for Medicare and Medicaid Services (CMS) to receive Medicaid reimbursement for services provided.
Individuals receiving services, family members, and advocacy organizations	State hospitals work closely with individuals receiving services and their families to assure their active and meaningful involvement in treatment and discharge planning and service provision. Peer providers and consumer-run organizations provide very valuable services and supports for individuals receiving services in state hospitals.
Private providers (for profit and non-profit organizations)	State hospitals purchase inpatient medical care for individuals receiving their services.
State agencies	State hospitals work with a number of state agencies that coordinate services or provide operational, financial, or workforce consultation or oversight to assure appropriate implementation of regulations and management requirements.
Virginia institutions of higher education (colleges, universities, and community colleges)	State hospitals collaborate with academic medical centers, academic programs of other colleges and universities, and community colleges to address workforce issues, promote the implementation of evidence-based and other promising practices, and to train the services system's current and emerging workforce

Products and Services

Factors Impacting the Products and/or Services

- Because Virginia continues to lack a consistent statewide basic array of emergency and crisis response services, persons with mental illness and substance use disorders continue to be involuntarily hospitalized and incarcerated in high numbers. The Creating Opportunities Emergency Response strategic initiative documented the need for more community-based crisis intervention services. Development of these services will enable individuals to be served in the community where possible, to use community hospital beds and return these individuals quickly to their communities, and to receive longer-term care and specialized treatment in state hospitals where this is not possible.
- Increasingly, state hospital beds are being used by individuals with a forensic status. Without developing community-focused forensic services, including outpatient and jail-based evaluations, restoration of competency, and treatment for persons found Not Guilty by Reason of Insanity (NGRI), the proportion of state hospital civil beds will continue to decline.
- The lack of a comprehensive array of community-based services identified by the Creating Opportunities child mental health services initiative has caused an over-reliance on inpatient and residential treatment models for these children and adolescents. Inpatient services provided by the Commonwealth Center for Children and Adolescents will continue to be needed until alternative community-based services are available.
- Individuals receiving state hospital services will require a highly trained and diversified work force skilled in evidence-based clinical and recovery practices.
- Improved methods of coordinating and integrating care with relevant providers, including primary care, vocational and life skills agencies, funding agencies, and community providers are essential to removing barriers to successful discharge from and promoting continuity of care for individuals receiving state hospital services.
- The Annual Consultation Audit process will identify systemic and individual state hospital areas for improvement.
- A number of state hospitals have significant physical plant problems that require immediate attention. Older buildings and large multi-building campuses are inappropriately designed to safely meet the needs of individuals and have inherent inefficiencies for staff, utilities, and support services.
- Clinical, environmental, and administrative standards set by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission require heightened vigilance and resources to maintain adequate physical plans and compliance with standards.

Anticipated Changes to the Products and/or Services

- State hospitals will increasingly use peer support specialists to advance the concept of recovery.
- State hospitals will continue to improve their ability to provide integrated care for those with co-occurring mental illness and substance use disorders and services that demonstrate competence in trauma-informed care.
- State hospitals are working to improve staff cultural and linguistic competence so they can better address the recovery and communication needs of individuals and families in a culturally relevant manner.
- Advances in information technology such as the electronic health record will improve staff clinical communication, strengthen quality assurance and oversight, and reduce medication errors.
- New more effective and efficient and safer state hospitals will replace large, multi-building state hospital campuses. The replacement Eastern State Hospital is now complete and the construction of the replacement Western State Hospital has begun and is scheduled for completion in early 2013.

Listing of Products and / or Services

State hospital services include psychiatric assessment, stabilization, and medication management; psychosocial rehabilitation programming; psychology, nursing, and social work services; and recreational, physical, and occupational therapies.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	126,350,399	7,863,885	126,350,399	7,863,885
Changes to Base	2,116,426	0	-32,158	0
Total	128,466,825	7,863,885	126,318,241	7,863,885

Objectives for this Service Area

Objectives for this Service Area

Objective

Offer a comprehensive array of person-centered inpatient services and supports that promote self-determination, resilience, recovery, and community participation

Description

This objective aligns with the Department's responsibility to operate state hospitals and its goal of creating recovery-oriented and person-centered services and supports that enable the individual to return to his community, family, and life and supports the Department's Creating Opportunities strategic initiative to enhance the effectiveness and efficiency of state hospital services.

Objective Strategies

- Achieve operational efficiencies resulting from the replacement of Western State Hospital.
- Implement a career path for direct service associates to improve recruitment and retention efforts.
- Improve bed utilization in state hospitals through aggressive monitoring of service plans and discharge efforts that reduce lengths of stay and enable individuals to be integrated more quickly into the community.
- Integrate recovery principles in state hospital operations and implement strategies that increase the recovery experience for individuals receiving services, including peer-to-peer supports, treatment planning partnerships, and provision of educational, career development and job training opportunities.
- Maintain sufficient numbers of trained staff and equipment at each state hospital to provide services that are appropriate to the populations served and sufficient to assure quality and safety of individuals receiving services.
- Participate in Annual Consultation Audits intended to facilitate state hospital adoption of best practices and operational efficiencies, standardize procedures, as appropriate, and reduce duplication.
- Provide training to enhance the use of best practice guidelines and evidence-based approaches in the treatment and care of individuals receiving state hospital services.

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 admissions that involve an individual who discharged from a long stay or episode of care within one year.

Measure Class Measure Type Preferred Trend Frequency

Data Source and Calculation

Data Source: AVATAR, the Department of Behavioral Health and Developmental Services state facility information system Calculation: The number of unduplicated individuals discharged from a 60 day or longer episode of care within the previous 365 days who are admitted during reporting period divided by the number of unduplicated admissions during the reporting period.

498: Facility Administrative and Support Services

Description

Facility Administrative and Support Services consist of general management and direction, computer services, food and dietary services, housekeeping services, linen and laundry services, physical plant services, power plant operations, and training and education services. These functions are essential for state hospital provision of services and supports.

Mission Alignment and Authority

Facility Administrative and Support Services support the mission of the Department by providing the administrative framework so state hospitals can provide quality care in a safe and clean environment and comply with administrative and financial requirements.

State statutory authority for facility administrative and support services follows:

Chapter 3 of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services. Section 37.2-304 outlines the duties of the Commissioner, including supervising and managing the Department and its state facilities, which provide administrative and support services; and

Chapter 7 of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state facilities, including facility administrative and support services.

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 state facility administrative and support services will reflect these demographic trends.
- Proportionately greater numbers of older adults served in state hospitals will have complex service needs that require specialized interventions due to co-occurring combinations of mental health and substance use disorders, behavioral challenges, or acute or chronic medical conditions.
- Proportionately greater numbers of individuals served in state hospitals have some level of involvement with the criminal justice system. Demand for secure beds to serve individuals with forensic involvement is likely to continue to increase over time as Virginia's population grows.
- Changes to the Virginia Medical Assistance Program resulting from federal health care reforms under the Patient Protection and Affordable Care Act (PPACA) will likely have a significant impact on Virginia's publicly-funded behavioral health and developmental services system and the individuals served by this system.

Current Customer Base

Pre-Defined Customer Group	User Specified Customer Group	Customers Served Annually	Potential Annual Customers	Projected Trend in # of Customers
Consumer	Individuals served in state hospitals	4,742	5,640	Stable

Partners for this Service Area

Partner	Description
Federal agencies	State geriatric centers and certain state hospital beds must be certified by the Centers for Medicare and Medicaid Services (CMS) to receive Medicaid reimbursement for services provided.
Private providers and vendors	State hospitals purchase or contract for a variety of services from private providers and vendors.
State and Local agencies	State hospitals work with a number of state agencies that provide operational, financial, or workforce consultation and assistance to assure appropriate implementation of regulations and management requirements. Hospitals work with local health departments and fire marshals to assure compliance with applicable standards.

Products and Services

Factors Impacting the Products and/or Services

- Retention of the state hospital workforce will be a challenge as the average employee aging increases. This is particularly true for facilities in rural areas where staff turnover is less than in more urban areas.
- The 2009 *American Recovery and Reinvestment Act* requires health providers to implement electronic health record (EHR) systems by 2014 to continue to bill Medicaid and Medicare. State hospital EHR clinical treatment/medical records module design must be integrated with facility billing and pharmacy modules and must allow for information exchange facilities and with CSBs and private providers through Commonwealth Gateway.
- New Governor's Executive Orders and changes in requirements of external agencies such as the Department of Accounts (DOA), Department of Human Resources Management (DHRM), Department of Planning and Budget (DPB), Department of General Services (DGS), and Virginia Information Technologies Agency (VITA) could affect performance of state mental health facility administrative and support services
- Annual increases in the costs of state mental health facility medications, energy, and other goods and services.
- As state hospitals are replaced or undergo major renovations, administration and support needs will change.

Anticipated Changes to the Products and/or Services

No major changes in state facility administrative and support services are anticipated.

Listing of Products and / or Services

Facility administrative and support services include administrative leadership and regulatory compliance; information technology support; food, housekeeping, linen and laundry, and physical plant services; and employee training and education services.

Financial Overview

Budget Component	2013 GF	2013 NGF	2014 GF	2014 NGF
Base	58,155,764	19,056,703	58,155,764	19,056,703
Changes to Base	585,315	3,807	585,315	3,807
Total	58,741,079	19,060,510	58,741,079	19,060,510

Objectives for this Service Area

Objectives for this Service Area

Objective

Provide efficient and effective administration and support services at each state hospital

Description

Efficient and effective administration and support services must be in place if state hospitals are to provide quality services in a safe and healthy environment. The objective is related to the Creating Opportunities strategic initiatives to enhance state facility effectiveness and efficiency and implement an electronic health record.

Objective Strategies

- Adhere to all safety regulations as prescribed by the Department of Environmental Quality pertaining to boiler inspections.
- Adhere to all safety regulations as prescribed by the local Fire Marshall pertaining to building safety.
- Adhere to Virginia Department of Health regulations pertaining to state hospital food services operations, overall sanitation, and cleanliness.
- Comply with the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rule requirements.
- Continue to adhere to Prompt Payment Act, small purchase charge card usage, Payline participation, direct deposit participation, and other regulatory compliance requirements.
- Continue to assess opportunities to improve the effectiveness and efficiency of facility administrative services.
- Implement an electronic health record system of clinical treatment/medical record, pharmacy, ancillary, and accounts payable modules at each state hospital.

Alignment to Agency Goals

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

Measures

- Average daily cost of state hospital administration and support services.

Measure Class Preferred Trend Frequency

Data Source and Calculation

Data Sources: Department of Accounts Commonwealth Accounting and Reporting System (CARS) and AVATAR, the Department of Behavioral Health and Developmental Services state facility information system Calculation: State hospital expenditures for administration and support services (non-direct care) incurred year-to-date divided by the number of state hospital year-to-date bed days