2016-18 Strategic Plan

Grants to Localities [790]

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

Community service boards (CSBs) are funded with 82 percent general fund dollars and 18 percent federal funds. Federal funds are derived from block grants (Substance Abuse Prevention and Treatment and Community Mental Health Services), other grants for substance abuse and mental health services, and Early Intervention grant funds for infants and toddlers with developmental delay.

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

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	331,127,537	66,315,447	335,447,077	62,159,447
Changes to Initial Appropriation	-300,000	0	14,044,651	13,550,000

(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

Virginia's population is increasing, becoming more culturally diverse and growing older. The customer base for community mental health, developmental, and substance-use disorder services is expected to change to reflect these demographic trends. Proportionately greater numbers of individuals seeking community services will have:

- significant or complex needs or will experience serious medical conditions or behavioral challenges requiring specialized services and supports;
- co-occurring combinations of mental illness, substance-use disorders, or intellectual or other developmental disability; or
- involvement with the criminal justice system.

Increasing numbers will be veterans experiencing behavioral health issues or individuals with older care givers who will require community developmental services to enable them to continue to reside in their homes or other community settings.

Current Customer List

Predefined Group	User Defined Group	Number Served Annually	Potential Number of Annual Customers	Projected Customer Trend
Consumer	Individuals receiving CSB developmental services	20,248	26,399	Increase
Consumer	Individuals receiving CSB mental health services	112,121	180,176	Stable
Consumer	Individuals receiving CSB substance-use disorder services	34,382	46,632	Increase
Consumer	Individuals receiving CSB emergency or ancillary services	126,035	130,152	Increase
Child	Infant and toddlers and their families served in Part C early intervention services	16,200	18,247	Increase

Partners

Name	Description
Federal agencies	The Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services awards grants that support community mental health and substance abuse prevention and treatment services and provides technical assistance to DBHDS and CSBs about requirements associated receipt of the grant funds. The federal Office of Special Education Programs provides federal funds to DBHDS, as the lead state agency for the Part C program, for infant and toddler early intervention services.
Local governments	Local governments establish CSBs and approve CSB performance contracts. They provide financial resources to CSBs to match state funds, and may provide CSB administrative services.
Local agencies	Local agencies such as school systems, social services, health departments, and area agencies on aging are critical partners in the provision of behavioral health and developmental services. These agencies provide auxiliary grants for assisted living facilities, various social services, health care, vocational training, housing assistance, and Part C early intervention services.
Individuals receiving services, family members, and advocacy organizations	CSBs work closely with individuals receiving services and their families to assure their active and meaningful involvement in the delivery of services and supports and in discharge planning. Individuals receiving services, advocacy organizations, and peer and family groups also provide important feedback to CSBs on service needs and issues. Some individuals and family members serve on CSB boards.
Private providers (for profit and non-profit organizations)	Private providers contract with CSBs to provide community services and provide Medicaid home and community-based waiver services.
Community services boards and behavioral health authority (CSBs)	DBHDS funds, contracts with, provides consultation to, monitors, licenses, and regulates CSBs. CSBs participate in policy, planning, and regulatory development for the services system.

Agency Goals

- **Implement selfdetermination, empowerment, recovery, resilience, and personcentered 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

  Community services boards (CSBs) are established by the 133 local governments in Virginia under Chapters 5 or 6 of Title 37.2 of the Code of Virginia and may serve single or multiple jurisdictions. Chapter 5 of Title 37.2 authorizes the establishment and operation of CSBs by local governments to provide community behavioral health and developmental services and authorizes DBHDS to fund CSBs. Chapter 6 of Title

37.2 authorizes the establishment and operation of a behavioral health authority (BHA) by a specified city or county to provide community behavioral health and developmental services and authorizes DBHDS to fund a BHA. CSBs provide services directly and through contracts with private providers, which are vital partners in delivering behavioral health and developmental services. As the single points of entry into publicly funded behavioral health and developmental services, CSBs provide access to state facility services through preadmission screening, case management and coordination of services and supports, and discharge planning for individuals leaving state facilities. This goal transforms and strengthens community behavioral health and developmental services by incorporating core principles of recovery and resilience for individuals with mental illnesses or substance use disorders and self determination for individuals with developmental disabilities.

Associated State Goal

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

Associated Societal Indicator

Life Expectancy

Objectives

» **Implement a recovery-oriented, person-focused, and needs-based system of community behavioral health and developmental services system.**

Description

This objective supports the statewide implementation of behavioral health initiatives that promote recovery support services and increase use of peers in direct service roles. It also facilitates the realization of a more person-focused and needs-based system of developmental services and supports that build on the individuals' strengths, preferences, and goals.

Objective Strategies

• Implement a Recovery Oriented System of Care (ROSC) in which services and supports are provided in the most integrated settings, not separated from the communities in which individuals live and in the least restrictive manner, by a fully integrated and trained workforce, including peers and other providers.

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

• Expand family supports and other initiatives that allow individuals receiving developmental services and supports to have control over how their service dollars are spent.

• Participate in the Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TCS) process to bring peers, advocates, families, providers, state agencies and other stakeholders together to monitor and report on progress in achieving a recovery-oriented system of care.

• Train and support public and private behavioral health providers aimed at increasing their use of peer support specialists and promoting effective collaborations with independent peer programs.

• Develop and expand a wide range of recovery oriented peer services and peer provided recovery supports delivered through CSBs and peeroperated programs.

• Increase the basic knowledge and competency of public and private behavioral health services providers in the use of recovery evidencebased and best practices, including psychiatric advance directives.

• Expand opportunities for individuals and their families to participate as partners in all aspects of service planning, delivery, and evaluation.

• Engage in and collaborate with community stakeholders (social services, schools, medical community, corrections, and employers) in developing and supporting recovery-focused communities.

• Train and support behavioral health services providers in the integration of recovery values, principles, concepts, and language into services policies, processes, and structures.

• Support communitybased prevention planning coalitions at the local level to implement strategies that reduce exposure to risk and enhance protective factors.

Measures

- ♦ Labor cost per community services board (CSB) payment

• **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 may 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

» **Increase the statewide availability of a consistent array of community substance use disorder services that promote recovery and resilience, self determination, and community participation.**

Description

Individuals experiencing substance use disorders often enter recovery and live productive, self directed lives in their communities. This objective supports easy access to and expansion of community substance use disorder services that promote recovery and support individuals to attain their highest achievable level of health and wellness. Regardless of where they live in Virginia, people should have timely access to a consistent array of quality substance use disorder prevention and early intervention services that prevent or reduce the need for more intensive interventions.

Objective Strategies

• Develop and implement same day access for assessment and treatment planning for outpatient substance use disorder services in each CSB.

• Increase the array of substance use disorder services in all communities to a consistent and need-based level, including medication assisted treatment, intensive outpatient services, case management, medically managed withdrawal (detoxification) beds, and residential treatment for pregnant women and women with dependent children and services for special populations such as individuals with co-occurring behavioral health issues, older adults, and individuals involved with the criminal justice system.

• Develop community treatment and support services tailored to divert young (juvenile and young adult) nonviolent offenders from incarceration and provide treatment to those who are released back to the community.

• Expand access to and availability of specialized services and supports for individuals with substance use disorders such as peer support, vocational rehabilitation counseling, safe and sober housing, medical services, and transportation.

• Enhance the core competencies of persons delivering substance use disorder services including case managers, clinicians, and clinical supervisors. Evidence-based and best practices will be used by service providers wherever applicable and appropriate.

• Support community-based prevention planning coalitions at the local level to implement strategies that reduce exposure to risk and enhance protective factors.

Measures

♦ Percentage of adults who continue to receive substance abuse services for at least five months from initial engagement

» **Ensure the statewide availability of a consistent array of community mental health services that promote recovery and resilience, self determination, and community integration.**

Description

Individuals experiencing mental illness often enter recovery and live productive, self directed lives in their communities. This objective supports easy access to and expansion of community mental health services that promote recovery and support individuals to attain their highest achievable levels of health and wellness. Regardless of where they live in Virginia, people should have timely access to a consistent array of quality mental health prevention and early intervention services that prevent or reduce the need for more intensive interventions. Individuals in crisis and those with severe or complex conditions should be able to access services easily at the appropriate level of intensity and in the least restrictive environment geared towards preventing or reducing the use of more intensive interventions such as hospitalization or involvement in the public safety system.

Objective Strategies

• Increase access to prevention and early intervention supports that are integrated with family, the community, and other human services supports.

• Develop and implement same day access for assessment and treatment planning for outpatient mental health services in each CSB.

• Increase the array of mental health treatment services for adults and children in all communities to a consistent and need-based level in

all communities including case management and intensive case management, outpatient counseling, inhome supports, psychiatric services and medication management, psychosocial rehabilitation, peer support, and wraparound services. Evidence-based treatment programs and best practices will be developed and implemented based on the needs of individual communities. This may include Programs of Assertive Community Treatment (PACT), Dialectical Behavioral Therapy (DBT), and Multi-systemic Therapy (MST). Appropriate treatment for special populations will be included such as individuals with co-occurring behavioral health issues, transition-age youth (ages 16-25), veterans, older adults, and individuals involved with the criminal justice system.

• Expand access to and availability of specialized services and supports for individuals with mental illness such as peer support, vocational rehabilitation counseling, safe and affordable housing, medical services, and transportation.

• Increase access to an adequate and more consistent array of emergency, crisis stabilization, psychiatric evaluations, CIT Assessment Centers for law enforcement, and local purchase of inpatient psychiatric hospital beds.

• Implement new service initiatives that include child psychiatry through face-to-face telepsychiatry and consultation to pediatric and primary care providers.

• Enhance the core competencies of persons delivering mental health services including case managers, clinicians, and clinical supervisors. Evidence-based and best practices will be used by service providers whenever applicable and appropriate.

• Expand the array and capacity of jail diversion services, including preand postbooking, pretrial alternatives, and community treatment services that prevent or divert individuals from incarceration.

• Expand outpatient restoration services to assure that defendants receive appropriate active treatment to restore competence in jails and community settings and providing funds for outpatient restoration services.

• Expand jail based behavioral health services that reduce demand for secure forensic treatment and prevent rehospitalization of inmates.

• Support local law enforcement interventions to prevent individuals who are in crisis from involvement in the criminal justice system by providing Crisis Intervention Team (CIT) training and promoting CIT program development and outcomes measurement.improvements, and develop local action plans.

• Support the development of community alternatives, including transitional housing, to improve the flow through of Not Guilty by Reason of Insanity (NGRI) acquittees and decrease their need for prolonged hospitalization.

• Collaborate with community providers of aging services and community organizations to raise awareness of the behavioral health service needs of older adults and develop a comprehensive, community-based array of specialized services for older adults in Virginia.

• Provide specialized training to CSB clinicians on challenges confronting veterans and their families, including PTSD and the behavioral health effects of traumatic injuries.

• Implement a children's behavioral health workforce development initiative to increase consistency in public and private providers' knowledge and skills and support implementation of the comprehensive service array in a manner consistent with best practice standards.

• Expand CSB partnerships and crossreferral networks with free clinics, federally funded health centers, and other providers of primary health care services.

Measures

- ♦ Annual percent change of number of individuals over 18 who are authorized for independent living, supportive living services, or shared living.
- ♦ Number of state hospitals experiencing more than a 15% increase in the percentage of Temporary Detention Order (TDO) admissions
- ♦ Number of temporary detention orders (TDOs) for which state facilities served as the last resort because a community facility was not found at the end of emergency custody order (ECO) period.
- ♦ Percentage of adults and children who are 13 years old or older receiving substance use disorder (SUD) services with a new episode of SUD services who received the following.
- ♦ Percentage of adults who receiving timely community mental health case management supports.

» **Expand person-centered community developmental services and supports that will enable individuals, including individuals with more intense support needs such as co-occurring mental illness and developmental disability diagnoses, to live lives that are fully integrated in the community with targeted appropriate use of in-patient facilities, training centers, or crisis services as needed.**

Description

This objective supports expansion of community-based developmental services and supports that promote community integration and self-determination and enable individuals to attain their highest achievable levels of health and wellness. These services and supports: • Are provided in the most integrated settings appropriate to the needs of individuals; • Are consistent with the informed choices of these

individuals; and • Offer opportunities for individuals to engage in meaningful activities and to experience integration in all aspects of their lives (e.g., living arrangements, work and other day activities, access to community services and activities, and opportunities for relationships with members of the community beyond paid staff).

Objective Strategies

• Expand community-based developmental services and support pursuant to implementing and meeting the timelines filed with the oversight federal Judge as negotiated with the U.S. Department of Justice.

• Expand housing options for individuals with developmental disabilities who fall within the DOJ Settlement Agreement target population and related independent living supports options to achieve the goals set forth in the independent living plan.

• Create opportunities that emphasize integrated and supported employment for individuals with intellectual disability.

• Expand the adult developmental disability crisis program to provide as needed 24/7 support 24 hours per day and seven days per week to include two transitional houses.

• Expand crisis services to individuals under 18 years of age with intellectual or developmental disabilities with the addition of two child REACH homes, crisis respite services, and additional in-home supports.

• Complete the closure of Southwestern Virginia Training Center and Central Virginia Training Center through the discharge planning and transition process by expanding the number of providers that are able to support individuals with more intense behavioral or medical support needs.

• Develop community respite alternatives for children and youth in crisis with behavioral challenges.

• Enhance the core competencies of persons who provide case management services to promote consistency in the practice of case management across Virginia in the areas of housing, independent living, accessing the Building Independence waiver, and using the proposed planning calendar and service packages to facilitate critical conversations with individuals and their families or guardians or authorized representatives.

• Expand Part C early intervention services for infants and toddlers (ages 03) and their families to prevent or alleviate later developmental or learning problems.

• Assist individuals on the Medicaid DD waiver wait lists and their families to access resources, supports, services, and other assistance through the Individual and Family Support Program by completing the change to a model family supports program.

• Improve the quality and effectiveness of developmental services through strengthening the capacity and competency of the provider community.

• Support efforts with partners to provide information to the public, DD provider, and law enforcement about autism spectrum disorders, offer ongoing education and additional training, and expand access to early diagnosis and intervention resources.

Measures

- ♦ Number of individuals on the extraordinary barrier list
- ♦ Percentage of individuals who receive in-home developmental case management services

Major Products and Services

Community mental health, developmental, and substance-use disorder services provided by or through CSBs include:

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

- Ancillary services, including motivational treatment, consumer monitoring, assessment and evaluation, and early intervention services.

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

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

Performance Highlights

Important measures of performance of community behavioral health and developmental services involve the intensity of case management services and the retention of individuals in substance use disorder services.

- Active engagement of individuals in case management services allow case managers to observe and assess individuals' needs and preferences; ascertain if supports and services are being implemented appropriately; and determine if supports and services remain appropriate or should be changed.

- Intensity of engagement by adults with serious mental illness in mental health case management services is measured by the percentage of individuals who received at least four hours of services within 90 days of admission.
- Provision of in-home developmental case management services to specific groups receiving face-to-face visits under the settlement agreement with the U.S. Department of Justice reflects the degree to which individuals are actively engaged.
- One of the principles of effective treatment of substance-use disorders is that an individual's involvement in on-going treatment significantly reduces or stops drug use and that the best outcomes occur with longer durations of treatment. Because individuals often leave treatment prematurely, programs should include strategies to engage and keep patients in treatment. Retention in services is measured by the percentage of individuals admitted to substance use disorder services during the past year who remain engaged for at least six months.
- DBHDS is using two measures of the ability of CSBs to implement new requirements related to civil temporary detention orders (TDOs). These measures specifically track the number of temporary detention orders (TDOs) for which state facilities served as the last resort because a community facility was not found at the end of emergency custody order (ECO) period, and the rate of state hospital civil TDO admissions. The 2014 General Assembly amended the Code of Virginia to require state hospitals to accept civil TDO admissions if other alternatives have not been 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.

Staffing

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

Key Risk Factors

Several factors will have a significant effect on community services providers over the next four years.

- ***Mental health services system reforms:*** The services system is multifaceted, extremely complex, underfunded, and under resourced and may 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. 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 the Commonwealth's behavioral health services system. Implementation of potentially significant system reforms emanating from these efforts may change how the current system operates.
- ***Inadequate behavioral health service capacity:*** 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. Even with funds provided by the General Assembly during the last several sessions 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 April 6, 2017, there were 11,396 individuals on the Medicaid developmental disability waiver waiting list.
- ***Implementation of Health Care Reforms:*** Increasingly, CSBs and private providers are being affected by new service delivery requirements associated with Medicaid care coordination and managed behavioral care initiatives. The low income threshold for Medicaid

presents challenges for providing services for uninsured and underinsured individuals. Changes resulting from potential health care reforms include the loss of CSB general fund dollars that now support services to individuals who would become eligible for Medicaid services if Medicaid coverage were expanded; provider workforce capacity pressures resulting from increasing demands for services by newly insured enrollees and Medicaid enrollees; and potential changes to the arrays of federal mental health and substance abuse block grant services.

- ***Continuing Opioid Epidemic:*** The Office of the Chief Medical Examiner (VDH) has predicted that deaths from drug overdose will exceed 1,400 in 2016, an increase of 38 percent over 2015. This is the fourth consecutive year that deaths from this cause have increased. OCME has not yet published data for the specific drugs that caused death, however, deaths attributed to opioids increased 33.42% between 2014(353) and 2015 (471), and the introduction of synthetic opioids has likely contributed to more deaths in the current year. General fund allocations that support basic treatment services for SUDs have been level for years, even as the need for services and the complexity of the needs of those receiving services increases. The FDA has approved three medications for the treatment of opioid use disorder (specifically, Medication Assisted Treatment (MAT)), yet fewer than half of the CSBs have the capacity to offer this lifesaving intervention, let alone to provide complex clinical supports. CSB capacity to treat individuals with SUDs has remained static at about 30,000 unduplicated individuals per year, and an increasing proportion (currently about 40%) are presenting with opioid use disorder. Although DBHDS received a $9.76 million one-year federal grant in 2017 (with an additional year possible), these funds are only for one year and cannot be used to address longstanding infrastructure needs such as bricks and mortar or workforce development that are necessary to expand capacity. $5 million of these funds is dedicated to expand access to MAT with necessary clinical care, for an expanded static capacity of 500 MAT slots per year. However, there are clearly many more individuals who will need services who won't be able to access MAT.

Management Discussion

General Information About Ongoing Status of Agency

DBHDS is working with CSBs and other community service providers to:

- Implement recovery and resiliency principles and recovery support services across Virginia;
- Expand access to and availability of evidence-based and best practice behavioral health care, including same day access, integrated behavioral and physical health approaches, trauma-informed services for all individuals and families, comprehensive and integrated children's programs, community-based services appropriate to support individuals being discharged from state hospitals such as Programs of Assertive Community Treatment and Permanent Supportive Housing, additional drop-off centers to provide an alternative to incarceration for individuals with serious mental illness, additional mental health inpatient treatment purchased in community hospitals, and expansion of tele-psychiatry services;
- Provide flexible and individualized developmental services and supports that keep families intact and reduce the need for costly out-of-home placements, including enhanced case management/care coordination, crisis services for adults and children and adolescents with developmental disabilities, and expanded opportunities for integrated housing and competitive employment, and assist in increasing and improving capacity in the community;
- Improve service provider transparency and accountability through the community services performance contract with CSBs and finance and program reviews of CSBs, DBHDS licensing of services and human rights protections, risk management and quality improvement processes, and monitoring provider performance and outcomes.

Information Technology

The 40 community services boards (CSBs) maintain their own information technology (IT) systems, or these systems are maintained by their local governments. However, they do rely on DBHDS central office for core reporting applications such as the Community Automated Reporting System (CARS) to provide semi-annual reporting on performance contract financial metrics, the Community Consumer Submission (CCS3) application to report demographic, clinical, and services data monthly on the more than 216,000 individuals who receive services from CSBs, and the new Waiver Management System (WaMS) for Medicaid Developmental Disability waiver enrollments, service authorizations, and determinations regarding retaining slots.

Eliminating as much double entry as possible between CSB systems and DBHDS systems improves efficiency and reduces errors in information that appear in multiple records. However, because WaMS is also an authorization system designed to be accessed by providers, case managers, and authorization staff, case managers (and CSBs with direct services) will have to work in two systems (WaMS and local electronic health record systems). The effort to create a method for data exchanges between WaMS and CSB electronic health record systems (EHRs) is compounded by the diverse nature of the different business functions across CSBs, and the cost of the data exchange may not be offset with productivity gains by the users.

CSBs have purchased electronic health record information systems from various vendors; Credible (21 21), Cerner (8), CoCentrix (8), and one each for AVATAR, CMHC, and PsyhConsult. All CSBs have implemented certified EHRs. CSBs are also in varying stages of pursuing meaningful use certification and funding.

While most CSBs have in-house IT staff, some CSBs do not. This poses challenges to those CSBs, particularly regarding data quality and using data for management purposes. The added data reporting requirements associated with the DOJ Settlement Agreement are imposing significant workload burdens on CSB IT systems as well as service staff.

Statewide service and financial data is not readily available to CSBs, in part due to the absence of a statewide data sharing environment accessible to CSBs. The DBHDS IS&T approach to solving this problem is two-fold. First, the DBHDS OneSource Data Warehouse has the capability of acting as a reporting and analytics platform for the CSBs. Second, web service-based data exchanges have been developed to

automate the sharing of data between CSB and DBHDS systems, most notably in the Infants and Toddlers Online Tracking System (ITOTS). DBHDS IS&T intends to extend this approach by coordinating CSB use of OneSource with the DBHDS Quality Management division, and by adding additional data exchanges to connect CSB system to other DBHDS central office applications.

Estimate of Technology Funding Needs

Workforce Development

Operating CSBs and the BHA maintain their own human resources management and development systems, while administrative policy boards are part of their local government systems. Many CSBs, especially those not part of local governments, face continuing challenges in attracting and retaining well-qualified staff due to lack of resources for adequate compensation. Additionally, some rural CSBs face special challenges in attracting staff to their areas. CSB recruitment and retention issues are further exacerbated by the lack of state funding for salary increases in recent years.

All CSBs will face challenges in adapting to and complying with their employer responsibilities under the Affordable Care Act related to health insurance. While all large and many medium size CSBs have in-house HRM staff, some medium and most small CSBs do not. This poses challenges to those CSBs in effectively managing their human resources.

Physical Plant

Operating CSBs and the BHA maintain their own buildings. Ownership and leasing arrangements vary for the 13 group homes funded through DBHDS and constructed in Region 5 (Eastern Virginia) for individuals with intellectual disabilities who are leaving Southeastern Virginia Training Center. Similarly, DBHDS has approved funding of 13 homes for individuals who are leaving Central Virginia Training Center. Eight of these homes have been constructed; one is in the final design with construction to begin in the summer.   Additionally, Rappahannock Area CSB has built one home in Fredericksburg; Danville Pittsylvania Community Services was funded for its last home in 2015; and Horizon Behavioral Health was awarded funding for a four-bed home to come online in 2018. DBHDS has distributed funds for the development of community homes for individuals residing at Central Virginia Training Center.

NOTE: This is one of five DBHDS Executive Progress Reports. See Department of Behavioral Health and Developmental Services (720); Mental Health Treatment Centers (792); Intellectual Disabilities Training Centers (793); and Virginia Center for Behavioral Rehabilitation (794).

Supporting Documents

Title	File Type

Community Substance Abuse Services [44501]

Description of this Program / Service Area

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

Mission Alignment

Community substanceuse disorder services support the statewide implementation of services that promote recovery and build on individuals' strengths, preferences, and goals.

Products and Services

Description of Major Products and Services

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

Anticipated Changes

Implementation of recoveryoriented services and supports will incorporate personcentered and trauma informed practices and provide greater integration between peers and providers across various components of the behavioral health services system and with other health, education, and social services systems. The number of recovery support services, peer provided services and supports, and peer support workers will continue to increase. Federal Substance Abuse Prevention and Treatment block grant funds will be focused on priority areas such as integration of behavioral health and primary health, cooccurring mental illness and substanceuse disorders, selfdirected care, and prevention and promotion of wellness.

Implementation of integrated primary care and behavioral health care delivery models across Virginia will allow primary care and behavioral health providers with specific clinical expertise to work together to treat the entire person and to emphasize wellness and preventive care, which will improve service quality and outcomes

Factors Impacting

Untreated substanceuse disorders cost Virginia millions of dollars in costshifting to the criminal justice system, the health care system, and lost productivity, not to mention the human suffering and effects on family and friends. Patterns of drug use reflect an increased prevalence of prescription drug abuse and dependence and deaths related to misuse of prescription drugs and to illegal (street) drugs are increasing. Dramatic problems associated with underage drinking and substance misuse and addiction, including abuse of prescription drugs, will put enormous pressure on the services system. Improved assessment and screening of adults and children with cooccurring disorders will increase demands for integrated services to treat these cooccurring conditions.

Demands for community substanceuse disorder services are expected to increase as Virginia's population grows and more individuals who now have affordable insurance coverage under the Patient Protection and Affordable Care Act’s Health Benefit Exchanges (marketplaces) seek needed services. In addition, a significant proportion of adults and juveniles in the criminal justice system have identified issues associated with substance misuse and addiction that, if not addressed, considerably increase the risk of recidivism. Evidencebased substanceuse disorder treatment services are not widely accessible, especially to the majority of offenders returning to the community.

Access to an adequate and more consistent array of substanceuse disorder services will continue to be a challenge, particularly case management, intensive outpatient services, medication assisted treatment, detoxification beds, and residential treatment for pregnant women and women with dependent children. Lack of supported living services that provide a safe place to live is a frequent barrier to sobriety, as people with

substanceuse disorders have frequently alienated friends and family and lack income.

Financial Overview

This service area is funded with 57 percent general fund dollars and 43 percent federal funds. The federal funds are from the Substance Abuse Prevention and Treatment (SAPT) Block Grant that is passed through to community programs. CSBs also receive funds from other sources such as local funds, Medicaid, other fees, and other revenues which are not appropriated to CSBs and are not included in this table.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	56,142,743	41,019,447	56,142,743	41,019,447
Changes to Initial Appropriation	0	0	-5,000,000	5,000,000

Supporting Documents

Title	File Type

Community Mental Health Services [44506]

Description of this Program / Service Area

Community Mental Health Services funds public community mental health services provided by 39 community services boards and one behavioral health authority, hereafter referred to as CSBs, throughout Virginia. CSBs also provide preadmission screening of all requests for involuntary inpatient treatment in state hospitals or other facilities. Each CSB provides discharge planning for all individuals who reside or will reside in cities or counties served by the CSB before they are discharged from state hospitals.

Community mental health services are integrated with other direct services and supports at the local level for individuals with special needs or those receiving services from multiple agencies, including children or adolescents and their families, persons with cooccurring disorders such as mental illness and substance use (alcohol or other drug dependence or abuse) disorders, and adults or children who are hospitalized or involved in the criminal justice system.

Several consumerrun, nonprofit organizations provide a few direct services under separate contracts with the Department.

This service area also funds CSBs to support the implementation of conditional release orders, pursuant to § 19.2182.7 of the Code of Virginia, for individuals who have been acquitted by reason of insanity.

Mission Alignment

Community mental health services support the statewide implementation of services that promote recovery and build on individuals' strengths, preferences, and goals.

Products and Services

Description of Major Products and Services

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

Anticipated Changes

Implementation of recoveryoriented services and supports will incorporate personcentered and trauma informed practices and provide greater integration between peers and providers across various components of the behavioral health services system and with other health, education, and social services systems. The number of recovery support services, peerprovided services and supports and peer support will continue to increase. Federal Community Mental Health Services block grant funds will be focused on priority areas such as integration of behavioral health and primary health services, cooccurring mental illness and substanceuse disorders, selfdirected care, and prevention and promotion of wellness.

Implementation of integrated primary care and behavioral health care delivery models across Virginia will allow primary care and behavioral health providers with specific clinical expertise to work together to treat the entire person and to emphasize wellness and preventive care, which will improve service quality and outcomes.

Implementation of Same Day access service models across CSBs will virtually eliminate “no show” appointments, increase adherence to follow-up appointments, reduce the “wait time” for initial appointments, and makes more cost-effective use of staff resources. Implementation requires a change in CSBs’ business practices, such as scheduling, documentation, caseload management, and utilization of shorter term, more focused and practical therapies. It is the best lever to begin shifting care away from crisis response when individuals are more at risk to themselves and to others.

Factors Impacting

Demands for community behavioral health and developmental services are expected to increase as Virginia's population grows and more individuals who now have affordable insurance coverage under the Patient Protection and Affordable Care Act’s Health Benefit Exchanges

(marketplaces) and the GAP program seek needed services. Changes to the existing law will impact Community Mental Health services in Virginia.

The public services system is experiencing increasing pressures to address significant variations in regional and local service availability and gaps in important basic services and supports such as crisis, emergency, acute inpatient, outpatient, case management, and psychiatry services and recoveryfocused housing and employment supports

The joint subcommittee established by the 2014 session of the General Assembly (SJ 47) and extended in the 2017 General Assembly session to study the mental health system will continue to propose statutory and administrative changes to improve service quality and outcomes and increase access to the range of services, supports, and technologies required to respond to individuals in mental health crisis and their families.

Financial Overview

This service area is funded with 95 percent general fund dollars and five percent federal funds. The federal funds are from the Community Mental Health Services (CMHS) Block Grant that is passed through to community programs. CSBs also receive funds from other sources such as local funds, Medicaid, other fees, and other revenues which are not appropriated to CSBs and are not included in this table.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	218,857,697	11,760,000	218,857,697	11,760,000
Changes to Initial Appropriation	0	0	19,344,651	0

Supporting Documents

Title **File Type**

Community Developmental Disability Services [44507]

Description of this Program / Service Area

Community Developmental Disability Services funds public developmental services provided by 39 community services boards and one behavioral health authority, hereafter referred to as CSBs, throughout Virginia. CSBs also provide preadmission screening of all requests for admission to training centers. Each CSB provides discharge planning for all individuals who reside or will reside in cities or counties served by the CSB before they are discharged from training centers.

Community developmental services are integrated with other direct services and supports at the local level for individuals with special needs, those receiving services from multiple agencies, and individuals with cooccurring disorders such as an intellectual disability and a mental health disorder or an intellectual disability and a substance use (alcohol or other drug dependence or abuse) disorder.

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

Mission Alignment

Community developmental services support the statewide implementation of services that build on the strengths, preferences, and goals of individuals receiving services and promote inclusion and participation in all aspects of community life, including work, school, family, and other meaningful relationships.

Products and Services

Description of Major Products and Services

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

Anticipated Changes

Implementation of the settlement agreement between the Commonwealth and the U.S. Department of Justice will significantly expand community based supports provided in the most integrated setting appropriate to the specific needs of individuals with intellectual or developmental disabilities. A customized waiver rate that address extensive medical and behavioral challenges will help training center residents who need more intensive medical or behavioral supports to move to integrated community settings.

Increased enrollment integrated work settings and integrated day programs including supported employment will support employment as an appropriate and viable option for individuals receiving services under the settlement agreement.

Increased accessibility to affordable opportunities to live independently will result in more individuals with intellectual or developmental disabilities and their families having more choices of where to live.

New communitybased developmental disabilities and Health Supports Networks will provide medical, dental, and behavioral supports in the community as close to individuals' homes as possible.

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Factors Impacting

The public developmental services system will experience increasing demand for communitybased supports provided in the most integrated setting appropriate to the specific needs of individuals with intellectual or developmental disabilities as Virginia's population grows. Pressures to increase community services capacity will continue as students who graduate annually from special education classes seek waiver services or other more flexible developmental services such as intermittent or limited supports to ease their transition from special education programs.

The number of infants and toddlers served in Part C programs is expected to increase as a result natural population growth, better outreach and case finding efforts, and enhanced child find activities. Growing numbers of individuals with aging care givers will require developmental services

and supports to enable them to continue to reside in their homes or other community settings.

Financial Overview

This service area includes 77 percent general fund dollars, 22 percent federal funds. The federal funds are from the Program for Infants and Toddlers with Disabilities (Early Intervention) grant passed through to community programs as well as funds from the DOJ trust fund. CSBs also receive funds from other sources such as local funds, Medicaid, other fees, and other revenues. These funds are not appropriated to CSBs and are not included in the Appropriation Act and, therefore, are not included in the following table.

Biennial Budget

	2017 General Fund	2017 Nongeneral Fund	2018 General Fund	2018 Nongeneral Fund
Initial Appropriation for the Biennium	56,127,097	13,536,000	60,446,637	9,380,000
Changes to Initial Appropriation	-300,000	0	-300,000	8,550,000

Supporting Documents

Title	File Type