

ALL IN!

DBHDS Monthly Update from Commissioner Ferguson
August 7, 2014

WELCOME

Welcome to another monthly update from DBHDS. I have renamed this monthly communication “**ALL IN!**” What does it mean? We recognize that improving Virginia’s behavioral health system and bolstering the developmental disability system are critical, urgent priorities. **ALL IN!** speaks to our level of commitment and sense of urgency. **ALL IN!** acknowledges that major system transformation requires broad partnerships; with those we serve, their families, advocates, State agencies and community partners. **ALL IN!** commits to inclusiveness; we are devoted to a life full of rich possibilities for everyone. **ALL IN!** recognizes our responsibility to all of Virginia; from the Shenandoah Valley to Virginia’s Eastern Shore – from Coeburn to Fairfax. Virginia deserves the most robust, comprehensive service system we can provide. *Everyone* can be a part of improving our system of care in Virginia. Although we will face challenges, we also have a unique opportunity to truly transform our system to the benefit of those we serve. I am **ALL IN!** and I am counting on you being **ALL IN!** too.

Below is a brief snapshot of the critical updates and accomplishments during June on issues affecting the people we serve. Without doubt, our daily efforts have extended far beyond the major updates included below. I am grateful for all of the work being done to improve, enrich and transform our system.

MAJOR UPDATES

DBHDS Transformation Effort – In recent months and years, DBHDS has been hard at work improving and modernizing both our behavioral health and developmental disability system. As a continuation of those efforts, in the coming weeks and months, DBHDS will embark on a full-scale transformation effort to re-examine our system. We will work with national experts and incorporate recommendations from previous studies and commissions as well as current efforts such as the Governor’s Taskforce on Improving Mental Health Services and Crisis Response and the SJ 47 Subcommittee. We will convene small, transformation teams for both the behavioral health and developmental services system in the following initial areas: (1) Adult behavioral health; (2) Adult developmental services; (3) Children’s behavioral health; and (4) Justice-involved behavioral health and developmental disability services. Once the transformation teams are underway, we plan to establish goals for key deliverables after 6, 12, 18 and 24 months.

I am committed to keeping you informed about all stages of this process. Right now, we are in the very beginning stages of this effort. DBHDS staff are currently investing time in organizing the process and clarifying next steps. I will update you in the coming weeks when there is more information to report.

New Vision and Mission Statements – The votes are in! DBHDS has approved new vision and mission statements that better define our purpose and reflect the work happening every day on behalf of those with behavioral health disorders and developmental disabilities. The statements were developed by leadership staff in central office and voted on and modified by nearly 950 employees among central office and 15 state facilities. Here are DBHDS’ new vision and mission statements:

DBHDS Vision Statement: “A life of possibilities for all Virginians”

DBHDS Mission Statement: Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life”

New website launch! – Be on the lookout for the launch of DBHDS’ new website later this month. This has been a massive project, involving a great deal of stakeholder input, site testing and staff hours. The site we launch soon will still be a work in progress and many more changes and improvements will be unveiled in the coming months – in fact, I hope

the new site will always be viewed as a continuing effort of delivering fresh, relevant, helpful information to all users.

Leadership Changes – It is my pleasure to announce that Dr. Jack Barber has agreed to assume the DBHDS Medical Director position on a full-time basis effective August 10th, 2014. Dr. Barber has tremendous leadership skills and a deep knowledge of our system. With over 29 years of experience with Western State Hospital of which 16 years are as facility director, Dr. Barber will assist with the transition of our system and other major initiatives as a member of the DBHDS executive team. In addition to his service within DBHDS, Dr. Barber earned recognition as an Alpha Omega Alpha Honors Medical School Graduate; and while at Duke University, he was chosen as Chief resident for their Medical Center. Moreover, his knowledge and contributions to the field of behavioral health have been the foundation for recognition as an expert consultant in US Department of Justice proceedings in the states of California, Georgia, Kentucky, Connecticut, and Arizona.

Dr. Mary Clare Smith will be assuming the duties of Acting Director of Western State Hospital as we proceed with a national search to fill this position in the near future. Please join me in welcoming Dr. Barber as the DBHDS Medical Director and thanking Dr. Smith for her willingness to serve in this interim role.

Pilot Projects for Transition-Age Youth – As part of our priority on the behavioral health needs of children and adolescents DBHDS has established Pilot Projects for Transition-Age Youth. Youth between the ages of 16 -25 often fall through the cracks of multiple service systems as they experience a first episode of mental illness, or age out of the foster care system and leave the structure of high school and their parents' homes. In response, the General Assembly has allocated \$3,500,000 for FY2015 to support pilot projects to address the special needs of this population. A Request for Applications has been issued to CSBs and proposals are due August 7th. The DBHDS Offices of Child and Family Services and Offices of Behavioral Health have been collaborating on this and working with other partners, such as the Department of Education and the Center for Transition Innovations. We look forward to awarding the new funding and to working with you to promote children's behavioral health.

On the Road – I learn so much by spending time with people closest to the work and also through the technical assistance provided by local and state experts. My travels this month included:

- July 2: Meeting with Delegate John O'Bannon, M.D. on taking Naloxone to scale across the Commonwealth
- July 9: Visit to the Chesterfield CSB
- July 11: Meeting with Delegate Greason on services to children with autism and visit to Rappahannock-Rapidan CSB Group Home Visit to Rappahannock-Rapidan CSB Group Home
- July 14: Out with RBHA PACT Team
- July 17 & 18: Advancing Policy & Practice: A 50 State Working Meeting to Prevent Opioid-Related Overdose in Arlington, VA
- July 21: Presentation before the SJ47 Subcommittee on Mental Health
- July 25: Presentation before the Behavioral Health Subcommittee of VHHA
- July 27 – 29 National Association of State Mental Health Program Directors (NASMHPD) Annual Commissioners' Meeting in Washington, DC.
- Also, while at the NASMHPD meeting, I had the opportunity to meet privately with Pam Hyde, Administrator of SAMHSA and Kana Enomoto, Principal Deputy Administrator at SAMHSA. We talked about the challenges Virginia is experiencing in its behavioral health system and the resources and technical assistance SAMHSA could provide. Here is a photo of Administrator Hyde and me:



Innovations & New Ideas – Arlington County Department of Social Services is an integrated department with both traditional child welfare programs and children’s behavioral health care programs housed in the same department: the Child and Family Services Division. This integration addresses a long-standing issue in providing services to children and families. Child welfare staff can access mental health/substance abuse services and behavioral healthcare staff can access the resources and supports provided in child welfare. It has been a best practice in child welfare to medically screen children as they enter the foster care system, usually immediately or within the first 48 hours. Additionally, we want to provide a mental health screening to quickly assess and identify any treatment needs and develop a plan for service provision. To that end we now screen all children entering care within 5 days of entry. The screenings are conducted by a licensed psychologist who then presents an assessment and recommendations to the team. We are also able to use our own staff – therapists, case managers and psychiatrists to provide services as necessary. This integration of services ensures that children and families receive the services they need to reunite and achieve permanency in the most effective, efficient manner.

If you would like to highlight an innovative program or services for future editions of this newsletter, please email [Meghan McGuire](mailto:meghan.mcguire@dbhds.virginia.gov), DBHDS communications director.

MEETINGS UPDATE

DBHDS SB 627 Study Group – A second meeting of the SB 627 study group was held on August 4. The group is considering options for expanding the number of training centers that remain open, in whole or in part, in the Commonwealth. We understand there are stakeholders who are concerned about training center closures as well as those concerned about not having enough community capacity to meet demand. Our goal is for open and productive discussions with an emphasis on both safety and a full life for each person with developmental disabilities served by the Commonwealth. A third meeting will be scheduled in September. More information will soon be posted on the DBHDS website at: www.dbhds.virginia.gov/ODS-default.htm.

Governor’s Taskforce on Improving Mental Health Services and Crisis Response – The four workgroups wrapped up their tasks at their final meeting in July. The workgroups’ recommendations will help inform the work of the full taskforce at its last scheduled meeting on August 11, 2014. A report of the taskforce’s final recommendations is due October 1, 2014. More information can be found [here](#).

DBHDS Settlement Agreement Stakeholder Group – This group of appointed stakeholders meet at least quarterly to receive updates on the wide range of implementation activities related to the settlement agreement, to provide a forum for assuring a common understanding of facts and issues related to the implementation of the settlement agreement and for open discussion related to these issues, and to provide an avenue to assure active involvement in the full implementation of the settlement agreement. These meetings are public and the next meeting will be August 13, 2014 from 1-4 p.m. at the Tuckahoe Library, 1901 Starling Drive, Henrico, Virginia 23229. More information can be found [here](#).

Recent DBHDS News Stories of Interest

- [Objection: Ongoing Improvements to Mental Health Services, by Commissioner Ferguson – Virginian-Pilot](#) (August 7, 2014)
- [Editorial: A Step Forward for Mental Health – Herald Progress](#) (July 31, 2014)
- [State Was Fixing ‘Streeting’ Problem Before July 1 – Richmond Times-Dispatch](#) (July 22, 2014)

RECENT FACTS & FIGURES

Temporary Detention Order (TDO) Exception Report – A link to the latest TDO exception report data (January - May 2014) is provided ([here](#)). Data indicate there were two Type I events reported in May; one was an erroneous report and in the other, the individual was discharged by the ER physician. Also, 60% of the CSBs had no Type II events in the month of June. This is evidence that the functioning of the Commonwealth's emergency psychiatric system is being strengthened and improved. Many thanks to the emergency services clinicians, supervisors, law enforcement, community hospital staff and local magistrates who work together with us to ensure that people in crisis receive prompt and appropriate care.

Training Center Census (August 4, 2014)

Name	July 1, 2012 Census	July 1, 2013 Census	Dec 31, 2013 Census	Aug.4, 2014 Census
SVTC - Closure: By 6/30/2014	201	114	57	0
NVTC - Closure: By 6/30/2016	153	135	115	106
SWVTC - Closure: By 6/30/2018	173	156	150	143
CVTC - Closure: By 6/30 2020	350	301	285	283
SEVTC - Remains open at 75 beds	106	84	81	75
Total	983	790	688	607

ID and DD Waiver Enrollment and Waiting Lists (8/1/2014)

	ID Waiver	DD Waiver
Total Enrolled	10,192	947
Urgent Waitlist	4,391	
Non-Urgent Waitlist	2,916	
Total Waitlist	7,307	1,490

Mental Health Hospital, Hiram Davis and VCBR Census (August 6, 2014)

Name	August 2014
Catawba	104
Central State Hospital	214
Eastern State Hospital	274
Northern Virginia Mental Health Institute	123
Southern Virginia Mental Health Institute	61
Southwest Virginia Mental Health Institute	145

Western State Hospital	231
Piedmont Geriatric Hospital	118
Commonwealth Center for Children and Adolescents	22
Hiram Davis Medical Center	68
Virginia Center for Behavioral Rehabilitation	326
Total	1,686

Finally, thank you for everything you do every day on behalf of the people we serve. I'm looking forward to all we can accomplish together.

Let's **BE BOLD** Virginia! I'm **ALL IN!**

Debra Ferguson, Ph.D.
Commissioner
Virginia Department of Behavioral Health & Developmental Services