

# 2018-20 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.

#### Accountability and Oversight

We take seriously our responsibility to provide oversight and accountability throughout Virginia's public behavioral health and developmental system to ensure individuals receive timely access to quality, consistent services.

#### 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 general fund dollars and nongeneral fund dollars. Nongeneral 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 generated by the Central Office by requesting reimbursement for allowable overhead costs related to Medicaid services in accordance with 2 CFR §200 Uniform Administrative Requirements, Cost Principals and Audit Requirements for Federal Awards.

#### Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	70,014,613	43,875,046	75,163,757	42,425,046
Changes to Initial Appropriation	0	0	0	0

*(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

### Current Customer List

Predefined Group	User Defined Group	Number Served Annually	Potential Number of Annual Customers	Projected Customer Trend
Child	Infant and toddlers and their families served in Part C early intervention services	19,085	22,453	Increase
Consumer	Individuals receiving state hospital services	6,683	7,552	Increase
Consumer	Individuals receiving training center services	346	125	Decrease
Child	Juveniles requiring restoration to competency treatment services	323	330	Increase
Health Care	Community services boards and other public and private providers licensed by the Department	1,071	1,150	Increase
Consumer	Individuals receiving CSB developmental services	24,903	27,303	Increase
Consumer	Individuals receiving CSB mental health services	120,751	185,880	Increase
Consumer	Individuals receiving CSB substance-use disorder services	30,549	40,924	Increase
Consumer	Individuals receiving CSB emergency or ancillary services	155,502	160,522	Increase

## 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 colleges)	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

- **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 to achieve 75 percent substantial compliance with the DOJ settlement agreement by December 2018, to include work in the areas of case management, crisis services, quality and risk management, and the waiver management system (WaMS).
- Work toward a statewide training center census of 120 or less. DBHDS has successfully closed three training centers; CVTC is the only remaining training center to close. Its current census is 79 (9/17/2018). SEVTC will remain open at 75 beds. The current statewide training center census is 150.
- Develop strategies and budget plans to eliminate the Priority I waiting list for Medicaid DD Waiver services by 2022, and implement strategies for managing the waiting list for the Medicaid waivers, including converting some slots to more appropriate waivers, thereby increasing the number of individuals served.
- Expand permanent supportive housing options for people with SMI, SUD, and co-occurring disorders, behavioral health and independent housing options for people with developmental disabilities.
- Fully implement "same day access," the first step of System Transformation, Excellence and Performance in Virginia (STEP-VA), and implement STEP-VA services primary care screening and outpatient services over the biennium through funds allocated by the 2018 General Assembly, as well as Medicaid. Develop FY19 budget request for crisis and emergency services follow the plan to implement STEP-VA services by July 2021 per Code requirements.
- Develop increased ability for providers to serve individuals with dual diagnosis or more complex behavioral support needs, including crisis response, by merging Agency behavioral health and developmental disability community service division program areas. Ensure mobile crisis teams have cross-disability capability as STEP-VA builds out.
- Increase the statewide availability of behavioral health prevention and early intervention supports that are integrated with family, the community, and other human services supports.
- Develop, along with HHR, General Assembly required implementation plan for the financial realignment of Virginia public behavioral health system (Item 284 F). Guided by the steps in General Assembly report Item 284 F (2017), continue to develop and implement next stages of financial realignment and develop budget strategies for the implementation of necessary community services to facilitate hospital discharges. Implement initial discharge services through funds allocated by the 2018 General Assembly.
- Continued implementation of SAMHSA's Prescription Drug Abuse and Heroin Overdose Prevention Partnership for Success Strategic Prevention Framework in 12 new Virginia CSBs/communities.
- Increase SUD services such as acute detoxification, medication assisted treatment, and permanent supportive housing for pregnant and postpartum women. Increase Naloxone administration through Project REVIVE.
- Work with the Administration, General Assembly, and affected stakeholders on the establishment of consistent, minimum standards for mental health care in local and regional jails.
- Continue to refine triage process to ensure forensic consumers receive services in the most appropriate environment and when state hospitalization is indicated ensure they are admitted within 10 days of receipt of the court order.

- Continue to expand Mental Health First Aid (MHFA).
- Continue training efforts to strengthen and expand peer services.

#### Measures

- ◆ Number of mental health first aid trainings
- ◆ Percent of small bed capacity (4 or under) to total bed capacity
- ◆ Percent of state hospital bed utilization
- ◆ Percent of wait list that is priority one
- ◆ 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 costeffectiveness.

#### 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.

#### Objective Strategies

- Work with the CSBs, regional partners/private providers and state hospitals to create and implement appropriate discharge plans to decrease the extraordinary barriers list (EBL) by 100 people statewide.
- Evaluate and begin process of amending licensing regulations to assure that they support current agency strategies, DMAS payment requirements and that they ensure a competent system of providers.
- Establish structure and staffing ratio needed to support the number of licensed providers managed by The Office of Licensing.
- Continued maturity of data warehouse to provide data that guides policy and programmatic decisions for DBHDS as well as providers.
- Develop specific goals, outcomes, and performance measures to guide quality and improvement efforts.
- Transition OneMind electronic health records system to Millennium and implement in three state hospitals by 7/2019.
- Promote need for major capital projects such as the VCBR expansion and the CSH rebuild. Proceed with construction plans to build an efficient VCBR expansion, work with DGS and the General Assembly to move forward with plans to develop a new CSH, and develop a capitol plan for the long-range use of DBHDS state facilities.
- Work with Eastern State Hospital to restore acute psychiatric certification.

- Continue collaboration with academic institutions to develop career pathways for CNAs, LPNs, and RNs, and continue with the Direct Services Professional career pathway with emphasis on providing more competencies and value to direct-line staff.
- Expand efforts in continuing education units (CEUs), credentialing and professional certifications.
- Continue to expand the compensation toolbox to improve recruitment and retention of our most critical positions, including physicians, nursing and clinical staff. Research a “Stay Interview” process in order to further improve our recruitment and retention rates.
- Accelerate professional development efforts through the Virginia Public Sector Leadership Program, SystemLEAD, and mentoring initiatives.

#### Measures

- ◆ Average number of days to complete a licensing complaint investigation
- ◆ Percentage of licensing investigations closed within 90 days
- ◆ Percentage of services receiving a visit from a licensing specialist during the fiscal year.
- ◆ Use of Electronic Medical Record system by clinical staff at state mental health facilities.

## Major Products and Services

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

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

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

## Performance Highlights

### *Making Improvements to the Mental Health System*

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

### *Implementing the Department of Justice Settlement Agreement*

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

#### *Expanding Substance Use Disorder Services*

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

#### *Working to Improve Licensing Capabilities*

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

### Staffing

Authorized Maximum Employment Level (MEL)	431
Salaried Employees	439
Wage Employees	17
Contracted Employees	0

### Key Risk Factors

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

- □**Significant Strain on State Psychiatric Hospitals: Virginia's nine state mental health hospitals are under tremendous strain as they are weathering a 294 percent increase in temporary detention order (TDO) admissions and a 94 percent increase in total admissions since FY 2013.** This follows "last resort" legislation passed in 2014 requiring state hospitals to accept admissions of individuals under a TDO if no alternate treatment location is found within the eight hour emergency custody order period. This high admissions rate, in combination with having approximately 180 individuals in our state hospitals clinically ready for discharge but who cannot leave because the right community services are unavailable (referred to as the extraordinary barriers to discharge list, or EBL), has resulted in an unsustainable utilization rate for the state hospitals. This consistently high utilization rate places both staff and patients alike in potentially unsafe conditions and leading to increases in turnover rates among critical staff. In addition to this dramatic increase in admissions, state hospitals are experiencing an increase in individuals who have significant or complex needs or serious conditions requiring specialized services and supports. Many have co-occurring combinations of mental health and substance use disorders, significant behavioral challenges, or acute or chronic medical conditions. Children and adolescents receiving care are among the most challenged and traumatized children in Virginia.
- □**Inadequate behavioral health service capacity in the community:** While immense efforts went into reducing Virginia's jail waiting list and shoring up the emergency mental health system, significant challenges remain because the system is thinly stretched and underfunded such that it is unable to focus in every area of risk that needs attention. Although mental health is a crucial component of individual and community wellness, access to needed community behavioral health services varies significantly across the commonwealth. Service availability is limited by notable gaps in important basic services such as crisis, emergency, acute inpatient, outpatient, case management, and psychiatry services and recovery-focused housing and employment supports. In particular, the prevention and early intervention system is underdeveloped, severely limiting Virginia's ability to treat mental health issues earlier when symptoms tend to be more manageable and psychosocial consequences are less likely to have occurred. Improving access to specialized services and community placements would provide safe and appropriate alternatives to state hospital beds and expedite discharges of state hospital patients who are clinically ready for discharge. In truth, it is not possible to produce the array of community services

needed while Virginia lags so far below the rest of the nation for spending on community behavioral health services.

- **□The U.S. Department of Justice (DOJ) Settlement Agreement:** Virginia has steadily moved forward with implementing the DOJ settlement agreement, which requires individuals with developmental disabilities to be served in the most integrated settings appropriate to their needs. The initial challenges associated with this effort included expanding community capacity to support individuals through the development on non-congregate services in integrated settings, improving the discharge process of individuals from training centers into the community, and developing a quality management system. Strategies adopted from the beginning focused upon redesigning the Medicaid Developmental Disability waivers to provide the resources to support individuals in inclusive community settings and creating a quality management system to ensure the quality of services. Multiple steps must still be taken to achieve full compliance with the agreement, including:
  - Enhancing case management through additional guidance and tools for case managers;
  - Increasing child crisis capacity, including adding respite services and opening crisis therapeutic homes for children and youth;
  - Increasing provider capacity and competency to serve individuals in integrated, non-congregate settings including those with intense medical and behavioral support needs;
  - Expanding opportunities for individuals to access competitive employment and independent housing;
  - Enhancing data collection, reporting capabilities, and use of data to strengthen the system;
  - Improving risk management capabilities;
  - Developing and improving quality improvement mechanisms which improve outcomes for individuals living in the community; and
  - Improving consistency in the availability and quality of services across the state.
  
- **Inadequate developmental service capacity:** Virginia recently redesigned its three Medicaid waiver program for individuals with developmental disabilities. The redesign included the addition of waiver services to help support individuals secure employment and access community housing. Crisis transition services are being expanded to address the needs of individuals who require more intense behavioral supports post crisis stabilization and to allow time for providers to develop community services. Further development of providers and services that address those with more intense support needs will support individuals currently living in the community and those who are transitioning from training centers to the community. The settlement agreement requires the steady addition of waiver slots over the course of the 10-year agreement to ensure adequate capacity is available to serve individuals in integrated, community settings. However, **as of July 2018, there were over 12,996 individuals with developmental disabilities who choose to receive services in their own communities instead of training center care and were therefore on the waiting list to receive waiver services.** In order to support the move of individuals from the training centers to the community and to further reduce the waiting list for community services, additional resources are required. The statewide average cost of supporting individuals in training centers in FY 2018 was \$396,973 per person, per year. The cost per person is projected to continue to increase due to the fixed costs allocated to a declining census in the facilities as well as discharges and natural deaths. Using FY 2017 data, the average annual cost of supporting former residents who have moved into community homes was \$154,339.
  
- **□Continuing Opioid Epidemic:** According to the Office of the Chief Medical Examiner (VDH), the increase in rate of death due to fatal drug overdose slowed from an increase of 38.91% between 2015 (1028) to 2016 (1428) an increase of 7.7% in 2017 (1538). Half of these deaths (770) were due to fentanyl, a synthetic opioid that is extremely potent. Deaths related to heroin (135) rose slightly over the previous year (129) General fund allocations that support basic treatment services for SUDs have been level for years, and federal Substance Abuse Prevention and Treatment funding has been level for over a decade even as the need for services and the complexity of the needs of those receiving services increases.
  
- **□The Virginia Center for Behavioral Rehabilitation to Soon Reach Capacity:** The Virginia Center for Behavioral Rehabilitation (VCBR) is Virginia's only facility designated for the treatment of individuals committed as sexually violent predators (SVPs). These individuals have completed their prison sentences but have been tested to present a danger to the public with a substantial risk to reoffend and court-ordered to additional treatment and secure confinement. VCBR has a maximum bed capacity of 450. The current census is 443 thus the facility is essentially full at this time. The 2013 Appropriation Act authorized DBHDS to conduct a pre-planning study for a new facility to be located in Nottoway County. Chapter 2, 2014 Special Session I of the General Assembly provided funding for the detailed planning of the expansion. Construction recently started in Summer 2018. This project proposes the phased construction and renovation of the existing facility with the addition of up to 258 new beds and additional treatment and support services spaces. Phase 1 proposes 182 beds with shelled space for 76 additional beds, which could be completed quickly if the need arises sooner than forecast. Phase 2 proposes the fit-out of the additional 76 shelled-space beds. Construction just recently began. To address the growing census while the facility is under expansion, DBHDS has taken over a unit at Piedmont Geriatric Hospital (which is located on the same campus) and is renovating that unit to house medically fragile SVPs. VCBR will operate the unit and the individuals will receive programming at VCBR/ from VCBR staff. This is a stop gap measure. Additionally, DBHDS has worked with the construction company to build the expansion in phases. Living quarters will be completed first in order to address the growing census. Construction of the expansion will take approximately three years.
  
- **□Individual protections and oversight:** Significant provider growth will increase demands on licensing and human rights to assure that individuals with extensive medical and behavioral challenges are receiving appropriate services in safe settings.

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

## Management Discussion

### General Information About Ongoing Status of Agency

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

- **□Continue working towards compliance with the Department of Justice (DOJ) Settlement Agreement:** This initiative, required by the federal government, is an immediate vehicle to achieve long-term transformation of Virginia's developmental disabilities system into one that integrates (rather than segregates), individuals with developmental disabilities into community life. Virginia has implemented about 65 percent of the 10-year settlement agreement requirements and is on track to complete implementation before June 2021. However, experience in other states has shown that a period demonstrating maintenance following implementation is required before the state is considered by the court to be in full compliance.
- **□Virginia has embraced the goal of providing services for individuals with developmental disabilities in the most integrated care settings appropriate to their needs.** Critical system elements have been created to expand community capacity to ensure people have access to quality services provided in safe, appropriate, inclusive settings.
- **□Eliminate the Priority I Waiting List for the Medicaid DD Waiver by the end of FY 2022:** As of July 26, 2018, there were over 12,996 people on the waiting list to receive Medicaid Developmental Disability Waiver services. Of those, over 3,451 are expected to need waiver services within a year and have an urgent "Priority I" status. Eliminating the Priority I waiting list would ensure waiver services are available when individuals need them, would allow individuals who require support to continue to reside in, work, volunteer and live in their communities, and it would prevent the need for more intensive levels of care. It would also help ensure a robust community provider network statewide offering a range of services individuals need to be successful in the community, including housing, day support, medical, behavioral and employment opportunities.
- **□Continue on path to close one more of Virginia's training centers:** At this time, DBHDS continues to move forward with creating a single system of services, rather than a dual one of Medicaid Waiver supported services and state operated ICF facilities. Central Virginia Training Center is scheduled to close by June 2020. Southeastern Virginia Training Center will be Virginia's only remaining state operated ICF facility at that time. Since 2012, as individuals with mild to severe and profound disabilities have moved successfully from training centers to new community homes, the statewide training center census has decreased over 86 percent. Virginia will be able to meet the needs of all current residents in community settings by January 2020.
- **□Reform Virginia's community behavioral health system:** DBHDS is currently working with the Administration, the CSBs and the General Assembly to fully implement STEP-VA services by FY 2021. STEP-VA services including same day access, primary care screening and monitoring and outpatient services are currently in the process of being implemented and will make historic improvements to Virginia's community behavioral health system; however, there are still six more STEP-VA services to be funded before the model is fully implemented. In addition, in response to a 2017 General Assembly directive, DBHDS developed a plan for the financial realignment of Virginia's public behavioral health system. Financial realignment would work alongside STEP-VA to build the comprehensive community services needed to ensure that state hospital care is used only when clinically necessary and is available and effective when it is utilized. These services, such as building community housing options, would facilitate discharges from the state hospitals. DBHDS is currently working with the Administration, CSBs, and the General Assembly to lay the groundwork for financial realignment by installing necessary discharge services in communities across Virginia, such as housing support, to facilitate discharges from state hospital beds.
- **□Strengthen Substance-use Disorder (SUD) Treatment Capacity:** Infrastructure is lacking to combat Virginia's opioid epidemic. Additional resources are needed to improve Virginia's SUD system of care, especially for non-disabled, non-pregnant adults who are not



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

- **Addressing Behavioral Health Services in Jails:** Virginia, like many states, has historically had to maintain admission waitlists for individuals court ordered for inpatient treatment to attempt to restore the individual's competency to stand trial. In September 2015, there were 85 individuals awaiting admission (with 75 waiting longer than seven days for admission). Currently, there are only four individuals awaiting admission (with 0 waiting longer than seven days for admission). At the same time, the demand for inpatient forensic beds continues to increase: The total forensic admissions increased by 260 (1,504 to 1,764) from FY 2017 to FY 2018. Despite this demand, DBHDS has worked to admit all restoration cases within 10 days from receipt of the court order.
- In November 2017, DBHDS issued a report on Forensic Discharge Planning and has provided multiple presentations to various stakeholder groups on this topic. During the 2018 General Assembly session, funding was received to implement comprehensive discharge planning for individuals with Serious Mental Illness in two jails. During FY 2018, DBHDS also formed a stakeholder group to develop minimum standards for mental health services in all jails. DBHDS has issued that report and has presented the information to various stakeholder groups.
- Throughout FY 2018, DBHDS continued to support various criminal justice diversion programs for individuals with mental health issues who are better served by being diverted into the behavioral health system. During the 2018 GA session, funding was awarded to DBHDS to further support more Crisis Intervention Team programs (CIT) and to fund three pre/post booking diversion programs in rural jurisdictions. DBHDS is also working with local and state criminal justice partners to identify strategies to improve access to opioid treatment services for justice involved individuals. Finally DBHDS continues to collaborate with the Office of the Executive Secretary on supporting and expanding Mental Health Dockets throughout the Commonwealth.
- **Continue to develop the quality improvement system:** DBHDS has been actively building a greatly needed quality management system. As these project activities are becoming operational, the focus of quality management (QM) is shifting to measure our effectiveness in meeting improvement goals and expanding QM across DBHDS. Then, efforts will focus on building quality improvement functions and activities within all community providers. New licensing regulations that became effective September 1, 2018, require all providers to establish their own quality improvement programs, and have changed reporting requirements to allow DBHDS to gather more robust data on serious incidents.

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

## Information Technology

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

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

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

## 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 current turnover rate for FY 2018 was 9.4 percent and 42 positions are currently being recruited. This has helped the DBHDS to recover from budget cuts over the last ten years when about one-third of the central office staff was eliminated.

The average age of DBHDS central office staff is 49 years old and the average work tenure is 9.7 years. During the next five years, 27 percent of central office staff will be eligible to retire with unreduced benefits. Comprehensive workforce succession planning and systematic training and workforce development strategies are essential if the central office is to successfully transfer responsibilities from retiring to new employees and support advancement of staff through successively higher levels of competencies.

DBHDS has developed SystemLEAD, a long-term leadership development initiative designed to give participants broad exposure to the competencies necessary for leadership in the services system. SystemLEAD involves central office staff, staff in state hospitals and training centers, and now includes CSBs. The SystemLEAD curriculum will focus on leadership competencies, including knowledge, skills, abilities, and behaviors, that staff who aspire to leadership roles in the service system must possess. It includes an individualized assessment and development plan, training and group projects, coaching and mentoring, and special work assignments and cross training. SystemLEAD goals are to prepare qualified internal candidates to assume leadership positions; retain superior performers; and reduce turnover rates among high-performing employees. The program is currently in its fourth year, and experienced much success in the previous three years. DBHDS will be accelerating professional development efforts through the Virginia Public Sector Leadership Program, SystemLEAD, and mentoring rates.

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

### Physical Plant

The DBHDS central office occupies Department of General Services' space in 14 floors of the Jefferson Building, a 15-story state structure located at the edge of Capital Square in Richmond at the intersection of Bank and Governor Streets. The building was constructed in 1956 and the interior was renovated in 1999. Windows were replaced in 2015. Maintenance and sealing work on the external face of the building in 2017. In 2018, several floors were repainted and recarpeted and a plan is in place for the remaining floors.

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

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

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

#### Supporting Documents

Title

File Type

**Central Office Managed Community and Individual Health Services [444]**

**Description of this Program / Service Area**

Central Office Managed Community and Individual Health Services consists of community programs and services which are funded and administered by central office staff. These services include Health Support Networks, Mental Health First Aid, Suicide Prevention, local inpatient purchase of services funding for children and adults, and services for individuals who are transitioning from training centers who are not Medicaid eligible.

**Mission Alignment**

Central Office Managed Community and Individual Health Services provides community based services so that individuals find self-determination, empowerment, recovery, resilience, inclusion, and participation in the treatment options available to them. Authorization for these services comes from Chapter 3 of Title 37.2 and as a result of the Department of Justice settlement agreement.

**Products and Services**

**Description of Major Products and Services**

**Health Support Networks-** Provides dental services for Developmental Disability population, in addition to the Mobile Rehab Engineering (MRE) program which provides direct onsite care and services for individuals with assist devices such as wheel chairs and walkers, to have safety inspections, repair, maintenance, and related teaching for individuals and staff in the comfort of their own home. Another service provided is the Registered nurse care consultants (RNCCs). The RNCCs serve as region-based educational and technical resources to statewide stakeholders such as CSBs, congregate home, and medical providers.

**Mental Health First Aid-** Provides funds for Mental Health First Aid trainings. Trainings help you know how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps you identify, understand, and respond to signs of addictions and mental illnesses. Trainings are provided for any citizens including, law enforcement, firefighters and other interested parties. Mental Health First Aid funds are also used to support regional efforts suicide prevention.

**Suicide Prevention-** These funds are for suicide prevention trainings, such as Applied Suicide Intervention Skills Training (ASIST), as well as those regional efforts for suicide prevention initiatives and programs.

**Local Inpatient Purchase of Services-** Funds appropriated to purchase inpatient psychiatric services for individuals without healthcare who would otherwise be referred to a state psychiatric hospital for admission.

**Training Center Supports-** Funds appropriated to provide on-going supports for individuals discharged from the training centers who are not Medicaid eligible.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Community Services	Chapter 3 of Title 37.2		Required	19,030,992	0

**Anticipated Changes**

The new LIPOS funding appropriated in the 2017 General Assembly session will allow DBHDS to divert more individuals from admission to state hospitals. These diversions will help with the constant high number of admissions.

**Factors Impacting**

The state mental health facilities continue to face high census levels and require resources to divert individuals from admission to these facilities. Additionally as more providers expand in Virginia and individuals discharge from the training centers the Health Support Networks will continue to develop their outreach and programs to meet the growing need.

**Financial Overview**

Biennial Budget

	<b>2019 General Fund</b>	<b>2019 Nongeneral Fund</b>	<b>2020 General Fund</b>	<b>2020 Nongeneral Fund</b>
Initial Appropriation for the Biennium	12,960,077	0	16,510,077	0
Changes to Initial Appropriation	0	0	2,520,915	0

**Supporting Documents**

**Title** **File Type**

## 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 preauthorization of services.
- Supervision of the Juvenile Competency Restoration Program.
- Management of the SVP Conditional Release Program.
- Nursing home preadmission 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.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Administration and Support Services			Required	54,594,797	43,120,983

**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 communitybased waiver slots, implementation of family supports and crisis response services, and development of housing supports and employment opportunities.

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.

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 57 percent general fund and 43 percent nongeneral fund dollars. Nongeneral 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 and collection of fees from Medicaid, Medicare, private insurance, private payments, and other funds received as generated by the Central Office by requesting reimbursement for allowable overhead costs related to Medicaid services in accordance with 2 CFR §200 Uniform Administrative Requirements, Cost Principals and Audit Requirements for Federal Awards.

Biennial Budget

	<b>2019 General Fund</b>	<b>2019 Nongeneral Fund</b>	<b>2020 General Fund</b>	<b>2020 Nongeneral Fund</b>
Initial Appropriation for the Biennium	53,429,075	43,419,371	54,407,617	41,969,371
Changes to Initial Appropriation	0	907,776	187,180	1,151,612

**Supporting Documents**

**Title** **File Type**



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

**Description of this Program / Service Area**

Pursuant to §37.2-405, DBHDS licenses public and private providers of community services throughout Virginia. DBHDS licenses services that provide treatment, training, support and habilitation to individuals who have mental illness, developmental disabilities or substance abuse disorders, to individuals receiving services under the Medicaid DD Waiver, or to individuals receiving services in residential facilities for individuals with brain injuries. 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. The Office Licensing mission is to provide consistent, responsive, and reliable regulatory oversight to DBHDS licensed providers by supporting high quality services to meet the diverse needs of its clients.

**Products and Services**

**Description of Major Products and Services**

Services include processing initial provider applications, issuing new licenses, conducting renewal inspections and renewing provider licenses, conducting annual unannounced inspections and the 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, applicant training, and provider development in accordance with state initiatives.

Products / Services					
Product / Service	Statutory Authority	Regulatory Authority	Required Or Discretionary	GF	NGF
Regulation of Health Care Providers Services			Required	4,246,063	455,675

**Anticipated Changes**

Significant increases in the number of private providers and service locations are anticipated for all services and populations. This growth of community-based services will increase the number of applications, licenses issued, licenses renewed, and licensing investigations.

**Factors Impacting**

Moving towards national best practices, Virginia is relying less upon institutionalized and congregate care settings. Demands for community behavioral health, substance abuse services including opioid treatment programs, and developmental services are expected to increase as Virginia's population grows and community needs are assessed. As Virginia's population becomes more diverse, providers of services must improve their responsiveness to the needs of culturally and linguistically diverse groups. Virginia is expecting providers to be able to demonstrate competencies in the populations served. The Office of Licensing is striving to be the regulatory authority for DBHDS licensed service delivery system through effective oversight.

**Financial Overview**

This service area is funded with 88 percent general fund and twelve percent nongeneral fund dollars. Nongeneral fund dollars are derived from the collection of fees from Medicaid, Medicare, private insurance, private payments, and other funds received as generated by the Central Office by requesting reimbursement for allowable overhead costs related to Medicaid services in accordance with 2 CFR §200 Uniform Administrative Requirements, Cost Principals and Audit Requirements for Federal Awards.

Biennial Budget

	2019 General Fund	2019 Nongeneral Fund	2020 General Fund	2020 Nongeneral Fund
Initial Appropriation for the Biennium	3,625,461	455,675	4,246,063	455,675
Changes to Initial Appropriation	0	0	0	0

**Supporting Documents**

Title File Type

