

# 2014-16 Strategic Plan

## Department of Behavioral Health and Developmental Services [720]

### Mission

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

### Vision

A life of possibilities for all Virginians

### 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.*

### Finance

#### Financial Overview

The Department of Behavioral Health and Developmental Services (DBHDS) central office is funded with 63% general fund dollars and 37% non-general fund dollars. Non-general fund dollars include funds appropriated for administrative oversight functions within federal grants including the Substance Abuse and Mental Health Administration (SAMHSA) Community Mental Health Services (CMHS) and Substance Abuse Prevention Treatment (SAPT) block grants and Early Intervention – Part C funds, and other funds received as fees from Medicaid, Medicare, private insurance, private payments, and federal entitlement programs related to indirect services costs to support facility and other operations.

#### Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	43,620,856	30,523,792	46,514,255	28,281,035
Changes to Initial Appropriation	1,510,227	-2,957,589	1,405,132	-81,958

*(Changes to Initial Appropriation will be 0 when the plan is created. They will change when the plan is updated mid-biennium.)*

### Customers

#### Anticipated Changes to Customer Base

DBHDS central office customers include individuals who receive mental health, substance abuse, or developmental services and supports in community programs and state facilities. The customer base for publicly funded behavioral health or developmental services frequently exhibit serious or complex needs or medical conditions requiring specialized services. Many have significant behavioral challenges or co-occurring combinations of mental illness, substance use disorders, or intellectual or other developmental disability.

DBHDS expects the number of individuals seeking community-based services will increase as Virginia's population grows and coverage opportunities increase under the affordable health care act and other health reform measures. Expansion of service capacity to address this demand will increase the number of providers, services, and locations licensed by the DBHDS.

The 2014 General Assembly amended the Code of Virginia to require state hospitals to accept civil temporary detention order (TDO) admissions if other alternatives were not identified within the eight hour emergency custody order period. Based on data to date, this legislation has already resulted in a significant increase in TDO admissions to state hospitals. Admissions to state mental health facilities increased 20% in the second half of FY 2014 versus the first half. As additional community services and supports required in the Commonwealth's settlement agreement with the U.S. Department of Justice (DOJ) are brought on line and training center closures occur, the number of individuals remaining in training centers will decline significantly.

### Current Customer List

Predefined Group	User Defined Group	Number Served Annually	Potential Number of Annual Customers	Projected Customer Trend
Consumer	Individuals receiving community services board services	219,924	292,786	Increase
Child	Individuals receiving infant and toddler early intervention services	16,200	24,828	Increase
Consumer	Individuals receiving state hospital services	4,506	4,639	Stable
Consumer	Individuals receiving training center services	817	617	Decrease
Consumer	Individuals receiving nursing home prescreening	818	923	Increase
Child	Juveniles requiring restoration to competency treatment services	213	249	Stable
Civilly-Committed	Individuals receiving sexually violent predator determination	134	150	Increase
Health Care	Community services boards and other public and private providers licensed by the Department	933	950	Increase

### Partners

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

## 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.**

### Summary and Alignment

This goal transforms and strengthens Virginia's behavioral health and developmental services system by implementing core principles of recovery and resilience for every person with a mental health or substance use disorder and self-determination for those with a developmental disability.

### Associated State Goal

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

### Associated Societal Indicator

Life Expectancy

### Objectives

- » **Support statewide implementation of a recovery-oriented and person-centered system of behavioral health and developmental services and supports.**

#### Description

This objective will instill the principles of recovery, resiliency, and self-determination in all aspects of Virginia's system in a way that is sustainable and provides rich opportunities for individuals to grow and attain their highest achievable level of health and wellness, live as independently as possible, engage in meaningful activities, and participate in community activities. DBHDS is establishing an Office of Recovery Support that will report directly to the Commissioner. This office will support the implementation of community-focused interventions that are holistic and include necessary primary health care, housing, and employment supports that enable individuals with even the most severe mental illnesses or debilitating substance use disorders or developmental disabilities to live productive and self-directed lives in their communities.

#### Objective Strategies

- Establish an Office of Recovery Support to advise DBHDS and the community on expanding and enriching recovery support services, certifying peer support specialists, and incorporating recovery and resiliency principles throughout Virginia's service system.
- Implement a recovery-oriented system of behavioral health services and supports that enhance statewide consistency, availability, and accessibility of recovery-oriented behavioral health services and supports across Virginia.
- Increase the use of peers in direct service roles and expand recovery support services across the Commonwealth through the development and expansion of a wide range of peer services and peer provided recovery supports in CSBs, state hospitals, and peer-operated programs.
- Work with the Department of Medical Assistance Services to establish peer support services as a covered State Medical Assistance Plan service and establish a peer support specialist certification program.
- Engage policymakers, funders, and other services system stakeholders (social services, schools, medical community, corrections, employers) in developing and supporting recovery-focused communities and implementing services and supports that are personalized to meet each individual's unique needs.
- Ensure the safe and successful transition of individuals currently residing at a training center to the most integrated community settings appropriate to their needs and desires.
- Develop community-based developmental services and supports that will enable individuals who need developmental services and supports to live a life that is fully integrated in the community.
- Expand the availability of independent housing for individuals with intellectual and developmental disabilities served under the settlement agreement and permanent supportive housing options for individuals with mental health and substance use disorders.
- Create, through the Employment First Initiative, employment opportunities for individuals with mental health or substance use disorders and those with developmental disabilities.
- Increase opportunities for peer and family involvement in planning, evaluating, and delivering behavioral health and developmental services through recovery and peer-to-peer training, support for a statewide network of peer organizations and family alliances, and training to prepare peers and family members for meaningful roles in planning and policy making activities.
- Promote implementation of integrated care primary care and behavioral health care delivery models across the Commonwealth.

- Build and sustain collaborative relationships at the state level and support community-based prevention planning coalitions at the local level to reduce the incidence of alcohol, tobacco, and other drug use and abuse among Virginia youth and adults.

#### Measures

- **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.**

#### Summary and Alignment

This goal envisions statewide availability of a consistent array of individualized, person-centered, and family-focused behavioral health and developmental services and supports that enable individuals to participate as fully as possible in all aspects of community life. No matter where they live in Virginia, people will have access to quality, consistent behavioral health and developmental services that exemplify clinical and management best and promising practices. Services and supports are centered on the individual's unique needs and strengths and provided as close to the individual's home and natural supports as possible. This includes supports that incorporate the needs of the whole individual, from medical care to housing and employment.

#### Associated State Goal

Health & Family: Inspire and support Virginians toward healthy lives and strong and resilient families.

#### Associated Societal Indicator

Life Expectancy

#### Objectives

- » **Expand the capacity of Virginia's behavioral health and developmental services system to provide services and supports that will enable individuals to live full and productive lives in their communities.**

#### Description

This objective builds and strengthens the capacity of Virginia's behavioral health and developmental services system to respond to the needs of individuals with mental health or substance use disorders or developmental disabilities. Timely access to a consistent array of quality services will support individuals as they attain their highest achievable level of health and wellness, live as independently as possible, engage in meaningful activities that enable them to reach their potential, and participate fully in community activities.

#### Objective Strategies

- Work with CSBs, state facilities, community hospitals, and law enforcement agencies to implement emergency custody and mandatory temporary detention requirements passed by the 2014 General Assembly.
- Participate, under the direction of the Secretary of Health and Human Resources, in activities to implement, contingent on resource availability, the U.S. Department of Justice settlement agreement.
- Work with the Department of Medical Assistance Services to expand community-based waiver capacity for individuals with intellectual disability (ID) or developmental disabilities (DD), modify existing or create new waivers, and address waiver rate structures.
- Support activities of the Governor's Task Force on Improving Mental Health Services and Crisis Response and the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century created by the 2014 session of the General Assembly.
- Identify a core set of behavioral health services to be consistently available across the Commonwealth; develop a consistent, multi-year funding strategy; and link funding to specific performance obligations that increase systemwide accountability and performance management.
- Increase the statewide availability of behavioral health prevention and early intervention supports that are integrated with family, the community, and other human services supports.
- Increase the statewide availability of mental health treatment services to include intensive case management, outpatient counseling, in-home supports, psychiatric services and medication management, PACT (Program of Assertive Community Treatment), peer support, and wrap-around services.
- Increase the statewide availability of child and adolescent behavioral health base services and services and supports that meet the developmental needs of infants and toddlers and comply with federal Part C requirements.
- Increase the statewide availability of substance abuse services to include case management, intensive outpatient services, medication assisted treatment, detoxification beds, and residential treatment for pregnant women and women with dependent children.
- Increase the statewide availability of behavioral health emergency response and crisis intervention services, psychiatric evaluations, therapeutic drop-off centers for law enforcement, and local purchase of hospital beds.
- Promote statewide implementation of evidence-based, best, and promising practices that are effective, demonstrate positive outcomes, and promote recovery, resilience, and person-centered principles and practices.

- Improve the quality and consistency in the practice of case management/support coordination by enhancing core competencies of case managers.
- Strengthen state and local behavioral health and criminal justice partnerships and collaborative programs that safely and effectively intervene to prevent or reduce the involvement of individuals with mental health and substance use disorders in the criminal justice system, divert forensic admissions from state hospitals, increase conditional releases and discharges to the community, and address the behavioral health needs of offenders who are released from correctional facilities.
- Develop a comprehensive, community-based continuum of specialized behavioral health services for older adults in Virginia.
- Expand the capability of Virginia's behavioral health services system to recognize and address the growing services and supports needs among veterans and participate with the Virginia Department of Veteran's Services in the implementation of the Virginia Wounded Warrior Program.
- Continue to plan and implement cross-agency suicide prevention initiatives across the Commonwealth.
- Support the work of the Secretary of Health and Human Resources' Office of Health Care Reform to ensure health care reforms are implemented in ways that protect the existing health care safety net for individuals with behavioral health or developmental services needs.
- Establish a planning process with services system stakeholders to provide inpatient and community-based geriatric, adult, and forensic services as close to persons' homes as possible and submit a report to the Governor and House Appropriations and Senate Finance Committees.

#### Measures

- ◆ Social emotional skills level for infants and toddlers served by Early Intervention Program

- **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.**

#### Summary and Alignment

A key priority of the DBHDS central office is improving services system transparency, oversight, and accountability. The central office is working to strengthen its financial services accountability, performance contract oversight, and auditing capability; to identify and implement facility operational efficiencies; to increase clinical and program oversight; and to plan and manage capital projects that address facility needs. DBHDS is implementing information technology solutions, including an electronic health record (EHR) system and a data warehouse and is developing quality improvement processes and data analysis and performance measurement tools such as data dashboards that support data-informed and evidence-based interventions and solutions. This goal envisions consistent implementation of clinical, administrative, and funding policies and practices that provide financial, administrative, and programmatic oversight of the public behavioral health and developmental services system; support and sustain service quality and appropriateness; protect individual human rights; and promote efficiency and cost-effectiveness.

#### Associated State Goal

Government and Citizens: Be recognized as the best-managed state in the nation.

#### Associated Societal Indicator

Government Operations

#### Objectives

- » **Perform central office leadership and administrative and support functions in a manner that is efficient, well-managed, and responsive to the needs of individuals receiving services and their families.**

#### Description

This objective implements finance, human resources, information technology, capital outlay, and other administrative and support functions that provide leadership to Virginia's behavioral health and developmental services system and ensure compliance with state and federal statutes and regulations. 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 is taken of federal funding opportunities, including Medicaid, to implement recovery-oriented and person-centered services.

#### Objective Strategies

- Provide leadership to and monitor implementation of the behavioral health and developmental services system strategic initiatives that enable individuals to live as independently as possible, engage in meaningful activities, and participate in community activities.
- Improve DBHDS quality assurance and oversight capacity to monitor service system performance and outcomes, collect reliable data and perform systemic analyses of trends and patterns, identify issues and deficiencies, track incidents and perform follow-ups to assure corrective action plan implementation, and maintain compliance with federal block grant and Centers for Medicare and Medicaid Services expectations.

- Implement a systemwide quality improvement process to enhance the capacity of the services system to improve practice and service quality.
- Protect the human rights of individuals receiving services licensed, operated, or funded by DBHDS and implement human rights organizational structure improvements aimed at increasing the time advocates have available for direct involvement with individuals receiving services.
- License public and private mental health, developmental and substance abuse services; developmental disability waiver services; and residential brain injury services.
- Maintain financial management and internal controls to demonstrate compliance with federal and state statutory and regulatory requirements.
- Manage information technology operations reliability and efficiently in an environment that is secure, responds to user needs, and protects identifiable health information.
- Improve the capability of DBHDS to develop, deploy, and adopt information technology systems solutions that support service delivery and improve business processes through implementation of OneMind, the electronic health record system in state hospitals and training centers, and establishment of an enterprise data warehouse and business intelligence capabilities that meet current and evolving business requirements.
- Improve the capital infrastructure of state hospitals and training centers to assure their compliance with life safety and applicable building codes and their appropriateness for active treatment services and supports.
- Increase the skills and productivity of services system professional, paraprofessional, direct care, and administrative staff through public academic partnerships with Virginia universities and other learning organizations, state facility and central office career progression and pathways, and training and cross-training programs.
- Increase the capacity of the behavioral and developmental services system to provide culturally and linguistically appropriate services and supports to diverse populations across Virginia.
- Negotiate contracts with, funding of, and provision of technical assistance to CSBs.
- Continue to adhere to Prompt Payment Act, small purchase charge card usage, Payline participation, direct deposit participation, and other regulatory compliance requirements.
- Investigate all possibilities of additional revenue collection.
- Continue to assess opportunities to improve the effectiveness and efficiency of DBHDS central office administration services.
- Provide operational oversight of high quality state hospital and training center services and supports that efficiently and appropriately meet the needs of individuals receiving services and use peer consultative feedback from Annual Consultation Audits (ACAs) to enhance treatment effectiveness and efficiency and standardize facility procedures as appropriate.
- Assist individuals on the ID or DD waiver wait lists and their families to access resources, supports, services, and other assistance through the Individual and Family Support Program.
- Provide operational oversight of VCBR to ensure provision of evidence-based sex offender treatment, employment, and vocational training in a safe and secure setting.
- Administer community-based conditional release of individuals found by courts to be sexually violent predators (SVPs).
- Perform nursing home pre-admission screenings and resident reviews.
- Administer juvenile competency restoration program.
- Align DBHDS information services and technology with eHHR program objectives and services.
- Participate in Health and Human Resources Secretariat cross-agency strategic planning activities.

#### Measures

- ◆ Average number of days to complete a licensing complaint investigation
- ◆ Percentage of services receiving a visit from a licensing specialist during the fiscal year.

## Major Products and Services

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

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

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

## Performance Highlights

One important measure of DBHDS central office performance is the ability of DBHDS licensing specialists to visit providers of behavioral health and developmental services. On-site inspection of providers is a key component of the state's strategies to ensure the public health and safety. In 2011, less than three-quarters (68%) of provider services were visited by a licensing specialist. Additional specialists have been added since then and the percentage of provider services that are inspected at least annually has risen to more than 90%. A measure of central office productivity involves the average number of days required to complete a licensing complaint investigation. Complaints come to the central office in a variety and each must be investigated to determine if a violation of DBHDS licensing regulations has occurred. This new measure tracks the days between the date a complaint is received and the date the investigation is closed without a corrective action plan (CAP) required or the date that a CAP is issued.

## Staffing

Authorized Maximum Employment Level (MEL)	0
Salaried Employees	270
Wage Employees	12
Contracted Employees	16

## Key Risk Factors

Several factors will have a significant effect on DBHDS over the next four years.

- **Mental health services system reforms:** Virginia's behavioral health services system is multifaceted, extremely complex, and can be difficult to navigate for individuals in crisis and families who are seeking assistance. It also is challenging for providers because it requires effective communication and collaboration among many partners, including CSBs and private hospitals, law enforcement, and the judicial system. The 2014 session of the General Assembly extended the emergency custody order (ECO) period from a maximum of six to a total of eight possible hours to give clinicians more time to locate an available psychiatric bed. The temporary detention order (TDO) period also was extended from 48 to 72 hours to provide additional treatment time for an individual to stabilize prior to the court hearing to determine whether involuntary admission to a psychiatric facility is required. A DBHDS online psychiatric bed registry is helping clinicians locate available beds in emergency situations and specific statewide expectations for securing a private or a state hospital bed when an individual qualifies for a TDO are in place. Additionally, the Governor's Task Force on Improving Mental Health Services and Crisis Response is developing recommendations to improve the system and the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century created by the 2014 session of the General Assembly are currently studying Virginia's behavioral health services system. Potentially significant services system reforms resulting from these efforts may change how the current system operates.
- **Inadequate behavioral health service capacity in the community:** Although mental health is a crucial component of individual and community wellness, access to needed community behavioral health services varies significantly across the state. Service availability is limited by notable gaps in important basic services such as crisis, emergency, acute inpatient, outpatient, case management, and psychiatry services and recovery-focused housing and employment supports. In particular, the prevention and early intervention system is underdeveloped and very few targeted investments in recent years went to early intervention. Improving access to specialized services

and community placements would provide safe and appropriate alternatives to state hospital forensic beds and expedite discharges of state hospital patients who are clinically ready for discharge. Despite the infusion of dollars after crises (around \$34.5 million in new money over the past ten year period or under \$23 million if adjusted for inflation), competing priorities and budget cuts in recent years resulted in significant set-backs that have made it difficult to maintain consistent and robust development of services. Even with funds provided by the 2014 General Assembly to expand crisis, local inpatient, assertive treatment, and other priority services, continued investments in innovative, evidence-based mental health and substance-use disorder services programs, particularly trauma-informed crisis management and interventions focused on prevention and early intervention, are needed to address capacity issues.

- **Inadequate developmental service capacity:** To meet the requirements of the Commonwealth's settlement agreement with the U.S. Department of Justice (DOJ), major expansion of new or enhanced waiver slots, work and housing supports, and crisis services is required to support individuals who are living in the community and those who are transitioning from training centers to the community. As of July 2, 2014, there were 7,173 individuals on the community intellectual disability waiver waiting list and 1,481 individuals on the community developmental disabilities waiver waiting list.
- **Implementation of Health Care Reforms:** The DBHDS central office and the services system will be affected by implementation of Medicaid care coordination and managed behavioral care initiatives and associated service delivery requirements; potentially significant expansion in demand for community services resulting from newly insured enrollees seeking services and associated provider workforce capacity pressures; and potential changes to the arrays of federal mental health and substance abuse block grant services.
- **Individual protections and oversight:** Significant provider growth will increase demands on licensing and human rights to assure that individuals with extensive medical and behavioral challenges are receiving appropriate services in safe settings.
- **Inadequate technical support capacity:** As DBHDS expands use of electronic health records, implements health care reforms, improves central office and facility performance through technology improvements, and replaces aging, expensive technologies with more cost effective solutions, the organization's reliance on technical support will increase. An increasing number of mission critical clinical and financial processes used by central office, state facilities, CSBs, and licensed providers rely on technology provided by a limited number of agency IT staff.

## Management Discussion

### General Information About Ongoing Status of Agency

A key priority of the DBHDS central office is improving services system transparency, oversight, and accountability. The central office is working to strengthen its financial services accountability, performance contract oversight, and auditing capability; to identify and implement facility operational efficiencies; to increase clinical and program oversight; and to plan and manage capital projects that address facility needs. The central office is implementing information technology solutions, including an electronic health record (EHR) system and a data warehouse and is developing quality improvement processes and data analysis and performance measurement tools such as data dashboards that support data-informed and evidence-based interventions and solutions.

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

- Expanding community-based mental health services through successful implementation of new secure therapeutic assessment centers, additional assertive community treatment teams, children's mental health crisis services, and additional local inpatient bed purchases and discharge assistance plans funded by the 2014 General Assembly;
- Improving the services system's responsiveness to individuals who are experiencing a behavioral health crisis and their families and supporting the work of the Governor's Task Force on Improving Mental Health Services and Crisis Response and the legislative joint subcommittee studying mental health services;
- Bringing new Medicaid waiver slots on line for the 8,500 Virginians who are waiting for ID and DD services in their communities;
- Assisting with the transition of individuals currently residing at the Northern Virginia Training Center to an integrated community environment with bridge funds provided in the 2014 Appropriation Act;
- Developing Developmental Disability Health Support Networks to provide medical assistance, especially dental support, to those individuals residing within the community;
- Developing, supporting and expanding recovery support services that implement the principles of recovery, resiliency, and self-determination through a newly established Office of Recovery Support in the central office;
- Investing in programs that work and provide positive outcomes by:
  - teaching family members, health care and school employees and others how to respond to an escalating mental-health crisis,
  - diverting people experiencing behavioral health crises from jail and into needed services, and
  - providing supportive employment and supported housing programs that facilitate stability and self-sufficiency in the community;
- Improving substance abuse services capacity to address increasing opioid abuse and overdoses that too often have fatal consequences;
- Strengthening partnerships with key system stakeholders, including CSBs, law enforcement, the court system, primary health care providers, landlords, and advocates, and with the persons served and their family members to help ensure the best outcomes for individuals with mental health or substance use disorders or developmental disabilities; and
- Using technology, such as telepsychiatry, to increase access to care in under-served areas, particularly, the southwestern and rural portions of Virginia.

In collaboration with state and community partners, the DBHDS central office is working to develop a flexible and individualized system of developmental services and supports, as required by the Commonwealth's settlement agreement with the DOJ by:

- Enhancing intellectual disability and developmental disability waiver services through the redesign of the existing waivers;

- Transitioning individuals out of state training centers and other institutions to the community and closing three of the four remaining training centers by 2020;
- Providing individual and family supports that help individuals remain in the community;
- Implementing crisis services for adults and children and adolescents with developmental disabilities;
- Expanding integrated housing and competitive employment opportunities;
- Enhancing case management services and strengthen case manager competencies;
- Conducting enhanced licensing visits of certain providers; and
- Improving critical incident reporting and risk management processes.

### Information Technology

The DBHDS Information Services and Technology (IS&T) office provides coordination, guidance, oversight, and support to information systems affecting the central office, state facilities operated by DBHDS, CSBs, and licensed private providers. These services include information technology (IT) security, Commonwealth IT standards compliance, web and application development and support, and data management. IS&T provides technical support for 28 applications in addition to the OneMind Electronic Health Records System (EHRS). Support for the OneMind EHRS is considered separate because it is an ongoing implementation project (through FY 2016) and the technology requires assignment-dedicated, highly trained staff. As noted in the Key Risk Factors, there has been a significant increase in agency and non-agency demand for implementation and support of DBHDS-managed technology and related services.

DBHDS IS&T goals and priorities are included in the Health and Human Resources Technology Investment Management Strategic Plan for the Secretariat and include:

- Implementing OneMind EHRS clinical and financial modules and providing 365/24/7 support. This includes support for a wide variety of state facility functions beyond clinical and financial technologies—for example: food service, health information management, and off-hours vendor pharmacy;
- Implementing a DBHDS-wide data warehouse;
- In coordination with DMAS, integrating processing functionality for the DD waiver and ID waiver (now supported by the Intellectual Disabilities Online System or IDOLS) into a new consolidated waiver system;
- Providing a new data exchange to eliminate CSB double entries into the Infant and Toddler Early Intervention Services System (ITOTS);
- Providing video conferencing and telepsychiatry services to the central office, state facilities, and local magistrates;
- Training and management of regional Information Security Officers (ISOs) for state facilities;
- Migrating DBHDS servers to the Commonwealth Enterprise Solutions Center (CESC);
- Supporting non-technical projects initiated under the DOJ Settlement Agreement;
- Replacing the current Online Licensing System (OLIS) with a system that meets the organization's need for enhanced licensed provider data collection and performance tracking;
- Implementation of mandated requirements for ICD-10 codes and integration of DSM-5 codes applicable to behavioral health care;
- Improving monitoring and reporting on CSB performance by providing integrated data exchange between CSB Automated Reporting System (CARS) and the Community Consumer Submission system (CCS3);
- Upgrades for server hardware and software to remain current with vendor application requirements and COV/VITA infrastructure software requirements; and
- End-user technical support for all applications.

### Estimate of Technology Funding Needs

#### Workforce Development

The DBHDS central office faces a number of recruitment and retention challenges, especially in the IS&T area where there is intense competition for individuals with specialized EHRS skills. The central office turnover rate in FY 2014 was 6.6% and 35 positions are currently being recruited. This has helped the DBHDS to recover from budget cuts over the last ten years when about one-third of the central office staff was eliminated.

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

DBHDS has developed SystemLEAD, a long-term leadership development initiative designed to give participants broad exposure to the competencies necessary for leadership in the services system. SystemLEAD will be piloted with central office staff, in a state hospital and a training center, and in partnership with neighboring CSBs. The SystemLEAD curriculum will focus on leadership competencies, including knowledge, skills, abilities, and behaviors, that staff who aspire to leadership roles in the service system must possess. It includes an individualized assessment and development plan, training and group projects, coaching and mentoring, and special work assignments and cross training. SystemLEAD goals are to prepare qualified internal candidates to assume leadership positions; retain superior performers; and reduce turnover rates among high-performing employees. The first phase of the program, which includes creating the core and site committees and communicating the initiative to the work force, is set to begin in 2015.

As the central office assumes additional quality management and oversight responsibilities, workforce development priorities will include training to develop new skill sets, including project management, proficiency with new reporting and informatics, quality management, and EHRS and other new IT systems.

#### Physical Plant

The DBHDS central office occupies 13 floors of the Jefferson Building, a 15-story state structure located at the edge of Capital Square in

Richmond at the intersection of Bank and Governor Streets. The building was constructed in 1956 and the interior was renovated in 1999 at which time the exterior envelop was upgraded. The building has been equipped with WIFI in nearly all locations which allows staff to move readily throughout the spaces and remain connected to the central servers. Window replacement is planned for fall 2014.

A study has been commissioned to improve building space utilization and accommodate increasing and changing central office staff requirements resulting from electronic health records and changes in the manner in which central office services are being delivered. Spaces have been rearranged for greater efficiency by congregating similar functions in contiguous spaces and efforts are underway to better quantify the number of central office staff who are regularly out of the office and could share space. Additional space has been obtained on two floors and the area previously serving as a computer room has been converted to offices, which largely serve the information technology function.

Several conference rooms and the main board room are being equipped with technology to hold meetings with facilities around the state and other entities. Antiquated equipment and furniture is being replaced with appropriate equipment and furnishings that will support a more efficient operation.

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

## Supporting Documents

Title	File Type
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## Administrative and Support Services [499]

### Description of this Program / Service Area

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

### Mission Alignment

Central office administrative and support services are required to meet DBHDS operational needs and to implement the agency's vision of services and supports that promote self-determination, empowerment, recovery, resilience, health, inclusion, and participation in all aspects of community life, including work, school, family, and other meaningful relationships for individuals receiving services. State statutory authority for the DBHDS central office administrative and support services follow:

- Chapter 2 of Title 37.2 of the Code of Virginia establishes the State Board of Behavioral Health and Developmental Services;
- Chapter 3 of Title 37.2 of the Code of Virginia establishes the DBHDS;
- Chapter 4 of Title 37.2 of the Code of Virginia describes the protections available to individuals receiving behavioral health and developmental services, including their human rights;
- Chapter 5 of Title 37.2 of the Code of Virginia authorizes DBHDS to fund community services boards (CSBs) to provide community mental health, mental retardation, and substance abuse services;
- Chapter 6 of Title 37.2 of the Code of Virginia authorizes DBHDS to fund a behavioral health authority (BHA) to provide community mental health, developmental, and substance abuse services;
- Chapter 7 of Title 37.2 of the Code of Virginia authorizes DBHDS to perform certain functions related to the operation of state hospitals and training centers;
- Chapter 26 of Title 2.2 of the Code of Virginia establishes the Substance Abuse Services Council as an advisory council in the executive branch of state government;
- Chapter 53 of Title 2.2 of the Code of Virginia establishes the Early Intervention Services System to implement Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and describes DBHDS responsibilities as the lead agency; and
- Chapter 11 of Title 16.1 of the Code of Virginia addresses issues of juvenile competency to stand trial and authorizes the Commissioner to arrange for the provision of juvenile restoration services and provide competency restoration reports to the court.

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

- The Nursing Home Reform provisions of the Omnibus Budget Reconciliation Act of 1987 allow for preadmission screening evaluations and determinations for OBRA eligibility;
- Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.) and 34 CFR 303.303.11-325 under the Individuals with Disabilities Education Act authorize the state to implement a statewide interagency system of early intervention services for infants and toddlers with disabilities and their families;
- Public Law 102-321 authorizes the federal Substance Abuse and Mental Health Services Administration to provide federal funds to the Department for community mental health service; and
- Sections 1921-1954 of the Public Health Services Act authorize the federal Substance Abuse Treatment and Prevention (SAPT) Block Grant, providing federal funds to DBHDS for community substance abuse treatment and prevention services.

### Products and Services

#### Description of Major Products and Services

DBHDS central office performs the following functions and activities:

- Services system strategic direction, including policy and regulatory activities, strategic and comprehensive planning, and constituent and liaison activities.
- Implementation of lead agency responsibilities for the provision of infant and toddler intervention services under Part C of the Individuals with Disabilities Education Act (IDEA).
- Administration of the DBHDS human rights program.
- Medicaid ID and DD waiver pre-authorization of services.
- Supervision of the Juvenile Competency Restoration Program.
- Management of the SVP Conditional Release Program.
- Nursing home pre-admission screening and resident reviews (PASRR).
- Services system improvements and oversight, including:
  - Operational oversight of state facilities;
  - Performance contracts with CSBs;

- Training, technical assistance, and general guidance to CSBs and private providers;
- Quality improvement and risk management;
- Compliance reviews and internal audits; and
- Criminal background checks for prospective state facility and certain community employees.
- Agency operations, including:
  - Budget analysis and planning, revenue collection, financial management and reporting, and allocation and disbursement of state and federal funds;
  - Central office contracts and business agreements;
  - Information technology systems development;
  - Workforce management, recruitment, training, and development;
  - Capital outlay planning and architectural and engineering services to state facilities; and
  - Administrative support services.
- Continuity of operations planning and disaster preparedness, response, and recovery activities.

**Anticipated Changes**

Efforts continue to build community developmental services capacity to implement the settlement agreement with the U.S. Department of Justice (DOJ) and enable individuals to live fully integrated lives in the community. This includes creation of new intellectual disability (ID) and developmental disability (DD) home and community-based waiver slots, implementation of family supports and crisis response services, and development of housing supports and employment opportunities. In collaboration with the Department of Medical Assistance Services and its partners, DBHDS is developing new waivers that will provide a framework to unify Virginia’s system of services for individuals with ID/DD into a single, community- based system. The process will combine the three waivers into needs-based waivers that will provide more intense services as individuals’ needs increase and supplemental services that will allow individuals to live independently or with family/friends.

DBHDS is embarking on an effort to fully examine and transform Virginia’s behavioral health services system. This will include an assessment of current services and structure, funding, and accountability processes. Specific areas of focus include identification of a core set of behavioral health service to be consistently available across Virginia; establishment of a funding strategy that focuses on strategic targeted investment; and definition of specific statewide performance expectation that are linked to funding. Additionally, the Governor’s Task Force on Improving Mental Health Services and Crisis Response is developing recommendations to improve the system and the Joint Subcommittee to Study Mental Health Services in the Commonwealth in the 21st Century created by the 2014 session of the General Assembly is currently studying Virginia’s behavioral health services system. Potentially significant services system reforms resulting from these efforts may affect central office operations.

The DBHDS central office will implement enhanced quality management and oversight processes and will strengthen its capability to monitor, train, and provide technical support necessary to assure provider quality.

**Factors Impacting**

Demands will increase on the central office and services system to adopt and deploy information technology solutions such as electronic health records and meet data requirements for agency quality management and oversight processes. Increased costs associated with the implementation of EHR clinical treatment/medical records are likely.

The retirement of long-tenured central office employees (e.g., the average age the central office workforce is over 52 years old and almost 38% will be eligible to retire in the next five years) will affect central office operations.

Significant increases in the number of private providers and service locations will increase the number of licenses issued and investigations of licensing and human rights related complaints.

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.

**Financial Overview**

This program is funded with 59% general fund and 41% non-general fund dollars. About 37% of non-general fund dollars are federal funds appropriated for administrative oversight functions within federal grants including the Community Mental Health Services (CMHS) grant and Substance Abuse Prevention Treatment (SAPT) Block Grants. The remaining non-general fund dollars are from the collection of fees from Medicaid, Medicare, private insurance, private payments, and federal entitlement programs related to indirect services costs of patient care.

Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	41,279,153	30,473,792	44,172,552	28,231,035
Changes to Initial Appropriation	0	0	0	0

## Supporting Documents

Title File Type

### Service Area Plan

#### Regulation of Health Care Service Providers [56103]

##### Description of this Program / Service Area

Regulation of Health Care Service Providers consists of various functions associated with licensing mental health, developmental, and substance abuse services; developmental disability waiver services; and residential brain injury services. Through the licensing process, DBHDS ensures that providers meet and adhere to regulatory standards of health, safety, service provision, and individual rights.

##### Mission Alignment

Regulation of Public Facilities and Services ensures that licensed services are safe and healthy, respect human rights, and are conducive to providing treatment to individuals that promotes self determination, empowerment, recovery, resilience, inclusion, and participation. Chapter 4 of Title 37.2 of the Code of Virginia describes the protections available to individuals receiving mental health, developmental, and substance abuse services, including DBHDS licensing of providers.

##### Products and Services

###### Description of Major Products and Services

Services include issuing and renewing provider licenses, conducting annual unannounced inspections and monitoring of licensed services, investigating complaints and reports of serious injuries and deaths in licensed services; initiating actions such as sanctions and revocations against licensed services, where necessary, and applicants training.

###### Anticipated Changes

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

###### Factors Impacting

Demands for community behavioral health and developmental services are expected to increase as Virginia's population grows. As Virginia's population becomes more diverse, providers of community behavioral and developmental services must improve their responsiveness to the needs of culturally and linguistically diverse groups.

##### Financial Overview

This service area is funded with 98% general fund and 2% 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 indirect services costs of patient care.

###### Biennial Budget

	2015 General Fund	2015 Nongeneral Fund	2016 General Fund	2016 Nongeneral Fund
Initial Appropriation for the Biennium	2,341,703	50,000	2,341,703	50,000
Changes to Initial Appropriation	0	0	0	0

## Supporting Documents

Title File Type