Virginia Department of Behavioral Health and Developmental Services

Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia

Report of Accomplishments

Marking Four Years of Strategic Efforts to Address Priority Needs in Virginia's Publicly-Funded Behavioral Health and Developmental Services

December 2013

DBHDS
Virginia Department of Behavioral Health and Developmental Services

Creating Opportunities Accomplishments

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Report Overview

In 2010, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) partnered with stakeholders across the services system to identify the most pressing priorities and plan targeted efforts that strive to meet these critical needs. The result was a strategic planning process to promote service and system improvements entitled, *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia.*

Planning teams composed of community services board staff, private providers, individuals receiving services, system advocates, various departments of state government and staff from DBHDS' central office, state hospitals, and training centers worked together to select the following strategic initiatives for Virginia's behavioral health and developmental services system:

- Developmental Services and Supports Community Capacity
- Behavioral Health Emergency Response Services
- Child and Adolescent Mental Health Services
- Case Management
- Effectiveness/Efficiency of State Hospital Services
- Employment
- Housing
- Substance Abuse Treatment Services
- Peer Services and Supports
- DBHDS Electronic Health Record (EHR) and Health Information Exchange (HIE)
- Sexually Violent Predator (SVP) Service Capacity

Following the identification of these initiatives, DBHDS staff and services system stakeholders continued working together to develop plans that would lead to improved services and access to services for Virginians with behavioral health disorders and developmental disabilities. This report contains details of the significant progress and accomplishments that have been made during the implementation of this strategic plan in the nearly four years since efforts began. Background information and planning documents for a number of the Creating Opportunities initiatives can be found on the DBHDS website at www.dbhds.virginia.gov/CreatingOpportunities.htm.

DBHDS is grateful to the over 200 staff and stakeholders across the services system that lent their time and talents to the development the Creating Opportunities strategic plan and to the many CSB and state facility employees, private providers, other state agencies, and to the peer community that have helped to implement this important work. The support of these individuals has been critical to the accomplishments reflected in this report. Thanks to their efforts and the support of Secretary of Health & Human Resources Bill Hazel, Governor Bob McDonnell, and the General Assembly, Virginia's system of services and supports has made progress in realizing a "Commonwealth of Opportunity" for individuals with behavioral health disorders or developmental disabilities and their families.

Even with the many accomplishments described in this report to implement the objectives of each strategic initiative, more work remains to strengthen community-focused services that promote self-determination, empowerment, recovery and resilience, health, and the highest possible level of participation in all aspects of community life. The most critical component of this work will be expanding the capacity of services and supports to assure access to needed services and supports in every region and community across the Commonwealth.

James W. Stewart, III
Commissioner
Virginia Department of Behavioral Health and Developmental Services

Creating Opportunities Accomplishments

Report Accomplishments

Build DEVELOPMENTAL SERVICES AND SUPPORTS COMMUNITY CAPACITY that will enable individuals who need services and supports, including those with an intellectual disability, autism spectrum disorder, developmental disability, or multiple disabilities, to live a life fully integrated in the community

Objectives

- Transform to a community-based system of developmental services and supports.
- Incorporate services and supports for individuals with autism spectrum disorder (ASD) and developmental disability (DD) in Virginia's developmental services delivery system.

Accomplishments

- **Settlement Agreement with the U.S. Department of Justice**
  - **Settlement Agreement reached** between the Commonwealth of Virginia and U.S. Department of Justice (DOJ) on January 26, 2011 following a lengthy DOJ investigation of Virginia's developmental services system (August 2008-February 2011) and extended negotiation (March 2011 to January 2012)
  - **Settlement Agreement approved** by the U.S. District Court for the Eastern District of Virginia on August 23, 2012
  - Carried out the implementation of the terms of the Settlement Agreement through multiple **project implementation teams** comprised of a broad representation of CSBs, private providers, Department of Medical Assistance Services (DMAS) staff, and other stakeholders
  - Selected in collaboration with the DOJ and engaged a **Settlement Agreement Independent Reviewer** to monitor the implementation of the terms of the Agreement and report to the U.S. District Court for the Eastern District of Virginia
  - Established the **DBHDS Office of the Settlement Agreement Executive Advisor** to oversee the implementation of the Agreement
- **Creation of New Medicaid Waiver Slots Authorized by the General Assembly**
  - **1,775 Intellectual Disability (ID) waiver slots** through FY 2014 to serve individuals on community waiver waiting lists
  - **410 Intellectual Disability (ID) waiver slots** through FY 2014 to transition training center residents to the community
  - **330 Individual and Family Developmental Disabilities (IFDD) waiver slots** through FY 2014 to serve individuals waiting for community supports and services
  - The Governor has included funding for additional waiver slots in his 2014-2016 biennium budget
- **Individual and Family Support Program**
  - Established the Individual and Family Support Program (IFSP), which provides up to $3,000 to **assist individuals on the ID and IFDD waiver wait lists** and their families access resources, supports, services, and other assistance that help individuals remain in their community homes
  - Developed **IFSP emergency regulations**, which became effective in January 2013, and permanent regulations that will become effective in January 2014
  - Received **1,744 applications** in FY 2013 and **over 1,500 applications** in FY 2014 before the application process closed on September 30, 2013

- Exceeded the FY 2013 goal by 18%, providing supports and services to **825 individuals and families**
- On target to meet FY 2014 goal of serving 1,000 individuals and families, with **800 applications approved** by November 25, 2013
- **Online application** will be accessible and **debit cards for payments** will be functional by July 1, 2014

START (Systemic Therapeutic Assessment Respite and Treatment) Crisis Response Model

- Established **Crisis Response Services** that provide 24/7 support to individuals with intellectual and developmental disability in crises and their families through in-home supports, crisis services and prevention, and proactive planning to avoid crises
  - **Therapeutic respite homes** and **24/7 mobile support teams** in place in all five regions by FY 2013
- Accepted over 800 individuals statewide into **regional START programs** by the end of November 2013; individuals received a variety of crisis prevention and stabilization supports, including both in-home and out-of-home services
- Trained CSB emergency services personnel across Virginia on the **START model** to assure effective coordination
- New crisis services for **children/adolescents with ID/DD** will be developed and initiated in the 3rd quarter of FY 2014

Training Center Discharge Planning and Transition

- **Standardized discharge and transition planning process** implemented in June 2012 at all five training centers
  - Process received positive feedback from the DOJ independent reviewer
  - Several states have requested information on how to implement the move process based on Virginia's success
- **Discharge plans** were in place for all individuals residing at training centers by June 2013
- **496 individuals** residing in training centers longer than 21 days transitioned **to new community homes** over the past four years

FY 2010	86 individuals	FY 2011	68 individuals
FY 2012	101 individuals	FY 2013	155 individuals
FY 2014	86 individuals through December 10, 2013		

- The total training center census was 699 on December 10, 2013, which reflects a 60% census drop since 2000 and a 41.6% drop since 2010

	2000 Census	2005 Census	2010 Census	12/10/13 Census	% Decrease
Central (CVTC)	679	564	426	287	58%
Northern (NVTC)	189	182	170	118	38%
Southeastern (SEVTC)	194	192	143	81	58%
Southside (SVTC)	465	371	267	63	86%
Southwestern (SWVTC)	218	214	192	150	31%
TOTAL	1,745	1,523	1,198	699	60%

- Implemented **post-move discharge processes** involving strong and consistent collaboration with CSBs, which require that each individual who moves from a training center will receive at least the following within the first year of discharge:
  - Intensive post-move monitoring supports, including monitoring visits at 3,10, and 17 days after discharge
  - DBHDS Human Rights post-move monitoring occurring within 30 days and 6 months post-move
  - DBHDS Office of Licensing monitoring within 45 days post-move and ongoing based on the type of supports individual is receiving, his/her Supports Intensity Score (SIS), and provider standing
  - DBHDS Community Resource Consultant visits within 90 days post-move

- CSB Support Coordinator visits within 30 days post-move and monthly thereafter
- Additional visits from any of the above offices or agencies based on need

- Increased support to **authorized representatives** at all training centers
  - Provided resource list at each annual meeting and at the initial pre-move meeting
  - Contacted authorized representatives regularly to discuss community options and develop plans to help address any family concerns
  - Offered referral to a family resource consultant and family mentor whose family member has similar needs and is living successfully in the community
  - Explored potential supports with providers for individuals at SVTC and NVTC who would like to move together
- Established **Regional Support Teams** in all five regions that are meeting monthly to review referrals of individuals having difficulty accessing or maintaining integrated supports and provide recommendations to assure informed choice and resolve barriers to the most integrated community settings

Transition of Children in Nursing Homes to Integrated Community Settings

- Transitioned 11 **children in nursing homes to integrated community settings**
- Initiated process in collaboration with DMAS to **increase access to community support alternatives** for children by:
  - Changing Virginia's PASRR screening admission policy and reassessment procedures to focus more on community living
  - Identifying and developing plans that address the needs of children currently living in nursing homes and ICFs; and
  - Working with the Virginia Health Care Association and nursing home administrators to identify gaps and increase access to community services

Administration of Medicaid Waivers

- Consolidated administration of the ID and IFDD **waiver administration** by transferring responsibility for day-to-day administration of the IFDD waiver from DMAS to DBHDS on November 12, 2013
- Seeking solutions with DMAS and stakeholders to enhance statewide developmental services and supports capacity through an **integrated waiver for individuals with developmental disabilities, including intellectual disability and autism spectrum disorders (ASDs)**
  - New waiver design is currently underway and will be more person-focused and needs-based than the three current waivers
  - Consultant (Human Services Research Institute) study, to conclude in late summer 2014, will recommend systems changes and strategies to enhance and restructure the current waivers

Quality Assurance and Oversight

- Designed and implemented **quality improvement activities**, including data collection and analysis of target population outcome measures
- Established five **Regional Quality Councils** across the state to assess relevant data, identify trends, and recommend responsive actions in their respective regions
- Convened the DBHDS **Quality Improvement Committee** to:
  - Plan for and work with the Regional Quality Councils (RQCs) to assess service quality
  - Review data and trends in key areas such as serious injuries and deaths, training center discharges, and case management and licensing enhanced visits
- Established **Licensing Enhanced Visit Protocols** and will convene a workgroup in January 2014 to develop interpretive guidance for licensure inspections of community providers serving individuals in target populations
  - Expanded Office of Licensing operational capacity significantly, from 15 to 32 licensing staff

- Implemented web-based **Critical Incidents Information System** (CHRIS), a real time, web-based incident reporting system and reporting protocol for monitoring and oversight for all providers
- Implemented process and protocols for **mortality reviews of unexplained or unexpected deaths**
- Developed initial **Risk Triggers and Thresholds** for all training centers, CSBs, and other community providers and currently drafting training documents for providers to implement risk management and quality improvement processes that incorporate risk triggers and thresholds
- Finalized individual and family survey instruments and currently implementing **Quality Services Review (QSR)** face-to-face interviews of 800 individuals receiving services under the agreement and all individuals who transitioned from training centers to the community on or after October 13, 2011 to evaluate whether their needs are being identified and met through person-centered planning, whether services are provided in the most integrated settings appropriate to their needs, and whether they are provided opportunities for integration in all aspects of their lives
  - Family surveys will be mailed in early 2014; all individual and family survey results will be complete by June 2014
- Finalized new **Case Management** measures to be effective in March 2014 that are focused on safety and freedom from harm, community inclusion, choice and housing stability
- Developing a **Data Dashboard** to include serious injuries and abuse and neglect incidents by region for review at the February 2014 RQC meetings

Strengthen the responsiveness of BEHAVIORAL HEALTH EMERGENCY RESPONSE SERVICES and maximize the consistency, availability, and accessibility of services for individuals in crisis

Objectives

- Enhance statewide emergency response and crisis prevention and diversion services capacity.
- Increase the quantity and quality of peer support in the crisis continuum.
- Enhance the Commonwealth's capacity to safely and effectively intervene to prevent or reduce the involvement of individuals with mental health and substance use disorders in the criminal justice system.

Accomplishments

Emergency Response Access

- Increased use of **mandatory outpatient treatment** (MOT) orders by 49% in FY 2013 as a less restrictive alternative to court-ordered inpatient care
  - Trained 19 community teams of **CSBs and MOT partners** (e.g., court personnel, and hospital staff) on effective implementation of Virginia's mandatory outpatient treatment statutes
  - Provided training in mandatory outpatient treatment and related statutes to all Virginia Special Justices
- Provided funding and oversight for 164 beds in 16 CSB residential **Crisis Stabilization Units**, which served 4,947 individuals (including persons with substance use disorders) and provided 43,905 days of crisis care in FY 2013
  - Provided one time ongoing funding assistance to CSUs to enhance their ability to accept persons on Temporary Detention Orders (TDOs)
  - 11 units now have operational capacity to accept civil TDO admissions in lieu of hospitalization
- Increased DBHDS support for **CSB emergency services and residential crisis stabilization unit (CSU) program operations** by establishing a Crisis Specialist position, which was filled in May 2012
- Trained 415 nursing and assisted living facility staff, long-term care providers, and geriatric service specialists on **Virginia's emergency response and TDO process** to familiarize them with behavioral health clinical and legal issues in handling emergencies involving elderly persons

- Initiated an update of **Medical Screening and Assessment** protocols for CSBs, public and private hospitals, and emergency departments, which is scheduled for early 2014 publication
- Completed work on an online **electronic bed registry** with Virginia Health Information to facilitate access to information about inpatient and crisis stabilization resource availability for persons in crisis and initiated testing and early operational phases of this project in December 2013
- Commissioned a study by the University of Virginia that documented the **outcome of emergency services evaluations** provided by CSBs in a one month period. The study was published on December 18, 2013 and will guide analysis for improving access to crisis response services
- Established, with sponsor CSBs, one **child psychiatry and crisis services project** in each of the five regions across the state (see Child and Adolescent Behavioral Services initiative for details)
- The Governor has introduced **legislative proposals** that would (1) provide for an optional two hour extension if a bed has not been found within the maximum Emergency Custody Order (ECO) period to permit additional time to complete the bed search phase and (2) provide an extension of the Temporary Detention Order (TDO) up to a maximum of 72 hours (with a minimum of 24 hours) to ensure that detained individuals can receive treatment prior to the court hearing for involuntary admission

Mental Health First Aid and Suicide Prevention

- Initiated a statewide **Mental Health First Aid** program
  - Executed contract with the National Council on Behavioral Healthcare (proprietor of MHFA in the U.S.) and scheduled five Adult MHFA Instructor Certification workshops and three Youth MHFA Instructor Certification workshops for Q3 and Q4 of FY 2014
  - Provided training for 30 Region 1 (Northwest Virginia) staff at the first workshop in Charlottesville MHFA Instructor Certification workshop in October 2013
- Expanded Virginia's suicide prevention effort by providing **Applied Suicide Intervention Skills Training** (ASIST) across Virginia with new FY 2014 funding
  - Certified 20 CSB staff who had completed a Training for Trainers certification program
    - Certified trainers have provided 39 ASIST workshops and trained 862 participants
  - Contracted with Living Works to provide two Training for Trainers certification workshops to add an additional 48 new certified trainers to the Virginia cadre in 2014
- Completed interagency **Suicide Prevention Across the Lifespan Plan for the Commonwealth of Virginia** in partnership with the VCU Department of Epidemiology; state agencies including the Virginia Department of Health (VDH), Department of Veterans Services (DVS), Department of Aging and Rehabilitative Services (DARS), and Department of Education (DOE); behavioral health services providers; suicide survivors; and advocates

Criminal Justice-Behavioral Health Partnership

- Established six **Secure Crisis Intervention Team (CIT) Assessment Sites** that enable law enforcement officers to significantly decrease time required for the execution of Emergency Custody Orders (ECOs)
  - Established three programs in Chesapeake/Portsmouth, Henrico, and New River Valley in FY 2013
    - 456 individuals were seen at the three sites between December 2012 – June 2013
    - 60% of officers spent less than two hours on mental health calls brought to the assessment site from the time they arrived on scene to the time they returned to patrol; compared to their usual 4-6 hour involvement in ECO cases
  - Established three additional sites in Chesterfield/Richmond, Piedmont, and Arlington in FY 2014
  - The Governor has included funding for 12 additional secure CIT assessment sites in his 2014-2016 biennium budget

- **Statewide Crisis Intervention Teams** (CIT) – 40 hour training for law officers to reduce use of force and divert individuals
  - Expanded the CIT initiative to 33 teams
  - Provided the 40 hour CIT Training to 1,011 police and sheriffs' deputies, 132 corrections officers, 106 other first responders (EMS, fire, and rescue) 52 mental health professionals between August 1, 2012 and July, 31, 2013
  - By July 31 2013 (cumulative), 5,738 individuals had completed the 40 hour CIT Training
- **Jail diversion and jail treatment** provided by 10 CSBs - Alexandria, Arlington, Chesterfield, Fairfax-Falls Church, Hampton-Newport News, Middle Peninsula-Northern Neck, New River Valley, Portsmouth, Rappahannock Area, and Virginia Beach – have screened over 20,000 justice-involved individuals and enrolled 2,609 individuals into services
- **Cross-System Mapping (XSM)** to identify service gaps and diversion opportunities and develop local action plans has been completed for 98 of the134 Virginia localities that include 89% of Virginia's total population
  - Completed the initial phase of statewide project, which included the 2008 Governor's Conference, two statewide stakeholder trainings, and 40 workshops held between 2008 and 2013)
    - Over 1,400 community stakeholders-have participated in a cross systems mapping workshop. Participating stakeholder groups include mental health, criminal justice, substance abuse, courts, and consumer/consumer advocates and family members
    - 33 out of 40 CSB's have participated in a Cross Systems Mapping workshop
    - 150 individuals from 38 of the 40 cross-system mapping communities participated in statewide stakeholders training and conference in November 2013

Diversion of Juveniles from Criminal Justice Involvement

- Demonstrated successful techniques for diverting children with mental health needs from the juvenile justice system with CSB and Department of Juvenile Justice (DJJ) partners in Lynchburg, funded by a grant from the federal **Substance Abuse and Mental Health Services Administration (SAMHSA)/MacArthur Foundation Policy Academy**
  - Conducted 58 screenings from the beginning of the pilot period until August 31, 2013, resulting in 43 referrals to Horizon Behavioral Health, while only 15 CHINS (Children in Need of Services) petitions were filed, in contrast to 113 petitions during the same period the previous year

CSB Operational Reviews to Improve Service Quality and Monitor SAMHSA Block Grant Compliance

- Enhanced the DBHDS process for conducting **operational reviews** of CSBs
  - Operational review teams, comprised of DBHDS internal audit, finance, human resource and program staff, examine fiscal internal controls, human resource processes and mental health and substance abuse program services
  - Process satisfies the federal government's sub-recipient monitoring requirement and provides an effective process by which DBHDS can provide technical assistance to CSBs
  - Conducted 18 full operational reviews and 19 follow-up reviews of CSBs

Develop a CHILD AND ADOLESCENT BEHAVIORAL HEALTH SERVICES PLAN to enhance access to the full comprehensive array of behavioral health services as the goal and standard in every community

Objective

- Increase the statewide availability of a consistent basic array of child and adolescent behavioral health services.

Accomplishments

Child and Adolescent Services Array and Capacity

- **Children's Behavioral Health Services Plan –** This plan, prepared at the direction of the General Assembly and completed in October 2011, described the needed comprehensive behavioral health service array for children and recommends first steps for improving the consistent availability and capacity of these services across the state (www.dbhds.virginia.gov/documents/CFS/cfs-Community-Based-BH-Plan.pdf)
- Established **Children's Crisis Response and Child Psychiatry Services** in all five health planning regions in Virginia
  - **Region I** (Northwest Virginia) – Central Virginia CSB for mobile crisis outreach, regional consultation and training to all other CSBs in the region, and child psychiatry available via face-to-face and telepsychiatry services across the region
  - **Region II** (Northern Virginia) – Arlington CSB to lead the program with crisis stabilization beds at Leland House and Grafton, mobile crisis services headquartered in Arlington and Chantilly (western Fairfax) and administratively managed by the Arlington CSB, and face-to-face child psychiatry telepsychiatry services across the region
  - **Region III** (Southwest Virginia) – Mount Rogers CSB to add child-specific crisis counselors in three CSBs and to improve access to psychiatry services using telepsychiatry and consultation to pediatricians in this rural medically underserved area
  - **Region IV** (Central Virginia) – Richmond Behavioral Health Authority for a six bed crisis stabilization service, mobile crisis outreach and child psychiatry available via face-to-face and telepsychiatry services across the region
  - **Region V** (Eastern Virginia)– Virginia Beach to lead the program with crisis stabilization beds at Bon Secours Maryview Medical Center, mobile crisis teams in four CSBs, and face-to-face child psychiatry telepsychiatry services across the region
- The Governor has included funding for CSB **outpatient services for older teens and young adults** in his 2014-2016 biennium budget

System of Care Expansion Initiative

- Successfully implemented a SAMHSA **Systems of Care Expansion Planning Grant**, which supported training and technical assistance to advance the systems of care philosophy on a statewide basis and in four pilot CSBs – Colonial Behavioral Health, Fairfax-Falls Church, Rappahannock Area, and Valley
  - The $500,000 planning award officially ended in September 2012 but a no-cost extension was received to continue workforce development activities for the balance of FFY 2013
  - The grant supports a System of Care Expansion Planning Team of state agency, service provider, family, youth and advocacy members that is working to fill gaps and build community capacity
- Building on the Planning Grant and in close cooperation with the Office of Comprehensive Services, Virginia was awarded a four-year **System of Care Implementation Grant** to further advance system of care principles through:
  - A Wraparound Center of Excellence - The Center hosted its first training in March 2013 and 400 individuals have been trained to date
  - A competitive opportunity for local providers to receive mini-grants to enhance their local system of care
  - A youth component added to the federal block grant-funded Virginia Family Network at NAMI that is doing outreach and education for youth affected by behavioral health problems
- A **Youth Coordinator** hired at Virginia Family Network in January 2013 with grant funds is expanding family support activities

- Participation by over 300 families and youth in a range of activities, including the Family Network Kickoff, two Family Forum Leadership/Network training events, three family education workshops, a First Annual Virginia Family Network Conference, a youth leadership training event, and two substance abuse trainings

Children's Behavioral Health Workforce Initiative

- Developed a **Workforce Development Plan** with stakeholder input through the Systems of Care Expansion Planning Team
- Collaborated with **CSA Training Committee** to gain cross-agency integration of workforce development
  - Provided **training on key system of care topics** in areas such as trauma informed care and cultural and linguistic competence and **education/awareness and support events** to 1,099 persons from November 2012-October 2013
  - DBHDS co-sponsored Virginia Treatment Center for Children's Child Mental Health Symposium on November 1, 2013 attended by 400 participants and exhibitors

Strengthen the capability of the CASE MANAGEMENT system to support individuals receiving behavioral health or developmental services

Objectives

- Enhance the core competencies of individuals who provide case management services.
- Promote consistency in the practice of case management across the Commonwealth.

Accomplishments

Definition of Case Management Core Competencies

- **Case Management Core Competencies –** Established a case management implementation team to enhance the core competencies of individual who provide case management services and promote consistency in the practice of case management across the state. In March 2011, the team adopted care coordination, basic case management, and targeted case management definitions and defined basic case management core competencies in the report entitled *"Case Management Strategic Initiative Report"* (www.dbhds.virginia.gov/CreatingOpportunities/CMReport.pdf)

Basic Case Management Curriculum

- Adopted a **basic core-competency based training curriculum for case managers** in May 2012:
  - Developed and issued **seven case management modules** [Overview, Disabilities Defined and Importance of the Integration of Healthcare, Developing and Maintaining Relationships, Assessment, Planning, Services, and Case Management Accountability]
- By December 2013, 4,527 CSB and other case management staff had started the online case management training; 4,184 had completed the 6-module curriculum, and 3,540 staff had also completed the accountability module

DOJ Settlement Agreement Case Management Requirements

- Established a **Case Management Workgroup** to meet DOJ settlement agreement requirement for face-to-face visits at least every 30 days for individuals in specific categories in April 2012 and a **Case Management Data Work Group** to address the process for data collection of number, type, and frequency of case management visits in June 2012
  - Reconvened the **Case Management Workgroup** to develop required DOJ settlement agreement Phase II measures and requirements in March 2013
- Developed and issued **standards and operational guidance for enhanced ID/DD case management** in October 2012. These standards require a face-to-face visit every 30 days and one visit in the home every 60 days

- Developed and implemented new **case management data collect and reporting requirements for CSBs** in March 2013 and initiated collection and analysis of this data through the new DBHDS data dashboard in May 2013
- Completed on-site **meetings with all 40 CSBs** to provide orientation to the new case management standards and to collect baseline data regarding caseloads, educational requirements of staff, and current practice arrangement to meet the new criteria in May 2013
- Mapped **currently collected data elements** related to individuals health and safety, community integration and choice as they related to DOJ settlement and will begin collection of new measure related to these factors by January 2014
- Developed with the VACSB Data Management Committee **health and safety, community integration and choice measures** to ensure the data can be retrieved through the CCS 3 transmission to DBHDS
- Completed development of a guidance document to assist all case managers in the collection of the **new quality improvement measures** to be issued in December 2013
- Completed development of a **compliance checklist and template** to assist case managers in documenting 30, 60, and 90 day visits with individuals receiving services

Enhance the EFFECTIVENESS AND EFFICIENCY OF STATE HOSPITAL SERVICES

Objectives

- Improve state hospital service delivery and standardize hospital procedures, as appropriate.
- Safely reduce or divert forensic admissions from state hospitals and increase conditional releases and discharges to the community.
- Define the future roles, core functions, and future demand for services provided by state hospitals.

Accomplishments

State Hospital Service Delivery

- Recruited and selected **new directors** to provide leadership of the following state hospitals over the past four years: Eastern State Hospital, Central State Hospital, Catawba Hospital, Northern Virginia Mental Health Institute, Southern Virginia Mental Health Institute, and the Commonwealth Center for Children and Adolescents
- Central State Hospital, Catawba Hospital, Eastern State Hospital and Southern Virginia Mental Health Institute were named **Top Performer on Key Quality Measures®** by The Joint Commission (JC) in recognition of their exemplary performance in using evidence-based clinical processes that are shown to improve care
- Partnered with Temple University to create the College of Recovery and Community Inclusion, a **career pathway program** to provide training, competency building and advancement opportunities for direct service associate (DSA) positions at all DBHDS state facilities
- All mental health hospitals continued to update **annual recovery plans** and implement initiatives to strengthen person-centered planning and recovery oriented systems of care
- Undertook a **comprehensive study of food service** at all facilities to maximize the quality and minimize the cost of this significant component of service delivery. Initial recommendations when implemented will provide a more consistent delivery of food across the entire system

Roles, Core Functions, Capacity, and Services Provided by State Hospitals

- **Northern Virginia Mental Health Institute** – As a result of a study of inpatient psychiatric access and need in Northern Virginia (2012 Appropriation Act, Item 319.A.2), increased appropriation provided to NVMHI to maintain capacity at 123 and prevent loss of publicly-operated acute psychiatric beds in Northern Virginia

- **Eastern State Hospital** - Began realignment of ESH's service capacity in response to the needs of its region by increasing its capacity for civil commitments and reducing the number of beds reserved for the geriatric population. This will allow for more effective and efficient facility utilization
  - Converted 39 beds to civil and forensic services from geriatric services use since 2011
  - Proposed funding to secure the operation of these 30 beds into the future and to add 20 additional beds to be converted from geriatric to adult use is included in Governor McDonnell's proposed budget
  - Established with hospital leadership a protocol to maintain five safety net beds at Eastern State Hospital for individuals in Region 5 (Eastern Virginia)
- **Western State Hospital** - Completed the construction of the officially moved into its new 246-bed hospital and moved operations and services to the new facility in November 2012. New hospital configuration increased WSH acute admissions beds increased by 13, from 99 to 112 beds. The new design incorporates special features that facilitate the delivery of highly-specialized, recovery-oriented treatment, provides a very secure environment, and has the potential to add a wing for future expansion.
- **Central State Hospital** - The Governor has included a line item in his 2014-2016 biennium budget providing funds for preplanning for the replacement of the CSH facility to include an assessment of capacity adequacy.

Annual Consultative Audits

- Created the DBHDS State Hospital Annual Consultative Audit (ACA) **peer review process** that utilizes teams of staff from peer facilities, individuals receiving services, and DBHDS central office staff to review and provide feedback on facility operations and compliance with oversight and accreditation requirements; to share best practices; and to identify processes for continuous quality improvement while reinforcing the DBHDS mission of promoting dignity, choice, and recovery
  - First year (2011) ACAs led to revamping facility assessment and treatment planning processes and documents to make them uniform across all facilities
  - Second year (2012) ACAs included a new consumer peer review component and other improvements based on input received from first-year ACA participants,
  - Third year (2013) ACAs used a streamlined and refined one-day audit process to accommodate EHR implementation

Discharge Assistance Program

- Instituted a comprehensive Discharge Assistance Program (DAP) **program review** in response to HRJ 18 (2012) that resulted in publication of the report, "Analysis of Barriers to Discharge for State Hospitals and Potential Solutions," in June 2013
- Developing a **DAP manual** to standardize the application and reporting process, to be completed by March 2014
- With $1.5 million in new FY 2014 DAP funds provided by the 2013 General Assembly, approved **50 individualized discharge assistance program plans** (IDAPPs) by December 16, 2013 and earmarked funds to discharge in FY 2014. Discharged 32 individuals who are now receiving supportive community based services. Four others are scheduled to be discharged by the end of December 2013
  - This opens up 50 beds for potentially multiple new admissions to each bed

Hospital Forensic Procedures and Forensic Patient Management

- Established new **Temporary Custody Evaluation** procedures in 2012 that resulted in the diversion of eight new NGRIs in FY 2013 and six new NGRIs in FY 2014 (through December 16, 2013) from CSH-Maximum Security to other state hospital units
  - Saved approximately 800 maximum security bed days in FY 2013, allowing the admission of other patients to the CSH maximum security unit and reducing the waitlist for other forensic services
- Significantly decreased the number of individuals waiting for state hospital admission for **competency restoration treatment**

- In June 2007, there were 111 individuals awaiting admission to state hospitals. By contrast, in October 2013, on average there were 21 individuals awaiting admission

- Decreased the length of time individuals have to **wait for admission for competency restoration treatment** (from date of receipt of court order until actual admission)
  - On average, individuals waited 23 days in October 2013, compared to 60 days in August 2011
- Virtually eliminated the **CSH Not Guilty by Reason of Insanity (NGRI) waitlist** of individuals approved for transfer to ESH
  - On November 15, 2013, one NGRI had been waiting only 9 days to transfer to ESH. By contrast, nine individuals were waiting to transfer in July 2012, with the longest wait time being 132 days
- Expanded use of **telepsychiatry/telepsychology** to complete certain types of forensic evaluations
  - Saved a minimum of 40 hours of professional time and 5,630 miles of travel to CSH in FY 2013

Diversion and Safe Reduction in Forensic Admissions to State Hospitals

- Provided funding for CSB provision of adult **outpatient competency restoration services** in either the community or jail
  - Enabled the provision of community restoration services by CSBs for 117 in community/jail in FY 2013 and 89 individuals in FY 2014 (to date)
  - Developed training program for CSB providers to enhance efficiency/ effectiveness of outpatient competency restoration services implementation, to begin in April 2014
- Enhanced **pre-trial evaluator training** through the University of Virginia Institute for Law, Psychiatry & Public Policy (ILPPP)
  - Development of a pre-trial training curriculum, which includes a mentorship program for new evaluators, is underway and web-based training will begin in the fall of 2014
- Established three workgroups in May 2013 focused on **increasing and improving access to outpatient competency restoration services**, jail based mental health services, and community based mental health services for NGRI individuals

Forensic Training for Courts and Attorneys

- Received a National Association of State Mental Health Program Development (NASMHPD) **Transformation Transfer Initiative grant** in December 2012 to develop and implement a forensic mental health training program for lawyers and judges
- Provided **10 training sessions** across Virginia to over 135 public defenders, defense attorneys, Commonwealth attorneys, and judges to date
- Sponsored a statewide conference to improve **cross systems communication and collaboration**. In total, 150 individuals (both legal professionals and mental health professionals) attended the conference

Create EMPLOYMENT opportunities for individuals with mental health or substance use disorders and those with developmental disabilities

Objectives

- Establish and implement "Employment First," which emphasizes integrated and supported employment, as Commonwealth policy.
- Expand employment opportunities for individuals with mental health or substance use disorders or developmental disabilities.

Accomplishments

Employment First Implementation

- **Certificate of Recognition of the Employment First Initiative** calling upon government, business, and industry to seek and employ Virginians with disabilities and to recognize them as valuable parts of the workforce signed by the Governor in October 2011 and presented at the First Annual Employment First Summit
- **Employment First Policy developed and approved by the State Board** calling upon service coordinators and case managers to ensure that individuals had the option of integrated employment opportunities offered as the first and priority service option for day habilitation and rehabilitation activity
  - Added requirement to the CSB performance contract for case managers and service coordinators to offer integrated employment option to individuals they serve
- Contributed to activities related to **Executive Order 55 (2012)**, which directs government agencies to work together to promote increased access to employment opportunities for individuals with disabilities
- **Interagency Employment Workgroup** of state department heads of state agencies involved in employment for people with disabilities, including DBHDS, DARS, VDOE, DDHH, DBVI, DMAS, and VBPD:
  - Developed common statement, common talking points, and test questions to be used by all participating agencies
  - Working towards defining and implementing collaborative efforts designed to encourage integrated community-based employment for people with disabilities
- **Employment First Summits** - Two statewide Summits held in 2011 and 2012 were attended by about 500 participants
- Developed the **DBHDS Strategic Plan for Employment First**, published in September 2012 and revised December 2013, to:
  - Increase interagency collaboration supporting employment options for individual with disabilities
  - Educate and train stakeholders, providers, and agency staff about employment options
  - Create a service delivery system that supports and emphasized integrated community-based employment
  - Increase effective data collection for employment indicators for people with disabilities
  - Establish annual targets for increasing the number of individuals with ID/DD in supported employment

Expansion of Employment Opportunities

- Developed and integrated training components promoting employment into **case manager training modules**
- Provided mental health supported employment training to CSBs, DARS, and ESOs on-line and on-site through a SAMHSA-funded **Supported Employment Initiative grant**
- Initiated program in collaboration with DARS to **assess individuals moving from training centers to the community** for potential employment options
- Updated **Resource Guide to Implementing and Funding Supported Employment Services** with input from CSBs and employment services organizations
- Assisted Piedmont Community Services to support and replicate the **Community Recovery Program** model, implemented successfully with community foundation funds

Address the HOUSING needs for individuals with mental health and substance use disorders and those with developmental disabilities

Objective

- Expand housing and supports options for individuals with mental health or substance use disorders or developmental disabilities.

Accomplishments

- **DOJ Settlement Agreement Housing Plan**

- Completed **Virginia's plan to increase independent living options**-to meet the requirements of Section III.D.3 of the Settlement Agreement with the U.S. Department of Justice
- Continued to convene and lead an **interagency team** composed of representatives from DBHDS, DMAS, DARS, Department of Housing and Community Development (DHCD), Virginia Housing Development Authority (VHDA), VBPD, and local stakeholder organizations to develop and implement the housing plan
- Executed an **Interagency MOU** that delineates roles and responsibilities in relationship to the implementation of "*Virginia's Plan to Increase Independent Living Options"*
- Initiated **Rental Choice VA**, a rental assistance program established in connection with the DOJ Settlement Agreement, and engaged the Fairfax-Falls Church (Region II) and Virginia Beach CSBs (Region V) to administer Rental Choice VA
  - Will begin disbursing rental assistance funding to support 18 individuals in their own homes by the end of the first quarter of 2014
- Initiated **Communications and Outreach** efforts to educate potential eligible applicants about the Rental Choice VA pilot

Community Housing Options to Support SEVTC and CVTC Census Reduction

- Developed in collaboration with CSBs 13 new **community homes in Region V (Eastern Virginia) to support individuals transitioning to the community** in conjunction with the reduction of SEVTC to 75 beds
  - Completed small community homes in Chesapeake (2), Virginia Beach (3), Norfolk (2), Suffolk (2), King William (2), Newport News (1), and Hampton (1)
  - Plans are underway for an additional three new homes in York County
- Developed in collaboration with CSBs eight new **community homes across the state to support individuals transitioning to the community** in conjunction with the reduction of CVTC census
  - Completed small community homes in Lynchburg (2), Amherst (2), Fredericksburg (2), Warrenton (1), and Culpepper (1)
  - Plans are underway for an additional five new homes, including three in Danville

Expansion of Permanent Supportive Housing

- Established DBHDS **Housing Specialist position** in March 2012 to provide coordination and leadership of all housing-related initiatives
- Supported implementation of the **DHCD proposal to expand permanent supportive housing** for individuals with disabilities experiencing chronic homelessness
  - Created 19 housing units for individuals with disabilities experiencing chronic homelessness at two CSBs (Hampton-Newport News and Middle Peninsula-Northern Neck) and one non-profit/CSB partnership (Pathway Homes, Inc. with Fairfax-Falls Church CSB) using DHCD permanent supportive housing first round grant awards totaling $1 M
- Provided one-time SAMHSA block grant funds to help support **outreach and services to 118 vulnerable homeless individuals**, including 63 individuals with tri-morbidity (mental health issues + serious medical condition + substance use problems) and to expand eight peer support and recovery services programs
- Funded statewide **"Housing Stability and Mental Illness Summit"** with the Virginia Coalition to End Homeless and NAMI Virginia in July 2012 to promote regional action planning for supportive housing and related services - over 200 participants
- Amended **Community Services Performance Contract** language, requiring each CSB to provide affirmations that it will maximize federal, state and local resources for the development of and access to affordable housing and appropriate supports and will work with DBHDS to establish stable housing policy and outcome goals

Connection of Individuals to SSI/SSDI Benefits

- **Virginia's SSI Outreach and Recovery (SOAR)** outcomes compare favorably to the project's national-level outcomes, with 69% and 66% SSI/SSDI approval rates, respectively. (The Social Security Administration estimates that for persons who are homeless and do not receive assistance to apply, the approval rate is only 10% to 15%)
  - SOAR project coordinator trained new providers in Richmond and Harrisonburg in addition provided ongoing technical assistance to projects in the Southwest, Central, Northern, and Tidewater regions
  - New SOAR project is being created with the Petersburg Continuum of Care

Increase the statewide availability of SUBSTANCE ABUSE TREATMENT SERVICES

Objective

- Enhance access to a consistent array of substance abuse services across Virginia.

Accomplishments

Substance Abuse Services Access

- Completed an interagency plan **Creating Opportunities for People in Need of Substance Abuse Services, An Interagency Approach to Strategic Resource Development** (www.dbhds.virginia.gov/documents/omh-sa-InteragencySAReport.pdf)
- Expanded access to identification and intervention for **Offenders with Substance Use Disorders in Community Correctional Settings**
  - Collaborated with DCJS to survey local jails to identify substance abuse services currently provided in community corrections settings – survey currently underway
  - Once data is analyzed, DCJS and DBHDS will follow-up with field visits and interviews, then collaboratively begin a process to establish standards for jail-based SA services
- Developed capacity to serve **Adolescents with Substance Use and Co-Occurring Mental Health Disorders**
  - Continued contract with VPI&SU to provide training
  - Developing clinical supervision training event with DJJ
- Expanded access to **Medication Assisted Treatment** in collaboration with the Virginia Association of Medication Assisted Recovery Programs, which conducted and annual conference keynoted by the SAMHSA Medical Director that was attended by 278 treatment professionals
- Collaborated with community substance abuse providers to **reduce wait times to access treatment services**
  - Co-sponsored *Same Day Access to Treatment Services* two-day workshop with the VACSB in August 2012 – 135 participants
  - Reduced average wait time by one full day since the report was issued; wait time is now 18 days
- Worked with DOC to compile **interagency training opportunities** for community clinical staff
- Provided leadership to the Training and Education Committee of the **state's National Governor's Association Prescription Drug Abuse Reduction Workgroup** and submitted final report to the Governor's Office and to the National Governors Association
- Planned and initiated implementation of a **naloxone pilot** (HB1672, 2013) in collaboration with DHP and the VDH
  - Drafted curricula to train lay rescuers and to train trainers
  - Convened community stakeholders in the metro Richmond and Southwestern area to implement project
- Completed a **Detoxification Guidance** document to support implementation of community-based residential medical detoxification services and distributed to providers

- Partnered with the VACSB to conduct targeted training in 2010 and 2012 to approximately 283 medical staff (psychiatrists and other physicians, nurses, nurse practitioners, and clinical staff) who work in CSBs and state facilities focused **on treating complicated co-occurring conditions**
  - Initiative focusing on **educating prescribers about addiction and pain management** will likely be included in the state's report on its National Governors' Association Policy Conference Report on Preventing Prescription Drug Abuse, through the Department of Health Professions
- Completed an evaluation of current model for funding five existing substance abuse **peer-run support services**, compiled findings, and prepared recommendations for program improvement
- Trained over 280 community physicians primarily affiliated with CSBs and state facilities, in 2010 (Roanoke) and 2012 (Richmond) on treating addiction and providing **medication assisted treatment,** including the use of Suboxone, for individuals with substance use disorders
- The Governor has included funding in his 2014-2016 biennium budget for continuation of the Piedmont Regional Community Services Board's **community recovery program** that provides employment services and addiction recovery supports

Uniform Screening, Assessment, and Integrated Treatment

- Promoted **ASAM patient placement criteria** for use in other realms of treatment (e.g., detoxification) at the Virginia Association of Medication Assisted Recovery Programs 2012 conference

Increase PEER SERVICES AND SUPPORTS by expanding peer support specialists in direct service roles and recovery support services

Objectives

- Promote collaboration and information exchange with the peer community, CSBs, and state facilities and support peer services and recovery supports development across Virginia.
- Increase the quantity and quality of peer support providers.

Accomplishments

Individual and Systemic Recovery-Oriented Competencies

- Defined the potential roles and responsibilities for a proposed DBHDS **Office of Recovery-Oriented Systems and Peer Services** and a proposed **Peer Advisory Committee**
- Added peer services providers to **state hospital Annual Consultative Audit (ACA) teams**; evaluated recovery activities at state hospitals for two years
- Participated as one of eight selected states in a three-day SAMHSA-funded **BRSS TCS (Bringing Recovery Supports to Scale) Policy Academy** in April 2012
- Hosted a **BRSS TACS Recovery Forum**, held at the Hotel Roanoke Conference Center from June 9-11, 2013 to plan implementation of essential elements of a recovery oriented system of care, including person centered care and trauma informed care, and provided guidance for implementing a recovery oriented system of care
  - 116 participants included leaders from all state mental health facilities, the majority of CSBs, independent peer and advocacy organizations, peers who work in CSBs or facilities, family representatives, and DBHDS and DMAS staff
  - Participants established recovery oriented goals and action steps to implement a recovery oriented system of care within and between various parts of Virginia's public behavioral health services system
- Initiated implementation of the **Recovery Oriented System of Care (ROSC) process** in Virginia communities
  - Established seven regional committees comprised of representatives from CSBs, state facilities, peer support providers, and other organizations, all working to further recovery-oriented services within their regions and communities

        - Each regional group has met once and several have met three times
    - Established a BRSS TACS Steering Committee to share information about regional activities and resources and begin clarifying statewide ROSC goals for all areas of the state
    - Planned a second statewide Recovery Forum for the spring of 2014
  - Planning to **survey peer-provided services and recovery oriented care** in CSBs and state mental health facilities in January 2014 to get a baseline of existing services in the regions

Peer Service Expansion

- Developed through a committee of peers and other stakeholders, proposed standards for **credentialing integrated SA and MH peer services providers** (experience, training, grandfathering process, code of ethics) and approaches for implementing a peer specialist certification process
- Completed recommended **certification standards and implementation process** in September 2013 and a broad description of steps to implement in early November 2013
- Secured DMAS and Magellan agreement that the DBHDS peer support curriculum and certification system would be the official **state system for certifying peer providers** as the possibility of Medicaid service reimbursement of peer support services is explored
    - Currently mapping implementation planning for the proposed certification process, with specific actions related to:
        - Education about the process and standards
        - Administration of a grandfathering period
        - Development of training required for grandfathering applicants
        - Development of a single curriculum to use once grandfathering has ended
        - Development of training for trainers of the curriculum
        - Overall administration of an ongoing certification
- The Governor has included funding in his 2014-2016 biennium budget for expansion of **Peer Support Recovery Programs**

Recovery Oriented Workforce Development

- Conducted a **recovery and peer services workshop** using a panel of peer providers at May 2012 VACSB conference
- Presented Creating Opportunities goals and accomplishments for expanding peer services to 20 peers receiving a week-long **peer specialist training** sponsored by Recovery Resources and Supports, a peer-run organization – September 2012

Complete the phased implementation of the DBHDS ELECTRONIC HEALTH RECORD (EHR) and HEALTH INFORMATION EXCHANGE (HIE) across the state facility system

Objectives

- Successfully implement an integrated electronic health record system for clinical treatment, patient medical records, and services billing that supports:
    - Improved quality of care, safety, efficiency, and reduced health disparities
    - Engaged patients and family
    - Improved care coordination, population health, and public health
    - Privacy and security of patient health information
- Sunset multiple stand-alone systems and manual processes that now support clinical treatment, patient records, and services billing

Accomplishments

- **EHR Implementation**
  - Finalized **DBHDS EHR system end-user requirements** – November 2011
  - Completed **Hospital Readiness Preparations at first six facilities** – November 2012
  - Executed **EHR system contract with vendor** – December 2012
  - Initiated **EHR system implementation project (OneMind)** – January 2013
    - OneMind implementation will take place over a three-year period
    - Three hospitals, ESH, WSH, and SWVMHI, began using OneMind during calendar year 2013 and 11 facilities will begin using the system during calendar years 2014 and 2015
    - Revenue cycle (billing and reimbursement) components will deploy to all 14 facilities in calendar year 2015
  - Deployed **OneMind EHR system for Medical/Surgical beds in 3 pilot facilities** – June 2013
    - Achieved Meaningful Use attestation for the three pilot facilities – November 2013
  - Implementation timeframes follow:

Go-live for all beds in three pilot facilities	May – July 2014
Initiate EHR rollout to 1st non-pilot facility	September 2014
Sunset redundant pharmacy systems	July 2015
Complete EHR rollout to all DBHDS facilities	December 2015
Initiate services billing system migration	March 2015
Complete services billing system migration	June 2016

Address SEXUALLY VIOLENT PREDATOR SERVICE CAPACITY to appropriately access and safely operate the Virginia Center for Behavioral Rehabilitation and provide rehabilitation and treatment services

Objectives

- Meet the needs for additional bed and treatment space at the Virginia Center for Behavioral Rehabilitation (VCBR).
- Increase use of conditional release for eligible individuals.
- Develop SVP evaluation capacity and quality oversight.

Accomplishments

- **Treatment Best Practices That Reinforce Positive Behaviors**
  - Revamped VCBR treatment program to provide **evidence-based sex offender treatment** intended to reduce the risk that sexually violent predators (SVPs) will reoffend so they can be safely managed in the community once conditionally released. Treatment is offered in three phases that focus on the following:
    - *Phase I:* Control over sexual behavior and aggression and accountability for offense (39% residents)
    - *Phase II:* Developing insight into risk factors and introducing positive goals for lifestyle change (45% residents)
    - *Phase III:* Transition back to the community (14% residents)
  - Only 2% of eligible residents have refused to consent to treatment. (Lowest refusal rate among 20 SVP programs nationwide)
  - Established a **vocational training program** in January 2011, which currently has 104 residents enrolled
  - Established the VCBR **work program** that has created 137 available jobs within the facility;112 residents currently participate in this program, working in food service, housekeeping, grounds maintenance, and as education aids
    - Residents who are active participants in treatment and who are making progress toward completing the program and transitioning to conditional release have the opportunity to gain work experience, earn a small income, and make an important contribution to overall program effectiveness

- **VCBR Program Management**
  - Created **comprehensive evaluation tool for administrative operations and functions, security, and treatment criteria** for consideration of alternative VCBR operational arrangements to be used for internal annual survey - results of last year's survey were positive in facility operations and treatment
    - The second annual consultative audit, scheduled for January 2014, continues this quality improvement initiative
  - Increased pre-release support mechanism **data capture, storage, and retrieval efficiency** for VCBR residents eligible for SVP conditional release
  - Increased **staff training and mentoring opportunities** to improve service delivery to residents
- **Increased Use of Conditional Release**
  - Started **pre-release groups** at VCBR in 2011 to help residents develop viable home plans.
  - Created position at VCBR to assist with developing **SVP conditional release plans**
  - Increased use of **regional visits** to secure housing and work and to initiate contacts with supervising probation offices
  - Provided **oversight of conditional release plans** to ensure they were completed on time and met standards
  - Continue partnerships with the Office of the Attorney General (OAG), Probation and Parole offices, and the DBHDS Office of SVP Services to support and expand the use of SVP conditional release
    - In FY2012, 18 VCBR residents were discharged by a judge to the community
    - In FY2013, 21 VCBR residents were discharged by a judge to the community
- **SVP System Partnerships** to provide quality oversight of the system
  - Continued work with **SVP system partners**, including the DOC, the OAG, the courts, and the defense bar, to ensure the smooth identification, evaluation, legal processing, civil commitment and treatment, and where appropriate the conditional release of individuals found SVP
  - Managed the DBHDS SVP supervision **Memorandum of Understanding (MOU) with the DOC**
  - Supported the annual **statewide sex offender training conference** for DOC, OAG, DBHDS, and the community
  - Provided support to DOC office of community corrections in the **supervision of individuals on SVP conditional release** in the community
- **SVP Evaluations**
  - Continued to recruit and train highly experienced and professionally skilled licensed clinical psychologists
  - Provided **training from national experts** in sexual aggression evaluation and supported provision of continuing psychologist education credits
  - Contracted with a national expert on SVP evaluation to provide peer review of SVP reports
  - Provided peer review (professional oversight) to each SVP evaluator
- **Management of Increasing VCBR Capacity**
  - When VCBR was built in 2008, its bed capacity was 300, with single rooms for each resident
    - In January 2010, the VCBR on-book census was 182
    - In March 2012, the census was 302, exceeding for the first time the facility's 300 bed capacity
    - By December 2013, the VCBR on-books census had increased to 340
  - Outfitted 150 residential rooms in the past year to allow for **double-bunking** to provide an immediate response to the VCBR census growth
    - Building renovations are underway to provide space for additional staff and treatment

- Use of double bunking will not be able to permanently sustain the projected VCBR census growth

- **SVP forecast** projects the VCBR on-books census will increase to 377 FY 2014, 394 FY 2015, 411 FY 2016, and 428 FY 2017 projects 377 FY 2014, 394 FY 2015, 411 FY 2016, and 428 FY 2017
- Completed a **pre-planning study** in FY 2013 for additions to the facility to accommodate this projected growth
  - Anticipated design and construction of Phase 1 of an expanded facility will take 3.5 to 4 years
- The Governor has included a line item in his 2014-2016 biennium budget providing funds for **detailed planning for expanded VCBR facility capacity**