Virginia Department of Behavioral Health & Developmental Services

DBHDS Comprehensive State Plan

(2016-2022)

December 1, 2016

DBHDS Vision: A Life of Possibilities for All Virginians

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Preface

Section 37.2-315 of the *Code* of Virginia requires the Department of Behavioral Health and Developmental Services (DBHDS) to develop a six-year comprehensive state plan for behavioral health and developmental services to the General Assembly.

> *§37.2-315. The Department, in consultation with community services boards, behavioral health authorities, state hospitals and training centers, individuals receiving services, families of individuals receiving services, advocacy organizations, and other interested parties, shall develop and update biennially a six-year Comprehensive State Plan for Behavioral Health and Developmental Services. The Comprehensive State Plan shall identify the needs of and the resource requirements for providing services and supports to persons with mental illness, intellectual disability, or substance abuse across the Commonwealth and shall propose strategies to address these needs. The Comprehensive State Plan shall be used in the development of the Department's biennial budget submission to the Governor.*

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Introduction

Background of the DBHDS State Comprehensive Plan

In 1985, the Department of Behavioral Health and Developmental Services (DBHDS) took the initiative to develop a comprehensive state plan informed by stakeholders that was used to inform the departmental budget process. The initial Comprehensive State Plan for 1985-1990 proposed a "responsible transition" to a community-based system of services. In 1986, the department expanded the plan to cover a six-year time frame with biennial updates. These updates continued until 1995, when the department's system reform strategic planning efforts substituted for the 1996-2002 plan update. The biennial update process was reinstated in 1996. During the 1998 General Assembly Session, the comprehensive state plan became required by the *Code* of Virginia. DBHDS is the only Virginia state agency required to develop such a plan.

Over time, the importance and usage of the comprehensive plan waned as reports such as the agency strategic plan were created as a requirement of the General Assembly through the Department of Planning and Budget. In addition, DBHDS has recently crafted reports to the General Assembly on the development of plans for specific areas of Virginia's system such as planning to provide children's mental health and crisis services, and establishing a "planning process to provide geriatric, adult, and forensic mental health services, both inpatient and community-based, as close to persons' homes as possible." Also, DBHDS develops a quarterly report on the implementation of the state training center closure plan and the transition of residents to the community, and an annual report on the implementation of Senate Bill 260 (2014) related to emergency custody and temporary detention of adults and minors. Currently, DBHDS is working on a report due in 2017 that requires the development of a comprehensive plan for the publicly funded geropsychiatric system of care in Virginia. Also, the General Assembly requires DBHDS to develop an annual report that describes Virginia's public behavioral health (mental health and substance use disorder) and developmental services system. The annual report also presents data about numbers and descriptive characteristics of individuals who received services, service capacities, amounts of services provided, staffing, funds received, and expenditures, and describes DBHDS initiatives and accomplishments with selected performance and outcome measures. The Fiscal Year 2016 Annual Report is due to the General Assembly on December 1, 2016 and the FY 2015 report can be found at the following link: www.dbhds.virginia.gov/library/community%20contracting/rd438.pdf.

The 2016 – 2022 Comprehensive State Plan

In order to make the 2016 – 2022 comprehensive state plan more relevant and to avoid redundancy with required reports, this year DBHDS is linking the plan with its stakeholder-driven, multi-year transformation team effort. A similar decision was made in the past when agency system reform strategic planning efforts substituted for the regular plan update.

The transformation team initiative was convened in 2014 to address unprecedented challenges facing Virginia's behavioral health and developmental disability system, including:

- **The U.S. Department of Justice (DOJ) Settlement Agreement:** Virginia is implementing the DOJ settlement agreement, which requires individuals with developmental disabilities to be served in the most integrated settings appropriate to their needs. The challenges associated with this effort include expanding community capacity to serve individuals in safe, appropriate settings, improving the discharge process of individuals from training centers into the community, and redesigning the Medicaid waivers.
- **Major Opioid Epidemic:** Virginia is facing an opioid epidemic that places urgency on substance-use disorders and addiction recovery services. In 2015, there were 1,021 fatal drug overdoses in Virginia. Of these, 809 were the result of opioids. In recent years, drug overdoses have exceeded motor vehicle accidents and gunshots as a cause of death.
- **Multiple Behavioral Health Tragedies:** Over the last decade, Virginia has faced several tragedies involving its behavioral health system resulting in a close examination of the adequacy and effectiveness of its emergency services. Each challenge has related to at least one of the following problem areas: access, quality, consistency, and accountability.

In light of these challenges, four expert teams were formed to examine the system over a two year period and make recommendations for improvements. The transformation team effort consisted of 83 representatives from over 50 stakeholder organizations. The teams developed a total of 92 recommendations for system reform.

Many of the recommendations from the transformation teams have been implemented or implementation is underway. Consistent with comprehensive state plan requirements, the remaining recommendations have been placed on a six-year timeline based on priority, service capacity and funding availability. Successful implementation of most of these recommendations will require additional funding.

The transformation team process informed and accelerated several large-scale and historic initiatives now underway. These key initiatives direct considerable energy and resources to make critical changes in the behavioral health and developmental services system, including:

- Continuing work to bring Virginia in compliance with the DOJ settlement agreement, chiefly through the redesign of the Medicaid Waivers, and
- Addressing mental health and substance-use disorder needs through DBHDS' innovative model, System Transformation Excellence and Performance (STEP-VA).

DBHDS believes the advancement of these key initiatives will address a great number of the transformation teams' recommendations. A brief discussion of these efforts is included in the following sections of this report. Consistent with requirements for the comprehensive state plan, included in the discussion of key initiatives is an identification of the needs of individuals served by these initiatives and the resource requirements to meet those needs. Importantly, these efforts only represent a portion of the work being done at DBHDS to improve services and quality of life for the individuals the system serves.

Key Developmental Services Initiative

Overview

In 2008, the U.S. Department of Justice (DOJ) initiated an investigation of the Central Virginia Training Center (CVTC) pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA). In 2010, DOJ notified Virginia it was expanding its investigation to focus on compliance with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court *Olmstead* ruling. The *Olmstead* decision requires that individuals be served in the most integrated settings appropriate to meet their needs consistent with their choice. In February 2011, DOJ submitted a findings letter, concluding that Virginia was failing to provide services to individuals with developmental disabilities in the most integrated setting appropriate to their needs.

In January 2012, Virginia and DOJ reached a settlement agreement. The agreement resolves DOJ's investigation of Virginia's training centers and community programs and compliance with the ADA and *Olmstead* with respect to individuals with intellectual and developmental disabilities. Also in 2012, Virginia announced the closure of four of its five training centers. At the time, the statewide census among the five training centers was 1,018. As of November 2016, the census was 331 and two training centers so far have closed. The decision to close all but one training center was made in 2012 for the following reasons:

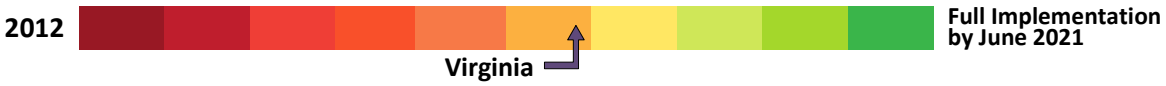
- Virginia's settlement agreement with the U.S. Department of Justice (DOJ) requires significant expansion of the community-based system of services for individuals with developmental disabilities over a ten year period;
- Virginia currently maintains a list of over 10,500 individuals with developmental disabilities (DD) waiting for Home and Community Based waiver services. In order to support the move of individuals from the training centers to the community, additional resources are required. The average cost of supporting individuals in training centers in FY 2016 was $343,267 per person, up from $301,663 in FY 2015. The cost per person is projected to increase due to the fixed costs allocated to a declining census in the facilities as well as discharges and natural deaths. The average cost of supporting former residents who have moved into community homes since 2011 is currently $141,559.
- With the current projected downsizing and continued movement of individuals from all the training centers and the projected requests of representatives of residents at Southwestern Virginia Training Center and Central Virginia Training Center, DBHDS projects that SEVTC will be able to meet ICF/IID transfer requests from the current training centers.

The settlement agreement provides a framework for creating a system of integrated services and supports of high quality. The agreement requires Virginia to enhance its community services system, discharge and transition individuals from training centers appropriately and create a quality and risk management system. The 10-year agreement calls for Virginia to move more rapidly toward a community-based system of supports that provides more integrated environments such as independent and smaller living situations, supported employment and integrated day options for all levels of complexity of disability.

Virginia's Progress Complying with the DOJ Settlement Agreement

Virginia is at the midpoint of implementing the 10-year settlement agreement and is on track to complete implementation before June 2021. Virginia has embraced the goal of providing services for individuals with developmental disabilities in the most integrated care settings appropriate to their needs. Critical system elements have been created to expand community capacity to ensure individuals have access to quality services provided in safe, appropriate, inclusive settings. Figure 1 below shows Virginia's progress since 2012 on its path to full implementation by June 2021.

Figure 1. Ten-Year Settlement Agreement Implementation Progress



Over the next four years, DBHDS will be addressing several specific challenges as it works through the terms of the 10-year agreement. For example, DBHDS will be fully implementing the three amended developmental disability (DD) waivers with person-centered service packages aligned to meet the need of individuals who have mild support needs as well as those with more intense medical and/or behavioral needs. There are also efforts surrounding completing the community infrastructure for crisis services in ways that are coordinated with mental health services for children and adults. In addition, DBHDS is continuing the transition of individuals from two of the remaining three training centers through the comprehensive planning and discharge process used to successfully close the first two training centers. The next steps towards full compliance include:

- Enhancing case management through additional guidance and tools for case managers,
- Increasing child crisis capacity,
- Increasing capacity to serve individuals with intense medical and behavioral support needs,
- Enhancing data collection and reporting capabilities,
- Improving risk management capabilities, and
- Developing and improving quality improvement mechanisms.

Integral to complying with the settlement agreement is redesigning Virginia's Medicaid waivers. Waiver redesign addresses those sections of the agreement that ensure health, safety and access to complex supports and services needed by the individuals, their families and the community. Specifically, waiver redesign furthers compliance with the agreement by:

- Increasing the number of individuals served by waivers,
- Embedding crisis services into the waivers,
- Including an array of employment and integrated community engagement services,
- Enhancing service access and availability, individual/care-giver training, service facilitation, and
- Including transition and other services to support people with intense behavioral and medical needs, and facilitate movement from institutional settings.

More details about waiver design and its impact on Virginia's developmental disability system are included in the section that follows.

Redesigning Virginia's Medicaid Waivers

Virginia has amended the previous intellectual and developmental disability home and community-based waivers with the approval of the Centers for Medicare & Medicaid Services (CMS). The amended waivers will add services and supports that are individualized, integrated and strength-based. The amended waivers became effective September 1, 2016 and are currently:

Making it easier for people to go to a single place to enter and navigate the new system. The new waivers streamline and standardize access for all Virginians with developmental disabilities. This includes a single point of entry for intake and eligibility determination.

Helping people find and use services in their communities. Federal policy requires states to critically assess their systems and eliminate barriers to community inclusion. Since the previous waivers were developed many years ago, changes were made to better align Virginia's service system with these more recent principles and policies.

Ensuring people have more choices for where they live and how they can spend their day. Virginia is currently over-reliant on congregate settings and the former waiver structure does not promote access to services in the most integrated setting. Redesigning Virginia's waivers and adding services that promote and incentivize community integration and individual choice took a fundamental step toward expanding opportunity and choice.

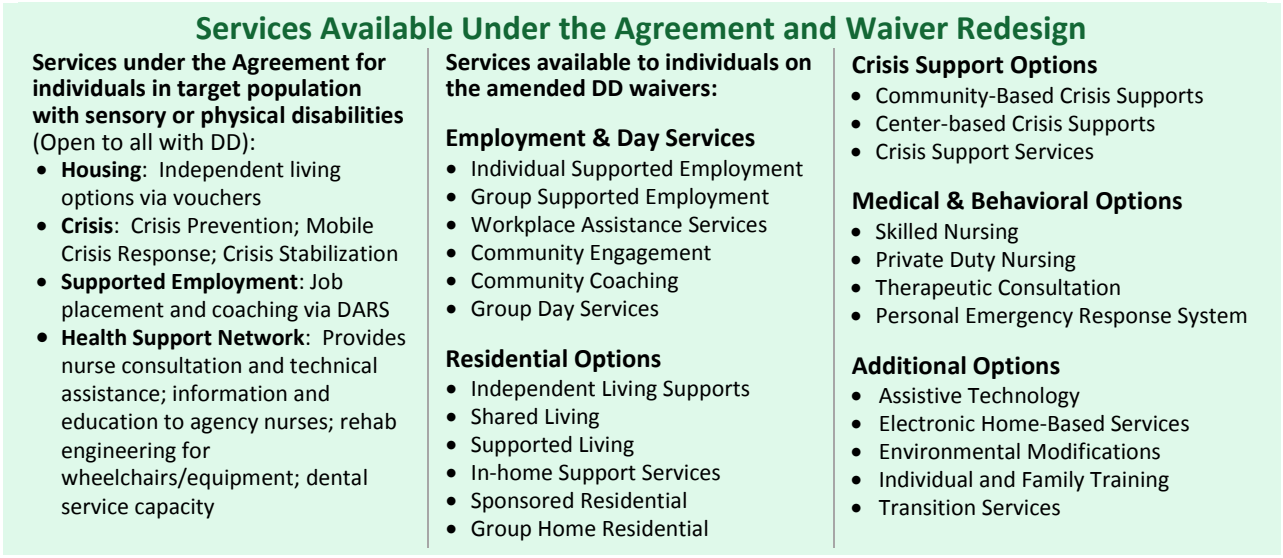
The names of the previous waivers changed and individuals seamlessly transitioned to the new corresponding waiver (except for the few children under age 18 currently using the Day Support Waiver who will move to the Family and Individual Supports Waiver). All three of the new waivers will serve both individuals with intellectual disability and developmental disabilities. Figure 2 below shows the previous and new waiver names.

Figure 2. Previous and New Corresponding Waiver Names

Previous Waiver Name	New Corresponding Waiver Name
Intellectual Disability (ID) Waiver	Community Living Waiver
Day Support Waiver	Building Independence Waiver (18+years)
Individual and Family Developmental Disabilities Support Waiver (DD Waiver)	Family and Individual Supports Waiver

As a result of the redesigned waivers, there will be more service options to assist individuals be better connected and involved in their communities. All of the new service options should be available within the next year. Also, Virginia will implement rate adjustments for many services that should result in building provider capacity to deliver services in the most integrated settings for current and new services. Figure 3 below shows the services available under the agreement and waiver redesign.

Figure 3. Services Available Under the Agreement and Waiver Redesign



Identifying the Need

The target population for the settlement agreement includes individuals with a developmental disability who meet any of the following additional criteria:

1. Currently reside at any of the training centers,
2. Meet the criteria for the former Intellectual Disability (ID) waiver or Developmental Disability (DD) waiver wait lists, or
3. Currently reside in a nursing home or Intermediate Care Facility (ICF).

An important part of improving services for people in the target population involves an assessment of support needs using the Supports Intensity Scale® (SIS). Based on the SIS assessment and responses to supplemental questions (if needed), each person receiving services aged 16 and above will be assigned to one of seven support levels. A person's level assignment will, in turn, allow DBHDS to estimate the average type and amount of services a person might need and use, depending on his or her age and place of residence. This approach will help individuals receive the services they need to live successfully in the community. It also helps DBHDS allocate resources fairly and serve as many individuals as possible. An explanation of the levels for adults is included below:

- **Level 1**: Largely mild support needs, including little to no need for medical and behavioral challenges. They can manage many aspects of their lives independently or with little assistance. This includes activities like eating or dressing, as well as daily living activities such as shopping or going out into the community.
- **Level 2**: Modest or moderate support needs and little to no needs for medical and behavioral challenges. Although they need more support than those in Level 1, support needs are minimal.
- **Level 3**: Little to moderate support needs as in Levels 1 and 2. They also have increased, but not significant, support needs due to behavioral challenges.

- **Level 4**: Moderate to high need for support. They may have behavioral support needs that are not significant but range from none to above average.
- **Level 5**: High to maximum support needs. They may have behavioral support needs that are not significant but range from none to above average.
- **Level 6**: Significant need for medical support but also may have similar support needs to individuals in Level 5. Individuals may have some need for support due to behavior that is not significant but may range from none to above average.
- **Level 7**: Significant behavioral challenges, regardless of their support need, to complete daily activities or for medical conditions. These adults typically need significantly enhanced supports due to their behavioral challenges.

These seven levels are consolidated into rate tiers and a number of services will be reimbursed according to these tiers. This process provides greater reimbursement for smaller settings and for supporting individuals with more intensive needs. More information on the SIS and other waiver services can be found at the following link: www.dbhds.virginia.gov/individuals-and-families/developmental-disabilities/waiver-services.

Resource Requirements

Figure 4 below provides FY 2017 General Fund expenditures for DOJ-related costs. The chart includes the budget for the fiscal year and the actual funds spent as of September 2017.

Figure 4. DOJ FY 2017 General Fund Expenditures (September 2016)

Actuals through August 31, 2016 *(GF dollars in millions)*	FY 2017 Budget	FY 2017 Actuals	Remaining Funds	Actual/Budget
Facility Transition ID Waivers	$39,076,390	$4,203,253	$34,873,138	10.8%
Community ID & DD Waivers	$70,254,197	$9,122,878	$61,131,319	13.0%
Individual Family & Support	$3,298,729	$288,915	$3,009,814	8.8%
Housing	$2,275,000	$0	$2,275,000	0.0%
Crisis Stabilization	$20,580,000	$3,634,670	$16,945,330	17.7%
Individuals Not Covered by Medicaid	$629,005	$20,260	$608,745	3.2%
Facility Closure Costs	$24,341,423	$4,056,904	$20,284,519	16.7%
Independent Review	$442,734	$32,724	$410,010	7.4%
DBHDS Administration	$3,651,191	$696,164	$2,955,027	19.1%
DMAS Administration	$772,145	N/A	$0	-
Quality Management	$591,000	$513,641	$77,359	86.9%
Data Warehouse	$389,000	$64,881	$324,119	16.7%
Event Tracking System	$945,952	$0	$945,952	0.0%
Licensing	$200,000	$0	$200,000	0.0%
Transition Tracking	$140,000	$0	$140,000	0.0%
Waiver Management System (WaMS)	$453,888	$1,918,493	($1,464,605)	422.7%
Community Provider Training	$70,000	$0	$70,000	0.0%
Supports Intensity Scale	$1,087,763	$722,975	$364,788	66.5%
DD Health Supports Network	$3,900,000	$208,074	$3,691,926	5.3%
Guardianship	$500,000	N/A	$0	-
Bridge Funding	$0	$0	$0	-
Facility Savings	($61,446,873)	($10,241,146)	($51,205,728)	16.7%
Total (including base funding)	**$112,151,544**	**$15,242,686**	**$95,636,712**	**13.6%**

- There are no concerns with the current FY 2017 expenditure trend.
- For three categories (SIS®, Quality Management, and WaMS), cash flow is impacted by the timing of Federal reimbursements.
- FY 2016 carry forward funds ($5.7M) have been requested for several categories. If approved, the FY 2017 budget will be adjusted.

Key Behavioral Health Initiative

Overview

Over the past two years, Virginia has made significant improvements in the quality and accountability of community services through legislative and administrative efforts. These accomplishments have ensured that no person has been turned away from a psychiatric hospital bed when needed, increased qualifications of emergency custody and preadmission screening evaluators, updated communications infrastructure between the courts and behavioral health care providers, reduced the jail waiting list for state hospital admissions, improved key outcome and performance measures, and strengthened community services board (CSB) performance contracts by increasing administrative requirements and outcome and performance measures. In addition, the administration has initiated efforts to address Virginia's opioid crisis and substance-use disorder (SUD) challenges and supported DMAS, along with DBHDS, in the application for a federal SUD Waiver. These efforts represent meaningful progress in strengthening the behavioral health system and Virginia's safety net. Importantly, these accomplishments have been made in a time when the system is under tremendous strain.

Virginia's nine state mental health hospitals are in a particularly difficult situation as they are weathering a 157 percent increase in temporary detention order (TDO) admissions and a 54 percent increase in total admissions since FY 2013. In addition to increases in admissions, state hospitals maintain an extraordinary barriers to discharge list (EBL) for people who are clinically ready to discharge from a state hospital, but cannot leave because the right community services, such as appropriate housing, are not available. In September 2016, there were 182 individuals on the statewide EBL. This is difficult for individuals who are waiting in jail, individuals waiting to get out of hospitals, and for the hospitals who are struggling with staffing issues and trying to maintain a manageable census. While costs may continue in the community for those eventually discharged from the EBL and some of the vacated hospital beds may be filled, individuals on the EBL in 2015 used bed days that equate to the operational budget of a 122-bed state hospital, or a cost of about $30 million.

Although immense efforts went into reducing Virginia's jail waiting list and shoring up the emergency mental health system, significant challenges remain because the system is thinly stretched and underfunded such that it is unable to focus in every area of risk that needs attention. The system will be reformed when it has the capacity in its community mental health and substance-use disorder services for children, adults and geriatric individuals to treat disorders before they become crises, which are far more difficult to manage and far more expensive.

DBHDS is working to reform Virginia's system that has been patched together by responses to crises into one that truly meets the needs of Virginians with behavioral health disorders. DBHDS has initiated several system reform efforts, layering one on top of the next, to develop a model that will move Virginia forward in a cohesive, strategic manner, specifically:

1. **DBHDS Transformation Initiative –** A two year systemwide transformation effort that included broad representation of diverse stakeholders from across the Commonwealth. Four Transformation Teams met monthly to address critical issues facing Virginia's public mental health, substance-use disorder and developmental disability system. The effort culminated in comprehensive, expert recommendations to help Virginia solve its ongoing challenges related to access, quality, consistency and accountability.

2. **CCBHC Planning Grant –** Virginia engaged with the CSBs and other community and state stakeholders in a year-long federal grant regarding Certified Community Behavioral Health Clinics (CCBHCs). Eight CSBs located across Virginia were part of the grant to plan for potentially becoming certified as CCBHCs. The requirements for ten specific, evidence-based services for mental health and substance-use disorders that would be provided by the CCBHCs and the desired outcomes of the clinics were closely aligned with many of the transformation team recommendations. Although continuing with the next phase of the grant proved not to be fiscally responsible, DBHDS and the CSBs learned a great deal during the planning grant, including best practices for required services that will fill gaps and push Virginia's system towards needed reform. Further information can be found in Virginia's August 2015 federal grant application for STEP-VA, linked here: www.dbhds.virginia.gov/library/mental%20health%20services/omh-emha-ccbhcgrantapplication-08-2015.pdf.

3. **System Transformation Excellence and Performance (STEP-VA)** – DBHDS has identified an innovative initiative to meet the significant challenges in Virginia's mental health and substance-use disorder services across the lifespan: a pathway to excellence in behavioral healthcare and to a healthy Virginia, or System Transformation Excellence & Performance (STEP-VA). STEP-VA is derived from the transformation recommendations and informed by critical lessons learned during the CCBHC grant. STEP-VA features a uniform set of required services, consistent quality measures, and improved oversight in all Virginia communities.

STEP-VA is Virginia's Path Forward

STEP-VA is orchestrated in a stepwise fashion, incorporating services over multiple years, each providing the infrastructure and expertise needed to build on the next. Specific details include:

- A stakeholder and policy-informed model, built on the two-year transformation team effort and lessons learned during the CCBHC planning grant.
- Nine core required services, plus care coordination as the linchpin, evidence-based best practices, and key quality measures to assess performance and outcomes.
- Same day access, medication assisted treatment, in-home children's services and linkages to critical social services, like housing, employment and education. *The result is a Virginia-specific CCBHC model tailored to meet current and future needs of Virginians with behavioral health disorders.*

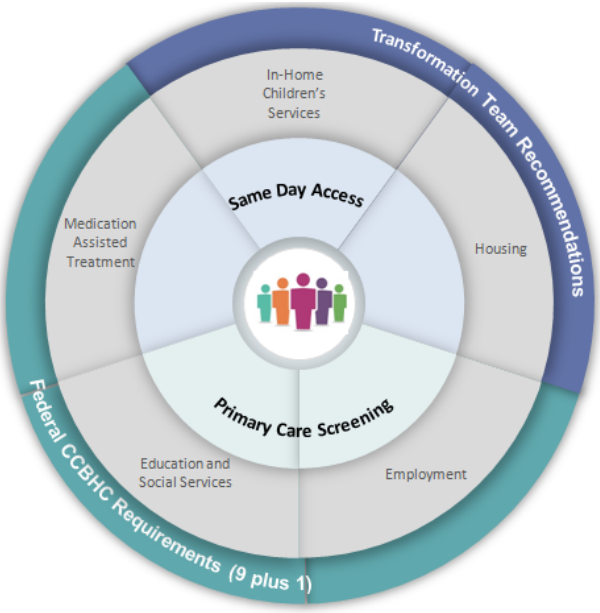
STEP-VA's services were identified by the transformation teams and part of the CCBHC process to meet the needs of Virginians and fill gaps in the system. Services include:

- Same Day Access
- Outpatient Services (including MAT and improved in-home services for children)
- Primary Care Integration
- Detoxification
- Care Coordination
- Peer and Family Support
- Psychosocial Rehabilitation/Skill Building
- Targeted Case Management
- Veterans Services
- Person-Centered Treatment
- Mobile Crisis Services

To implement these changes across the Commonwealth, STEP-VA will expand certain existing services and implement new services to maximize impact, increase access, strengthen quality, build consistency and bolster accountability. DBHDS is also currently drawing from transformation team recommendations to build jail behavioral health services and diversion efforts into STEP-VA. Notably, STEP-VA services are intended to foster wellness among individuals with behavioral health disorders and prevent crises before they arise. The result would be fewer admissions to state and private hospitals, decreased emergency room visits, and reduced involvement of individuals with behavioral health disorders in the criminal justice system. Figure 5 below is a visual model of STEP-VA services that shows the layering of initiatives and linkages among services.

Figure 5. STEP-VA Model (as of December 1, 2016)

- The new system must be made of responsive, consistent community services that do more than address each crisis.
- STEP-VA builds on federal CCBHC requirements and transformation team recommendations with services Virginians need.
- Would provide critical support for individuals at risk of incarceration, those in crisis and those in need of stable housing.
- The result is Virginia-specific to meet current and future needs of Virginians with mental illness and their families.



The first two STEP-VA services to be implemented would be same day access and outpatient services. Same day access gets individuals in the door and connected to the system. After the first follow up appointment with same day access, there could still be a waiting period, perhaps six weeks or more, for additional needed psychiatric services. Expanding outpatient services during the same day access implementation would help ensure individuals who normally would

be waiting long periods for subsequent appointments would be seen sooner and before crises develop. Additional details about these two programs follow:

- **Same Day Access.** Same day access is when a person calls or appears at the CSB and is assessed the same day. Based on assessment, the person is scheduled for appropriate initial treatment within ten days. Same day access is a best practice that virtually eliminates "no show" appointments, increases adherence to follow-up appointments, reduces 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.

- **Outpatient Services.** The public mental health system is severely limited in its capacity to provide the most fundamental outpatient behavioral health services, such as timely evaluation and treatment for conditions such as depression, anxiety and substance use, in a counselor-client setting, as early as possible to the onset of the problem. These services include medication management, individual, group and family counseling, medication assisted treatment (MAT), children's in-home and other services. In the public sector and for uninsured individuals, access to outpatient services is virtually non-existent because resources have had to be allocated to the most pressing, highest risk needs such as crisis services and support of persons with long-term disabling mental health conditions.

Identifying the Need

During the federal CCBHC grant, DBHDS engaged national consultants, the Public Consulting Group (PCG), to conduct a community needs assessment to help determine the eight CSBs' readiness to provide the services required by the grant. PCG's efforts focused primarily on accessibility, cultural competency and the provision of the required CCBHC service array. The community needs assessment includes three key components:

1. Update and augmentation of the existing population analysis, including condition prevalence, service utilization, and risk factors within the population;
2. Review of CSB operations to assess access, cultural competency, ability to serve special populations, and ability to link with needed social services and other supports; and,
3. Documentation of services currently provided, including the application of evidence based practices, staffing, and eligibility, and a comparison matrix of all eight CSBs.

In order to develop the three main components of the community needs assessment, PCG reviewed publicly available data sets, collected primary source data through CSB site visits, and conducted consumer and stakeholder surveys. In most cases, findings and assessment results were based on information self-reported by the CSB rather than independently verified information. Also, quality of services provided was not measured in any statistically significant manner. Collected documentation was reviewed subsequent to the site visits and additional follow-up with the CSBs was conducted as needed.

The results of the analysis concluded that none of the eight CSBs currently could deliver the array of required services at the level needed to become a certified CCBHC. In fact, of the 11 services measures, none of the eight CSBs was ready to implement more than four of the services at the time of the analysis. Figure 6 below shows the readiness for each of the CCBHC required services for each of the eight CSBs in the project.

Figure 6. CCBHC Required Service Rankings for the Eight CSBs

CSB	BH Crisis	Screening Assess-ment	Same Day Access	Person Centered Treatment	OP MH and SU	OP PC Screening	Targeted Case Manage-ment	Psychiatric Rehab	Peer Family Support	Armed Forces Veterans	Care Coordin-ation
Chesapeake	2	2	3	1	3	3	1	1	1	3	2
Colonial	3	2	1	1	3	3	1	1	2	2	2
Cumberland	3	3	3	2	3	3	2	1	2	3	3
Harrisonburg-Rockingham	2	2	1	1	3	3	2	1	1	2	3
Mt. Rogers	2	1	1	2	3	3	1	2	2	2	2
New River Valley	2	2	2	1	3	3	1	1	1	2	2
Rappahannock	3	2	2	2	3	3	1	1	1	2	2
Richmond	2	2	2	2	3	1	1	1	1	2	2

Rating System
1 – Ready to implement
2 – Mostly ready to implement
3 – Ready to implement with remediation
4 – Not ready to implement

Importantly, the CSBs' current ability to provide these required services was largely based on the need for additional funding. The analysis performed by PCG provided a foundational level of understanding of how close the eight CSBs in the grant project were to being able to provide the robust array of required CCBHC services. Additional details can be found in each CSB's community needs assessment conducted by PCG, linked below:

- Chesapeake Integrated Behavioral Healthcare – www.dbhds.virginia.gov/library/mental%20health%20services/omh-cna-chesapeake.pdf
- Colonial Behavioral Health – www.dbhds.virginia.gov/library/mental%20health%20services/omh-cna-colonial.pdf
- Cumberland Mountain Community Services Board – www.dbhds.virginia.gov/library/mental%20health%20services/omh-cna-cumberlandmountain.pdf
- Harrisonburg-Rockingham Community Services Board – www.dbhds.virginia.gov/library/mental%20health%20services/omh-cna-harrisonburg.pdf
- Mt. Rogers Community Services Board – www.dbhds.virginia.gov/library/mental%20health%20services/omh-cna-mtrogers.pdf
- New River Valley Community Services Board – www.dbhds.virginia.gov/library/mental%20health%20services/omh-cna-newrivervalley.pdf
- Rappahannock Area Community Services Board – www.dbhds.virginia.gov/library/mental%20health%20services/omh-cna-rappahannockarea.pdf
- Richmond Behavioral Health Authority – www.dbhds.virginia.gov/library/mental%20health%20services/omh-cna-rbha.pdf

In order to get a more accurate understanding of the needs across the Commonwealth, DBHDS recommends contracting with an expert consultant to conduct a current state analysis and perform a gap analysis for all 40 CSBs.

Resource Requirements

The following chart provides an example of a funding timeline for STEP-VA services. The services may be implemented incrementally, and the chart below samples an eight year implementation along with resource requirements for the first three services. Cost estimates for additional services are currently being developed. The chart does not include additional, largely one-time, infrastructure needs such as data service integration and consumer technology, current state and gap analysis, implementing a performance based contract and critical support staff.

Figure 7. Example Funding Timeline for STEP-VA (as of December 1, 2016)

Service	FY 2016 – FY 2020	FY 2020 – FY 2024
Same Day Access	$17.3M GF (ongoing)	
Outpatient Services *(Includes Medication Assisted Treatment and In-Home Children's Services)*	$49M GF (ongoing)	
Primary Care Integration	$7.44M GF (ongoing)	
Detoxification	Fund at 100%	
Care Coordination	Fund at 100%	
Peer Services		Fund at 100%
Rehabilitative Services		Fund at 100%
Targeted Case Management		Fund at 100%
Veterans Services		Fund at 100%
Person-Centered Treatment		Fund at 100%
Mobile Crisis		Fund at 100%

The DBHDS Transformation Team Initiative

Overview

In October 2014, DBHDS convened a Transformation Team Initiative to address unprecedented challenges facing the Commonwealth of Virginia's developmental disabilities, substance-use disorders, and mental health services system. Four teams were formed to examine the system and make recommendations for improvements over a two year period. The four teams included:

- Developmental Services
- Adult Behavioral Health Services
- Child and Adolescent Behavioral Health Services
- Justice-Involved Services

Stakeholder Involvement

The transformation initiative consisted of a multidisciplinary group of 83 representatives from over 50 stakeholder organizations divided among four transformation teams and a consultative stakeholder advisory group. In addition, multiple opportunities were created to allow feedback from other system stakeholders, policy-makers and the general public.

Transformation Teams and the Stakeholder Advisory Group

Each team was made up of approximately 15 members and included representation from community services boards (CSBs), advocacy organizations, private providers, state agencies, individuals receiving services and family members throughout the Commonwealth. Each team had two co-chairs; the co-chairs are represented by a member of DBHDS' staff and a person or family member with lived experience.

The Stakeholder Advisory Group was formed to offer the first feedback on the teams' recommendations. This group served as a review and consultation group for transformation teams. The Stakeholder Advisory Group was comprised of leaders of behavioral health advocacy organizations, community providers and state agencies.

Public comment

Broad public input was considered a key component of the transformation team process to help ensure recommendations are flexible, responsive, high quality, accountable, and accessible for all Virginians who need behavioral health and developmental disability services. As a result, the process involved two intensive public comment periods, each lasting approximately one year. Feedback received during these periods helped further refine the recommendations. Figure 8 below includes the public comment periods and public meetings held during the two-year transformation team process.

Figure 8. Transformation Team Public Comment Periods and Meetings

Public Comment Periods	Town Hall Meetings	Webinar Access
Opportunities for the public to view information about the recommendations on the DBHDS website and submit public comment: 1. April 15, 2015 – May 31, 2015 2. February 1, 2016 – March 31, 2016	Opportunities for the public to see presentations of phase 1 recommendations and offer in-person public comment: • Williamsburg – May 11, 2015 • Woodbridge – May 12, 2015 • Charlottesville – May 15, 2015 • Wytheville – May 20, 2015	Opportunity for the public to watch a webinar presentation on phase 2 recommendations on the DBHDS website anytime during February 2016 – March 2016.

Also, as an important part of ongoing public comment, presentations on the transformation team process and the teams' recommendations were delivered to a wide variety of audiences. For example, presentations were given to the Behavioral Health and Developmental Services State Board, several General Assembly committees, the Governor's Taskforce on Improving Mental

Health Services and Crisis Response, and content was included in presentations delivered at conferences held by advocacy groups.

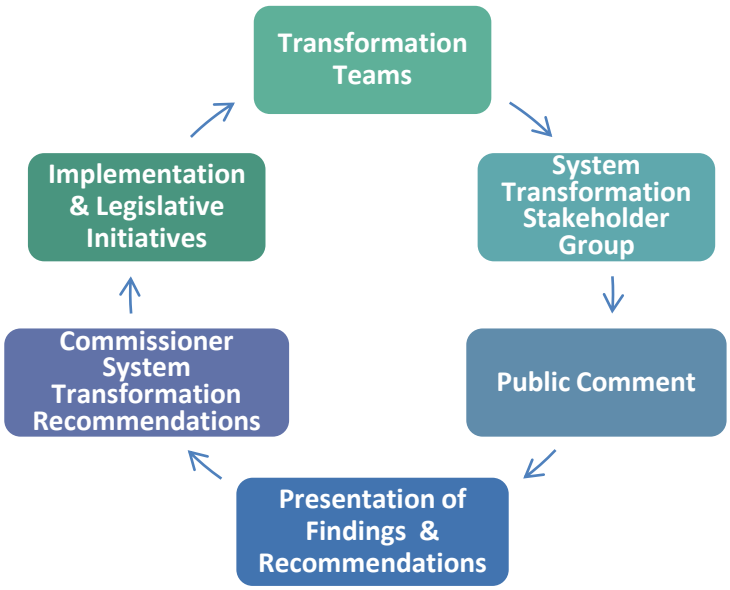
Team Process

Starting in 2014 and concluding in 2016, each of the transformation teams analyzed their assigned area in the behavioral health and developmental disabilities services system and developed strategic proposals for services, delivery and infrastructure. The process began with a comprehensive review of the state behavioral health and developmental services system. This effort focused on access, quality, stewardship of resources, and accountability. It was grounded in the principles of recovery, resiliency, self-determination, and wellness. The goal is to become a model system that realizes the DBHDS' vision of "A life of possibility for all Virginians."

The teams met monthly and developed 92 recommendations for system transformation. Twice during the process, Stakeholder Advisory Group meetings were held to provide input on team proposals and offer recommendations for improvement. Next, public comment periods lasting approximately eight weeks were provided to allow the public the opportunity to review the proposals developed by the teams and provide feedback.

The transformation teams then submitted their recommendations to the Commissioner for consideration. After considering feedback from the stakeholder group and the public, the Commissioner finalized the recommendations and began the process of implementation. Some legislative and budget actions were taken following the completion of the first half of the recommendations and the process then started again before concluding in the spring of 2016. A depiction of the Transformation Team process is found in Figure 9 below:

Figure 9. The Transformation Team Process



DBHDS has already made significant effort towards implementing many transformation recommendations. While great progress has been made, funding needs indicate that implementation of recommendations must happen incrementally.

Six-Year Transformation Recommendation Implementation Plan

To assist with planning efforts, DBHDS identified a schedule for funding and implementation of the recommendations developed during the transformation team process. This schedule targets each recommendation over the course of the next six years as follows:

Figure 10. Targets for Recommendation Implementation

Implemented	Recommendations that have been implemented or are well underway
Target 1	Recommendations that are scheduled to begin implementation during 2016-2018
Target 2	Recommendations that are scheduled to begin implementation during 2018-2020
Target 3	Recommendations that are scheduled to begin implementation during 2020-2022

While progress can be made on some recommendations administratively or through engaging with system partners, many recommendations require additional funding for full implementation. As a result, DBHDS understands there may be a shift in the recommended schedule for implementation.

Recommendations with an asterisk (*) in the chart below reflect close alignment with the federal Certified Community Behavioral Health Clinics (CCBHC) model. The model features nine core required services plus care coordination. As discussed above, DBHDS received a federal CCBHC Planning Grant in October 2015. In addition to the grant opportunity, DBHDS has selected the CCBHC services along with other recommendations from the transformation team initiative to comprise the STEP-VA model for behavioral health transformation across the Commonwealth.

The recommendations are categorized into sections that have been implemented. Then, for each of the teams, recommendations are scheduled during the target years when implementation can feasibly begin. Also, there were recommendations among each of the teams that affected the system as a whole. DBHDS removed those recommendations from the teams' sections and placed it in a new "systemwide" category. Importantly, the recommendations in the implemented, systemwide and four teams' sections below all contain strong stakeholder consensus on strategies designed to meet the needs of Virginians with behavioral health disorders and developmental disabilities.

Implemented Recommendations

Systemwide IMPLEMENTED Recommendations	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Establish quality standards for each of the mandated core services across disabilities and across the lifespan, including access standards that define maximum wait times for services. *	**Implemented.** Quality standards for recommended core services were identified during the federal CCBHC planning grant process.
Leverage Medicaid innovations such as Delivery System Reform Incentive Payment (DSRIP) for critical infrastructure related to data and IT at state, local and provider level.*	**Major actions completed and DBHDS will continue to pursue this matter as other opportunities arise.** DMAS has submitted an application to the Centers for Medicare and Medicaid Services (CMS) for a DSRIP waiver. Virginia's DSRIP proposal aims to develop critical infrastructure based upon the principles of the Triple Aim of better care, improved health, and lower costs by incentivizing reforms to transition away from expensive episodic treatment of disease toward a prevention and management of health and wellness among the Medicaid population.
Establish quality standards for each of the mandated core services across disabilities and across the lifespan, including access standards that define maximum wait times for services.*	**Implementation underway.** Magellan has convened a workgroup to look at the continuum of care at the request of the DMAS. This workgroup is also preparing a continuum of services that should be available across Virginia. DBHDS representatives, along with private providers, parents and youth serve on the workgroup. The DBHDS recommended uniform comprehensive service array has been used in preparing the Magellan group's recommendations which were presented to the Magellan Governance Board.

Developmental Services IMPLEMENTED Recommendations	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Develop a waiting list process for individuals with developmental disabilities seeking community waiver services, ensuring the process is clearly defined and all parties, including CSBs, DOE and families, are educated on the new process. This includes moving to three levels of priorities: Priority One - will need services within a year; Priority two - will need services in one to five years; Priority three - not expected to present within five years.	**Implemented Along with September 1, 2016 implementation of Waiver Redesign.** • The waiting list process was developed and is clearly defined. • To ensure consistent implementation, the community resource consultant and family resource consultants have been training case managers, service providers, the Department of Education and families and individuals regarding changes. • To date, over 3,000 people have been trained statewide regarding waiver redesign and the change in the waiting list DBHDS incorporated the descriptions regarding the redefined priorities of the waiting list with minor revisions based on stakeholder feedback. These definitions were submitted as part of our waiver amendments.
Services that should be available for individuals with developmental disabilities: There is a sufficient number and geographic dispersion of qualified providers to meet the needs of the individuals requiring the particular type of service or support. *	**Implementation Underway - This recommendation will be implemented initially as a pilot as the next phase of implementation in 2017.** • Waiver Redesign aligns services and best practices to assure people are receiving supports and services according to support needs. • With the implementation of waiver redesign DBHDS will be able to track type and frequency of supports received as compared to support needs as identified through the Supports Intensity Scale (SIS) and other assessments.
Restructure the waitlist to include emergency slots so if immediate service is needed as determined by certain criteria and if all other service options have been explored and exhausted (Existing CSB Slots, CRC, RST, C3T).	**Implemented Along with September 1 implementation of Waiver Redesign.** DBHDS incorporated the descriptions regarding the redefined priorities of the waiting list with minor revisions based on stakeholder feedback. These definitions were submitted as part of the waiver redesign amendments.

Adult Behavioral Health Services IMPLEMENTED Recommendations	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Develop criteria for psychiatric nurses to qualify as pre-screeners and crisis providers.	**Implemented.** New CSB evaluator qualifications (July 1, 2016) address how nurses may qualify for the pre-screener role.
Establish a rotating discretionary fund to provide one time assistance to peer-run organizations.	**Implemented.** The VACSB Outcomes Committee has established such a fund for assistance for peer run organizations.
Peer provided services and recovery supports*.	**Major actions completed or in process.** DBHDS proposed a bill which passed the 2016 General Assembly to give the Commissioner authority to certify Peer Recovery Specialist (CPRS) for Virginia in accordance with developed regulations. DBHDS set standards for Peer Support Credentialing and has contracted with the Virginia Certification Board (VCB), a member of the International Certification and Reciprocity Consortium (IC&RC), to administer the Peer Recovery Support Certification. DBHDS has developed a Scope of Practice for Peer Recovery Specialists, completed in March 2016. DBHDS has developed recommended standards for supervision of CPRS by a mental health professional. Peer services will be both stand-alone and integrated into the above listed services. DBHDS is collaborating with DMAS regarding methodologies to implement Medicaid funded Certified Recovery Support services. Planned actions include: • Development of a Virginia CPRS Curriculum to be completed 12/2016. • Training of CPRS Trainers to begin 1/2017. • Development of training for CPRS Supervisors with training to begin 3/2017.
Fully implement behavioral health peer training and certification* as a strategy to maximize access.	**Major actions completed or underway.**

Child and Adolescent Behavioral Health Services IMPLEMENTED Recommendations	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Use the system of care principles to guide services that are strengths based, supportive, culturally and linguistically competent, community based, timely and appropriate, and provided in the least restrictive environment.*	**Implemented.** DBHDS received a federal system of care grant effective October 2016. High Fidelity Wrap Around has been implemented through the grant. Ongoing commitment to systems of care principles will be reflected in all future initiatives related to children and their families.
Address system fragmentation for services for training and provide training for peers. Develop standards for peer and parent support partners, including training, certification and quality assurance.	**Implementation Underway.** This recommendation is currently underway as DBHDS is implementing legislative requirement to promulgate regulations for certified peer specialists and to develop a training curriculum to support the certification process. Standards for peer and parent support partners are being developed as DBHDS implements its legislative requirement to promulgate regulations for certified peer specialists and to create a training curriculum to support the certification process. The appropriate steps are being taken to make parent peer support a Medicaid reimbursable service. DBHDS has formed a workgroup to develop a certification process. Parent support is also reimbursable through Virginia's Children's Services Act.
Regular training opportunities delivered to child serving providers according to a strategic workforce development plan. These should be free to the participants and provide continuing education certificates to support licensing requirements.	**Implementation Underway and will need continuous attention as resources allow.** DBHDS has developed a strategic workforce development plan, through a workforce development contract agreement with Virginia Tech using a blend of federal funding DBHDS offers training at no cost to participants. Continuing education certificates are provided to each participant. There is still a need for state funding to support children's behavioral health workforce development. Eight free trainings have recently been provided to child serving providers.

Justice Involved Services IMPLEMENTED Recommendations	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
There needs to be an oversight system for evaluators who conduct pre-trial evaluations to ensure evaluations meet the standard of practice: • Only those evaluators who meet a minimal standard of practice should be allowed to conduct pre-trial evaluations. • For those evaluators who produce poor evaluations, there needs to be a system of remediation.	**Implemented.** • DBHDS was lead agency a bill that in the 2016 General Assembly Session that created oversight system of pre-trial evaluations. The bill passed and went into effect July 1, 2016. • DBHDS has reached out to courts, commonwealth attorneys, and public defenders to acquire the names of evaluators providing court appointed evaluations and has developed an application process.
Judges need to receive education on the Risk Need Responsivity model of risk management. Judges need to better understand the screening process for justice involved individuals, what the research shows about the positive effect of diverting low-risk offenders, and to be trained in how to use the risk screening as a guide in determining level of supervision.	**Implemented.** However, this recommendation will need continuous attention. In October 2015, DBHDS was awarded a Justice and Mental Health Collaboration Program (JMHCP) grant from the federal Bureau of Justice Assistance. With this grant DBHDS sponsored a Risk Need Responsivity conference on September 23, 2016. 150 people signed up to receive the training.

Recommendations with Systemwide Impact, Targets One, Two and Three

Systemwide Recommendations: Target ONE (2016 – 2018)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Expand tele-health across the lifespan and across disabilities to improve emergency and prescriber access.*	
Review the continuum of services that DMAS currently funds across the lifespan and across disabilities in light of the goals and priorities of DBHDS, especially: Explore ways to better support employment services; Reestablish a personal support level of service; Reevaluate Medicaid rates for all SUD services; Explore Medicaid reimbursement for person under an Emergency Custody Order (ECO)/Temporary Detainment Order(TDO); and Seek ways to better align the use of DMAS and DBHDS funding to support a more integrated approach to serving adults with serious mental illness and public mental health system goals.*	
Continue strategies to expand the use of best practices, promising practices and evidence based practices for individuals across the lifespan and across disabilities.*	This recommendation is a significant long-term initiative that would take at least three bienniums to accomplish.

Systemwide Recommendations: Target TWO (2018 – 2020)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Reduce fragmentation of services and implement strategies, including use of data from all sources, to guide the creation of a single system of care across disabilities and across the lifespan by formally defining the roles of CSBs and private providers, formally defining the relationship that needs to exist between local CSBs and private providers in their areas, and requiring a single person-centered plan of care that includes CSB Targeted Case Management for those needing multiple publicly funded long term services.*	

Systemwide Recommendations: Target TWO (2018 – 2020)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Require organizational self assessment by all providers of publicly funded behavioral healthcare and developmental disability services and assure use of validated assessment tools for co-occurring disorders in both SUD and mental health programs.*	• Community Needs Assessments were conducted for 8 CSBs participating in the CCBHC Phase I Planning Grant. • DBHDS has included medication assisted treatment as a funding target for the 2018-2020 biennium in its STEP-VA model. • The DD portion of this recommendation has been implemented through the new eligibility process and revised tool (Virginia Individual Developmental Disability Eligibility Survey -"VIDES"). DBHDS is also exploring how to best evaluation and determine what the critical needs are of individuals on the Medicaid waiver waiting list.
Evaluate achieving economies of scale for emergency response across disabilities and across lifespan through regional or multi jurisdictional consolidation [especially after hours in areas of low demand] Emergencies should include or acknowledge that because of the limited number of persons with DD presenting compared to BH, a broader regional approach would be more feasible.	
Develop incentive payments for outcomes, improvements and the incorporation of best practices for community behavioral health and developmental disability providers.* Also, using the new service packages with the Medicaid waiver for individuals with DD could provide a means of encouraging best practice for the DD population and those with co-occurring DD and BH disorders.	
Develop funding initiatives for evidence based individual placement and support employment services in disabilities across the system.	
Workforce development is needed to assure the workforce is prepared to implement the core and mandated services across disabilities and across the lifespan. An effective workforce development initiative should include strategies to increase the number of professionals, including in the following disciplines: child psychiatrists, nurse practitioners, physician assistants, licensed mental health clinicians (LCSW, LPC, LCP, etc.), and parent peer support partners (oversight by the Virginia Family Network).	• The appropriate steps are being taken to make parent peer support a Medicaid reimbursable service, which will support the expansion of the role in Virginia. DBHDS has formed a workgroup to develop a certification process. • Parent support is also a service that is reimbursable through the Children's Services Act. The Virginia Family Network currently provides training to parent support partners and provides technical assistance and support through its monthly e-newsletter and annual Family and Youth Leadership Summit.
Support service consistency across disabilities and across the lifespan by targeting funding both to best practices and to under resourced areas,* including adopting a two pronged approach to new funding and grant funds for best practices and to fill service gaps. Allow reasonable flexibility to allow rural areas to compete.*	This recommendation is a significant long-term initiative that would take at least three bienniums to accomplish.

Systemwide Recommendations: Target THREE (2020 – 2022)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Develop strategies for data from ALL publicly funded service and outcome data to be combined to offer a more complete picture of the system and its outcomes.* Develop single data system to measure key performance indicators across all providers of publicly funded services (Currently, data is housed at DBHDS, DMAS/Magellan, HMOs.).*	

Systemwide Recommendations: Target THREE (2020 – 2022)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Adopt industry standard access targets to measure the progress of the behavioral health and developmental disability system in increasing access measure progress against these benchmarks.* May require additional IT infrastructure. Access may include No Wrong Door on connecting to community resources rather than a specifically-funded benefit; e.g., housing and access to health care and BH care.	
Use a local planning process to meet the specific local population's needs across disabilities and across the lifespan. *	
Allocate resources for core services based on population health data analytics methods to determine resource and service array needs across disabilities and across the lifespan at the local, regional, and statewide levels, considering the following: Population-based methodology, Time and distance from a provider, availability to services regardless of ability to pay* and access – emergent, urgent, standard.*	This recommendation has been implemented for DD through the waiver redesign process: Waiver slots are to be distributed based on population, Medicaid insured lives, and priority lists.
Improve data collection by: • Creating a cross-disability data system that would contain common data elements for all disabilities under DBHDS and across the lifespan. • For individuals with DD, formalizing the data collected for individuals on the waiting list, including: Demographic Information; Services needed and frequency of need; When the services would be needed; and Complete reports to summarize who is waiting and discuss emergency slots.	DBHDS has created and is expanding a data warehouse that should be able to be utilized to implement this recommendation. Implementing this recommendation is expected to be a significant effort and to take longer than a biennium to complete.

Recommendations for Developmental Services, Targets One, Two and Three

Developmental Services Recommendations: Target ONE (2016 – 2018)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
The core services for individuals with developmental disabilities should include: Housing; Health Care (including behavioral health)*; Transportation; Education; Employment/Retirement; Community Engagement; Advocacy; and Case Management.	• Waiver Redesign aligns services and best practice models of services to assure people are receiving supports and services according to their support needs. • With the implementation of waiver redesign DBHDS will be able to track type and frequency of supports received as compared to support needs as identified through the Supports Intensity Scale (SIS) and other assessments. • The center for excellence was a transformation team recommendation born out of the desire to have services that aligned with national best practices (See table below for Developmental Services, Target Three). While this is not currently a distinct entity, each program under the division of developmental services has been requested/encouraged to incorporate best and promising practices into their planning documents as they implement the new services identified under the waiver redesign.

Developmental Services Recommendations: Target TWO (2018 – 2020)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Case management should be available and funded for all individuals with developmental disabilities, and the requirements for case management should be revisted.* Case management should have a tiered approach: • Active - Assessment*, Planning*, Linking, Information and Referral, Coordination, Integration, Monitoring,* Education and Counseling, May…Enhanced Support, • Follow Along - Assessment, Linking individual to requests, Information and Referral, Coordinating – Episodic?, Education and Counseling, Status check (phone, email, letter), • Frequency, • Reimbursed.	• There is currently a work group that involves representation from the DBHDS, DMAS and the VACSB that is looking at the future of case management services in general.
Now that the waiting list process for individuals with developmental disabilities seeking community waivers has been clearly defined and all parties have been or are being educated, the next steps include ensuring that the process is consistently implemented; There is a verification process; and SIS implementation for Priority One slots.	
Develop a quality monitoring system for the core services for individuals with developmental disabilities, ensuring that the services are: affordable, accommodating, accessible, accountable, safe/secure and equitable.	This recommendation is a significant long-term initiative that would take multiple years to accomplish. • Waiver Redesign aligns services and best practice models of services to assure people are receiving supports and services according to their support needs. • With the implementation of waiver redesign DBHDS will be able to track type and frequency of supports received as compared to support needs as identified through the Supports Intensity Scale (SIS) and other assessments.

Developmental Services Recommendations: Target THREE (2020-2022)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Eliminate the waitlist for individuals with developmental disabilities by requesting sufficient waiver slots to ensure all priority one needs are being met.	Data from the newly redesigned waivers will allow DBHDS to determine how many additional priority one slots are required to meet the need.
Create a center for excellence for coordinated focus on transition aged youth with developmental disabilities, promising practices for transition aged youth with developmental disabilities, and communities of practice (COPAs and regional nurse meetings).	
Ensure there is a sufficient number and geographic dispersion of qualified providers to meet the needs of the individuals requiring the particular type of service or support.*	• Waiver Redesign aligns services and best practice models of services to assure people are receiving supports and services according to their support needs. • With the implementation of waiver redesign DBHDS will be able to track type and frequency of supports received as compared to support needs as identified through the Supports Intensity Scale (SIS) and other assessments.

Recommendations for Adult Behavioral Health Services, Targets One, Two and Three

Adult Behavioral Health Services Recommendations: Target ONE (2016 – 2018)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Core and mandated behavioral health services across the lifespan should include: Same Day Access to improve screening /assessment/ and referral for behavioral health care across the lifespan.* To assure access as early as possible, increase capacity for timely access to screening, assessment, outpatient counseling, including psychiatry.* Basic SUD treatment capacity must be increased with state general funds or Medicaid expansion.	The DMAS substance use disorder (SUD) initiatives aim to increase access to residential and inpatient detox services for individuals enrolled in Medicaid. Additional state general fund dollars will be needed to address SUD needs of the uninsured. DBHDS has included Same Day Access as a first priority in its STEP-VA model for transforming Virginia's behavioral health services.
Add behavioral heath peer and community health worker services as a funded Medicaid benefit.*	
Address behavioral health workforce shortages by developing credentialing standards specific to the work being performed.*	
Expand funding to provide ongoing rent subsidies based on the Section 8 model.	
Use additions to the state plan or a waiver to support services for individuals with behavioral health disorders such as job finding, intake and assessment and follow along supports from an employment specialist.	
Improve identification of substance use disorder (SUD) issues by requiring specific Continuing Medical Education (CME) for licensed healthcare professionals to better integrate mental health and substance use disorder services.	Specific continuing medical education requirements related to substance use disorders is under active discussion at the Virginia Department of Health Professions.
Convene a workgroup with private hospitals and CSB and DBHDS representation, to develop strategies to better serve behavioral health clients denied admission to local hospitals because of co morbid conditions or behavioral challenges.	DBHDS has initiated preliminary discussions with the VACSB and the Virginia Hospital and Healthcare Association.
Create an "Assessment Center" or same day access mechanism at each CSB with services to include behavioral health services, including services for children.	DBHDS has included Same Day Access as a first priority in its STEP-VA model for transforming Virginia's behavioral health services.

Adult Behavioral Health Services Recommendation: Target TWO (2018 – 2020)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Engage with state agency partners to develop a broad strategy for expanding housing options for public clients and partner with private organization or other public agencies to develop single resident occupancy (SRO) options.	
Rebuild underdeveloped substance use disorder services* including funding medication assisted treatment and funding for the uninsured.*	DBHDS has included medication assisted treatment as a funding target for the 2018-2020 biennium in its STEP-VA model.
Rebuild underdeveloped substance use disorder services* including adjusting Medicaid rates to a level that attracts providers, residential and detox services.	
Expand the items on the HHR Secretary's dashboard to reliably report "real life" outcome measures such as housing stability, employment and community integration along with process, compliance measures.	DBHDS has included these measures in the development of the System Transformation Excellence and Performance in Virginia (STEP-VA) model for the future of Virginia's behavioral health services system.
Develop an allocation formula: Include such variables as population, households below 200% Federal Poverty Level, number of uninsured residents, Medicaid enrollment, and adjust for cost of living and other available resources. Areas with less than a base population [e.g. 50,000 or 100,000] receive a set minimum based on available funding.	

Adult Behavioral Health Services Recommendation: Target TWO (2018 – 2020)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Conduct workforce assessment regarding availability and capability of behavioral health providers to ensure co-occurring are best treated.*	
Improve behavioral and physical healthcare by strengthening case manager/practitioner skill in understanding and coordinating physical health care and promote wellness activities by behavioral healthcare providers [role for peers]*.	
Core and mandated behavioral services across the lifespan should also include: Medication Assisted Treatment* In addition to funding, strategies to encourage more providers will be needed.	DBHDS has included medication assisted treatment as a funding target for the 2018-2020 biennium in its STEP-VA model.
Core and mandated behavioral services across the lifespan should also include: an emergency services/crisis continuum of interventions,* case management [with caseload size standards],* and medically supervised detoxification in a variety of settings.*	This recommendation is a significant long-term initiative that would take at least two bienniums to accomplish. Some work on this recommendation is already underway: • DBHDS implemented new certification standards for emergency evaluators as of July 1, 2016. • DBHDS implemented new required training for emergency evaluators as of July 1, 2016. • DBHDS included targeted case management, detoxification and mobile crisis services as funding targets in upcoming bienniums in its STEP-VA model.
Improve behavioral and physical healthcare by focusing on public clients with high behavioral health and high physical health needs.* Seek opportunities for co locating primary health care in CSB settings through partnerships with other safety net healthcare entities: FQHCs, free clinics, and Medicaid Health Management Organizations.* Support CSBs becoming health homes for persons with SMI and chronic serious co-morbid physical health conditions* Effective models exist around the state involving partnerships between CSBs and FQHCs and free clinics.	This recommendation is a significant long-term initiative that would take at least two bienniums to accomplish. DBHDS has identified primary care integration as funding target for the 2018-2020 biennium in its STEP-VA model.

Adult Behavioral Health Services Recommendations: Target THREE (2020 – 2022)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Rebuild underdeveloped substance use disorder services* including requiring private insurance to have this as a covered benefit, targeting young adults and employment services.	
Move to a more outcome based payment system for community behavioral health providers.*	
Improve behavioral and physical healthcare by using community health workers to conduct outreach.	
Core and mandated behavioral services across the lifespan should include: outpatient counseling/therapies, including psychiatry/medication.*	This recommendation is considered Target 3 because sufficient infrastructure and capacity need to be built through other strategies before it can be successfully implemented. DBHDS has included outpatient services, medication assisted treatment and rehabilitation as funding targets for upcoming bienniums in its STEP-VA model.

Recommendations for Child and Adolescent Behavioral Health Services,* Targets One, Two and Three

**Note: Some of the recommendations below were developed by the Developmental Services Team and placed under the child and adolescent section*

Child and Adolescent Behavioral Health Services Recommendations: Target ONE (2016 – 2018)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
DBHDS should implement the CCBHC or a similar structure across the lifespan in as many areas of the state as possible. *	DBHDS has developed the STEP-VA model based on the federal CCBHC model and on recommendations from the Transformation Teams. DBHDS is working on implementing STEP-VA over the course of the next several bienniums.
Require an MOU between each local school division and the local CSB/BHA that provides a clear and streamlined referral process for children with behavioral health issues and supports school-based services provided by the CSB/BHA. Develop model MOU to provide guidance to local divisions/CSBs.	• Through a legislative study on mental health screening in schools, DBHDS is working with the Department of Education (DOE) to explore screening, as well as the availability of basic behavioral health services in schools, and is due on November 30, 2016. • Project Aware, a SAMHSA grant to Virginia, focuses on wellness and resiliency in education, implementing strategies for early identification and support of children in schools who may have behavioral health problems. DOE is leading the grant implementation. DBHDS, along with a parent and a youth currently serve on the Project AWARE State Management Team.
Design a statewide system of navigation for families to improve family access to services for their children. The navigation system would have the following qualities: • Uniform navigation for families with one-stop access. • State-required uniformity. • There should be statewide funding for family support in all areas of the system. • Paid parent support partner positions should be defined and established. • A billable service (initially may be supported by Medicaid, but should not be limited to Medicaid long-term). • Family members should be on all policy- and decision-making bodies.	• The appropriate steps are being taken to make parent peer support a Medicaid reimbursable service as part of the DMAS work to include peer services as part of the State Medicaid Plan. Some portions of this recommendation will be fulfilled by the peer specialist activities described. • DBHDS is developing regulations and a certification training curriculum to support certification of peers. • Parent support is also a service that is reimbursable through Virginia's Children's Services Act (CSA). • The Virginia Family Network, a program of NAMI Virginia and supported through DBHDS, currently provides training to parents and parent support partners and support families in systems navigation through training, providing resources and referrals, and answering questions.
Virginia should take a coordinated approach and collaborative partnership with each local school division to serve the needs of children and youth. This includes identifying high-risk children and offering programming to build resilience on site in schools with an emphasis on positive school climate. Use existing school structures, such as the multi-tiered systems of supports, to facilitate this process. This model includes: • Universal prevention efforts for all students, • Targeted interventions for at-risk students, and • Intensive interventions/wrap-around services for students with more intensive needs.	• This recommendation is partially addressed through the above referenced legislative study on mental health screening in schools. • This recommendation is partially addressed through the above referenced Project Aware.

Child and Adolescent Behavioral Health Services Recommendations: Target TWO (2018 – 2020)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Key elements for a child crisis system for individuals with developmental disabilities include multi-faceted program that focuses on prevention.	DBHDS is working with the five regions to bring up a consistent child crisis service delivery system that includes the elements recommended by the team.
Key elements for a child crisis system for individuals with developmental disabilities include respite services with appropriate therapeutic supports and services.	DBHDS is working with the five regions to bring up a consistent child crisis service delivery system that includes the elements recommended by the team.
Key elements for a child crisis system for individuals with developmental disabilities include mobile supports.	DBHDS is working with the five regions to bring up a consistent child crisis service delivery system that includes the elements recommended by the team.
Key elements for a child crisis system for individuals with developmental disabilities include cross-system collaboration and linkages.	DBHDS is working with the five regions to bring up a consistent child crisis service delivery system that includes the elements recommended by the team.

Child and Adolescent Behavioral Health Services Recommendations: Target THREE (2020- 2022)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Communities should create local systems of care for children's services that include the core mandated services and other services that meet community needs and improve access for families.* This should be created once a consistent state core mandated set of services is established. This should be accomplished through mandatory training sessions for all CSB staff and other child service delivery partners providing services through public funding. Initial training in this model should be followed by periodic booster training sessions and reviews of this model to ensure consistent compliance with established policy and procedures.	The CCBHC process and STEP-VA offer the opportunity to establish a uniform set of services, increase timely access, and will result in reduced fragmentation and many other quality and accountability improvements.
Functions such as the Part C Early Intervention local lead agency role should be provided by CSBs to increase consistency. This would reduce fragmentation and administrative and contracting costs that currently exist in the system.	
Request the Board of Education (BOE) to consider including minimum staffing requirements for all student support positions in the BOE's Standards of Quality to address the full continuum of children's behavioral health needs. Other school-based services should include: • Parent peer support partners to meet with parents seeking services. • Mental Health First Aid in schools. • School partnerships with local juvenile and domestic relations courts to divert children to behavioral health care programs to address in-school behaviors resulted in criminal charges. • Clinical Case Management (a QMHP in Every School). • Therapeutic Day Treatment for every child who meets criteria. • Specialized treatment services for adolescent substance abuse disorders.	• This recommendation is partially addressed through the above referenced legislative study on mental health screening in schools. • This recommendation is partially addressed through the above referenced Project Aware.
Consider mandating a uniform set of core behavioral health children's services that localities must provide to assure access and consistency across the state. The following are the team's recommended core services:* • Prevention/wellness services. • Crisis Response (including, but broader than, the currently required Emergency Services). • Case Management (not just those covered by Medicaid Targeted Case Management). • In-home Services (high quality professional intensive services regardless of payment source, not just Medicaid).	This is listed as Target 3 not because it is a lower priority, but because it is likely to take more time for full implementation. • Children's in-home is one of the STEP-VA services identified as part of outpatient services. • The CCBHC process is moving the concept of core mandated services forward. The appropriate steps are being taken to make parent peer support a Medicaid reimbursable service. • DBHDS has formed a workgroup to develop a peer certification process.

Child and Adolescent Behavioral Health Services Recommendations: Target THREE (2020- 2022)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
• Child Psychiatry (including face-to-face, telemedicine and consultative approaches). • Parent peer support services.	• Parent support is also a service that is reimbursable through CSA. • Magellan has convened a workgroup to look at the continuum of care at the request of the DMAS. • This workgroup is also preparing a continuum of services that should be available across Virginia. DBHDS, along with private providers, parents and youth serve on the workgroup. The DBHDS recommended uniform comprehensive service array has been used in preparing the Magellan group's recommendations which were presented to the Magellan Governance Board.

Recommendations for Justice Involved Services, Targets One, Two and Three

It should also be noted that the current collaboration among DBHDS, the Center for Behavioral Health and Justice and other agency partners will likely lead to the progression or even fulfillment of some of the below recommendations for the Justice Involved Services Transformation Team.

Justice Involved Services Recommendations: Target ONE (2016 – 2018)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Available and/or standardized services for incarcerated individuals should include: Discharge planning services that: • Include application for resumption of benefits, • Include assistance in locating affordable, safe housing, • Aftercare appointment for mental health services with strong preference for same day access, • "Warm" handoff from jail to community treatment provider.	
Establish a system for the prompt screening, assessment, and identification of justice involved individuals with behavioral health and/or intellectual disability issues in every jail, detention center, and correctional center, including: Standardized screening tools; Staff who administer the screenings/assessment must be adequately trained; Policies/procedures/protocols for how to respond (to include referral to practitioner, safety precautions, etc) if/when an individual is screened to potentially have a behavioral healthcare issue; Systems need to be put in place to assess for veteran status and ensure a prompt referral to the VA service provider agency is made.	• Department of Criminal Justice Services (DCJS) received funding for jail based mental health pilot projects. • DBHDS is collaborating with DCJS on this project and shared the Teams' recommendations with DCJS and the recommendations have been reflected in the eligibility requirements specified in the funding. • Eligibility will include the use of standardized screening tools and DCJS has asked DBHDS to set this standard. • Funded programs will also be required to have standardized protocols for further assessment for those who screen positive on the screening tool.
Develop mechanisms for notification (upon entry to the facility) and ongoing communication between jails/detention centers/correctional centers and CSBs to allow for a seamless transition for justice involved individuals from jail/detention centers/correctional centers back to the community. • There should be a sharing of clinically relevant information between the jails/detention centers/correctional centers, CSBs, hospitals, courts, VA, and other relevant agencies. • Every community should have a re-entry committee that identifies individuals who are soon-to-be released and collaborate with various agencies/resources to develop discharge plans.	• DBHDS was the lead agency on SB342/ HB645 which was designed to improve communication between the Courts and treatment providers/evaluators. The bill passed during the General Assembly session of 2016. • DCJS received funding for jail based mental health pilot projects. DBHDS has been collaborating with DCJS on this project and shared the Teams' recommendations with DCJS and the recommendations clearly were reflected in the eligibility requirements specified in the funding. Eligibility will include the existence of communication protocols between the jails and community providers.

Justice Involved Services Recommendations: Target ONE (2016 – 2018)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Support localities in developing mental health dockets as part of problem solving courts: • Dockets should include MH, SA, and Veterans, • Need to identify ongoing funding to support dockets, • Need funding to purchase services, for housing, and for transportation.	• The 2016 General Assembly considered a number of bills dealing with problem solving courts. While none of the bills passed, the General Assembly included budget language requiring DBHDS to study and make recommendations about problem solving courts. The report will be posted on the DBHDS website by December 1, 2016. • The General Assembly allocated funds to DBHDS to expand Permanent Supportive Housing initiative. • In October 2015 DBHDS was awarded a Justice and Mental Health Collaboration Program (JMHCP) grant from the Bureau of Justice Assistance. With this grant DBHDS will be able to support one or two behavioral health dockets.
Set minimum standards for services for justice involved individuals: • Caveat #1 – Every jail should have at least one staff member whose primary job is to aid in coordinating release planning. General Assembly should fund the creation of these positions. • Caveat #2 – Regardless of who is providing BH services in the jail, each CSB should have at least one staff member whose primary responsibility is coordinating release planning for individuals releasing from jail and needing follow up services from the CSB. General Assembly should fund the creation of these positions.	• DCJS received funding for jail based mental health pilot projects. • DBHDS has been collaborating with DCJS on this project and shared the recommendations from the transformation team with DCJS and the recommendations clearly were reflected in the eligibility requirements specified in the funding. Eligibility will include the existence of collaborative partnerships between the jail and the CSB. Funds can be used to hire staff specifically designated for discharge/reentry planning. It is hoped that these pilot projects can demonstrate the value of such partnerships and that such partnerships will soon become the standard in all communities. • DBHDS was the lead agency in initiating the re-establishment of a Memorandum of Understanding between VADOC, DBHDS, and all 40 CSBs with regard to discharge planning for individuals with mental health issues who are being released from VADOC facilities. All 40 CSBs signed the MOU which went into effect 4/1/16.

Justice Involved Services Recommendations: Target TWO (2018 – 2020)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Establish CIT and CIT Assessment Sites within reach of every Virginia jurisdiction. The Crisis Intervention Team (CIT) program is a first-responder model of police-based crisis intervention training to help divert persons with behavioral health disorders to treatment rather than the criminal justice system. Assessment sites serve as a therapeutic alternative to incarceration, designed so an officer can take a person in crisis to treatment and quickly return to regular law enforcement duties.	• DBHDS continues to fund and provide technical assistance for CIT and CIT Assessment Sites. DBHDS has two FTEs devoted specifically to CIT/ CIT Assessment Sites. • DBHDS provided one-time funding to five programs to help stimulate the development of CIT in their communities. In April 2016 DBHDS issued a RFA to fund additional CIT assessment sites. • With existing funding, some CIT assessment sites have initiated a transportation program whereby an individual who is the subject of a TDO can be taken to the receiving facility by the CIT Assessment Site security staff rather than having the police officer/sheriff deputy return to make the transport. • DBHDS has shared this model with other programs.
Police would like a drop-off center where they could bring individuals experiencing a mental health crisis who can be diverted from jail and then not have to return later, regardless of outcome.	• This recommendation is partially addressed with transportation program referenced in the recommendation above.
Crisis Stabilization Programs should be integrated into the emergency response network and should be expanded to include possible admission of individuals destined for incarceration.	

Justice Involved Services Recommendations: Target TWO (2018 – 2020)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Available and/or standardized services for incarcerated individuals should include: Sufficient availability (either live or via tele-psychiatry) of psychiatrist, psychiatric nurse practitioner, or psychiatric physician assistant to meet both the acute and chronic behavioral health needs of the individuals within the facility. • For those experiencing acute issues – access should be no less frequent than once per month. • For those experiencing chronic issues (whose mental status is at baseline) access should be no less than once every three months.	
A follow-up appointment with a psychiatrist should be scheduled prior to justice- involved individuals' release from jail/ detention centers/ correctional centers.	• The Governor's introduced budget included $2.5 million in FY 2017 and FY 2018 for pilot jail based behavioral health demonstration projects. The GA approved $1 million in FY 2017 and $2.5 million in FY 2018. • DBHDS is collaborating with DCJS on the pilot projects for jail based behavioral health demonstrations. The eligibility requirements include strong cross agency collaboration and funds can be used for a variety of projects, including to improve the array of medications accessible to individuals in jail and/or to provide for a supply of medications upon release from the jail. A Request for Proposals was issued in 2016. DBHDS anticipates participating in the selection process for pilot projects and providing technical assistance as needed.
Standards should be set requiring jails/detention centers/correctional centers to have a certain percent of their staff who have received advanced training in behavioral health and intellectual and developmental disabilities issues (ID/DD) (to include identifying individuals with mental health ID/DD issues, and responding to individuals in crisis. • Topics to include, but not limited to: Trauma-informed care, Crisis Intervention Training (CIT) for Corrections, Mental Health First Aid, positive behavioral supports, etc. • Incentivize compliance.	• While definitive standards have not yet been established, many jails continue to seek advanced behavioral health training for their officers. • In April 2016 the Virginia Department of Corrections (DOC) held its first Crisis Intervention Team (CIT) training and intends to train officers throughout the DOC system in CIT. • Many local/regional jails continue to seek CIT training or Mental Health First Aid training for their officers. • DBHDS along with DCJS are the state agency leads on the CIT initiative.
Allow judges to order pre-trial mental health evaluations to aid judges in making bail/bond determinations. The team recognized this would require a Code change and funding for evaluations, and there is need to determine who is qualified to perform these evaluations.	
Law enforcement agencies should include guidance on making determination to arrest vs. divert to mental health care in their written policies and procedures.	
Available and/or standardized services for incarcerated individuals should include: Mechanisms/policies/ practices/resources to refer those who score (+) on behavioral health screen or suicide screen to a trained mental health professional for an in-depth assessment and when indicated develop of a treatment plan to address the needs.	
Available and/or standardized services for incarcerated individuals should include: Admission Behavioral Health Assessment (by qualified/trained staff) conducted within a maximum of 72 hours post screening with indication of potential behavioral health issues: • Assessment should identify behavioral health treatment needs. • Assessment of feasibility for diversion. • Assessment of needs to decrease risk of re-offense. • For those identified as being SMI, prompt notification of the CSB as likely these individuals will require significant post-release services. • For those identified as being at risk to self or others or at risk of	

Justice Involved Services Recommendations: Target TWO (2018 – 2020)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
harm to self due to inability to care for self, CSB should be immediately contacted to evaluate for need for inpatient care pursuant to §19.2-169.6.	
Available and/or standardized services for incarcerated individuals should include: Psychiatric Assessment by psychiatrist or psychiatric nurse practitioner or psychiatric physician assistant within five days of the Admission Behavioral Health Assessment.	
Available and/or standardized services for incarcerated individuals should include: Best practices including access to trained forensic peers and/or WRAP facilitators.	

Justice Involved Services Recommendations: Target THREE (2020 – 2022)	
Transformation Team Recommendation	**DBHDS or Other Actions Taken**
Available and/or standardized services for incarcerated individuals should include: Access to jail environment which supports psychiatric/ behavioral stability: • Non-lockdown environment for those who don't require isolation, • Access to structured activities, • Ability to interact with staff and peers, • Environment, which to the degree possible, does not re-traumatize individual.	
Develop a mechanism/policy/practice to ensure justice involved individuals can either receive the medications they were receiving prior to incarceration/detention and/or a mechanism for prompt psychiatric assessment with resulting prescription for medications (when needed). Justice involved individuals should receive a standard supply or medications (or a prescription to receive the medications) upon release from incarceration/ detention.	• The GA approved $1 million in FY 2017 and $2.5 million in FY 2018 for pilot jail based behavioral health demonstration projects. • This recommendation is partially addressed through the pilot project for jail-based behavioral health demonstrations mentioned above.
Establish a continuity of medical insurance coverage during incarceration to allow for better transition back to community upon release (i.e., immediate coverage of medications upon release as well as offset the cost of treatment in jail). The team recommended for Virginia to investigate the feasibility of having a single state contract for psychiatric medications for justice involved individuals (which local jails, regional jails, detention centers, correctional centers, and CSBs could access).	• DBHDS issued a Request for Proposals in April 2015 to local and regional jails offering funding to help expand the provision of tele-psychiatry services. DBHDS funded one proposal which was received. • This recommendation is also partially addressed through the pilot project for jail-based services mentioned above. DBHDS has been collaborating with DCJS on this project and shared the recommendations which were reflected in the eligibility requirements specified in the funding. Eligibility will include the use of Best/Evidence Based practices within the jail. It is hoped that through these pilots Virginia can begin to elevate the minimum expectations regarding behavioral healthcare services. DBHDS will offer technical assistance to the selected pilot projects to ensure programs are trauma informed, use best practices, and preferably include forensic peers.

Conclusion

A six-year implementation schedule for the DBHDS transformation team recommendations was developed for the 2016 – 2022 Comprehensive State Plan in an effort to make the plan more relevant and less redundant given recent requirements for General Assembly reporting.

Overall, the DBHDS transformation teams developed 92 recommendations and strategies for system improvement to help address the needs of individuals with mental illness, substance-use disorders and developmental disabilities. The transformation team effort was an intensive, stakeholder-driven process involving 83 representatives from over 50 stakeholder organizations. The recommendations were developed alongside representatives from community services boards, state hospitals and training centers, individuals receiving services, families of individuals receiving services, advocacy organizations. In addition, the process included multiple opportunities for comment and feedback from other interested parties and the general public.

Many of the recommendations from the transformation teams have been implemented or are in the process of being implemented. The six-year recommendation timeline created for the comprehensive state plan is based on priority, service capacity and funding availability. While progress can be made on some recommendations administratively or through engaging with system partners, many recommendations require additional funding for full implementation. As a result, DBHDS understands there may be a shift in the timeline to make it feasible to act on the transformation recommendations. DBHDS currently plans to incorporate the six-year implementation plan into its strategic plans so that they can be considered among other critical budget priorities.

The transformation team process informed and accelerated several key initiatives now underway in the behavioral health and developmental services system. This year's state comprehensive plan describes these key initiatives for developmental services, including the DOJ settlement agreement and waiver redesign, and a key initiative for behavioral health, STEP-VA. Consistent with comprehensive state plan requirements, this year's plan includes the assessments of the needs of the individuals served and resource requirements that were identified to support these key initiatives. DBHDS believes the advancement of these initiatives will make a great number of the transformation team recommendations achievable. Importantly, these efforts only represent a portion of the work being done at DBHDS to improve services and quality of life for the individuals the system serves.

DBHDS will continue to engage stakeholder participation and build partnerships throughout implementation efforts to create a behavioral health and developmental services system that emphasizes accessibility, quality, consistency, and accountability. These efforts will strengthen Virginia's behavioral health and developmental disability system so it will be capable of incorporating the transformational services Virginians need and deserve.

Appendices

Transformation Team Membership

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