



COMMONWEALTH of VIRGINIA

ALISON G. LAND, FACHE
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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December 1, 2020

Governor Ralph S. Northam
Patrick Henry Building
111 E Broad Street
Richmond, VA 23219

Dear Governor Northam:

Item 310.J of the 2020 Appropriation Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to submit an annual report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees of the General Assembly by December 1 each year for the preceding fiscal year.

J. The Department of Behavioral Health and Developmental Services shall submit a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than December 1 of each year for the preceding fiscal year that provides information on the operation of Virginia's publicly funded behavioral health and developmental services system. The report shall include a brief narrative and data on the numbers of individuals receiving state facility services or CSB services, including purchased inpatient psychiatric services, the types and amounts of services received by these individuals, and CSB and state facility service capacities, staffing, revenues, and expenditures. The annual report also shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year.

Subsection 12 of § 37.2-304 of the Code of Virginia establishes the annual report requirement in state statute. The section lists the duties and powers of the DBHDS commissioner.

12. To submit a report for the preceding fiscal year by December 1 of each year to the Governor and the Chairmen of the House Appropriations and Senate Finances Committees that provides information on the operation of Virginia's publicly funded behavioral health and developmental services system. The report shall include a brief narrative and data on the number of individuals receiving state facility services or community services board services, including purchased inpatient psychiatric services; the types and amounts of services received by these individuals; and state facility and community services board service capacities, staffing, revenues, and expenditures. The annual report shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year.

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In accordance with these requirements, please find enclosed the fiscal year 2020 DBHDS annual report. Staff are available should you wish to discuss this request.

Sincerely,

Alison G. Land, FACHE
Commissioner
Department of Behavioral Health & Developmental Services

CC:
Vanessa Walker Harris, MD
Susan Massart
Mike Tweed



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December 1, 2020

The Honorable Janet D. Howell, Chair
Senate Finance Committee
14th Floor, Pocahontas Building
900 East Main Street
Richmond, VA 23219

Dear Senator Howell:

Item 310.J of the 2020 Appropriation Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to submit an annual report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees of the General Assembly by December 1 each year for the preceding fiscal year.

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December 1, 2020

The Honorable Luke E. Torian, Chair
House Appropriations Committee
13th Floor, Pocahontas Building
900 East Main Street
Richmond, VA 23219

Dear Delegate Torian:

Item 310.J of the 2020 Appropriation Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to submit an annual report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees of the General Assembly by December 1 each year for the preceding fiscal year.

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Fiscal Year 2020 Annual Report (Item 310.J)

December 1, 2020

DBHDS Vision: A Life of Possibilities for All Virginians

DBHDS Fiscal Year 2020 Annual Report

Preface

Item 310.J of the 2020 Appropriation Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to submit an annual report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees of the General Assembly by December 1 each year for the preceding fiscal year.

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Executive Summary

Virginia's Public Behavioral Health and Developmental Services System

Virginia's public behavioral health and developmental services system provides services to individuals with mental illness, developmental disabilities, or substance use disorders through state-operated state hospitals and centers, and 39 community services boards and one behavioral health authority, hereafter referred to as CSBs.

CSBs function as the single points of entry into publicly funded behavioral health and developmental services, including access to state facility services through preadmission screening, case management and coordination of services, and discharge planning for individuals leaving state facilities. While not part of the Department of Behavioral Health and Developmental Services (DBHDS), locally-operated CSBs are key partners. CSBs provide services directly and through contracts with private providers, which are vital to delivering behavioral health and developmental services. Virginia's 133 cities or counties established CSBs pursuant to Chapter 5 or 6 of Title 37.2 of the Code of Virginia. DBHDS negotiates a performance contract with each CSB for the provision of services, provides state funds, monitors, licenses, regulates, and provides leadership, guidance, and direction to CSBs.

DBHDS operates 12 state hospitals and centers, as follows:

- **State Hospitals** – DBHDS operates eight state hospitals for adults: Catawba Hospital (CH) in Salem, Central State Hospital (CSH) in Petersburg, Eastern State Hospital (ESH) in Williamsburg, Northern Virginia Mental Health Institute (NVMHI) in Falls Church, Piedmont Geriatric Hospital (PGH) in Burkeville, Southern Virginia Mental Health Institute (SVMHI) in Danville, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, and Western State Hospital (WSH) in Staunton. The Commonwealth Center for Children and Adolescents (CCCA) in Staunton is the only state hospital for children with serious emotional disturbance. State hospitals provide highly structured and intensive inpatient services, including psychiatric, nursing, psychological, psychosocial rehabilitation, support, and specialized programs for older adults, children and adolescents, and individuals with a forensic status.
- **State Centers** – DBHDS provides rehabilitation services at the Virginia Center for Behavioral Rehabilitation (VCBR) in Burkeville for persons determined to be sexually violent predators. DBHDS provides medical services at the Hiram Davis Medical Center (HDMC) in Petersburg for individuals in state hospitals or other centers. Training centers provide highly structured habilitation services, including residential care and training in areas such as language, self-care, socialization, and motor development. Use of training centers has been declining for many years; this trend and the U.S. Department of Justice (DOJ) Settlement Agreement led to the decision in 2012 to close four Virginia training centers by 2020. This decision was accomplished in April 2020 when the last Central Virginia Training Center (CVTC) resident discharged to a new home. DBHDS previously closed Southwestern Virginia Training Center (SWVTC), Southside Virginia Training Center (SVTC), and Northern Virginia Training Center (NVTC). DBHDS will continue to operate Southeastern Virginia Training Center (SEVTC) in Chesapeake.

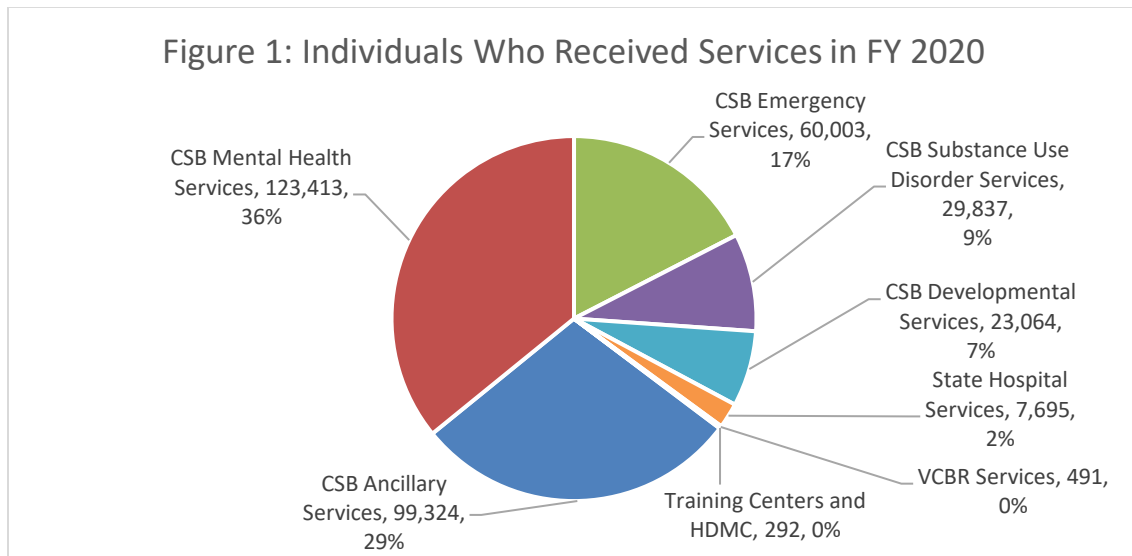
The DBHDS central office provides leadership that promotes partnerships among CSBs and state hospitals and centers with other agencies and providers. The central office supports the provision of accessible and effective services and supports by CSBs and other providers, directs the delivery of services in state hospitals and centers, protects the human rights of individuals receiving services, and assures that public and private providers adhere to licensing regulations.

In FY 2020, a total of 215,047 unduplicated individuals received services in the public behavioral health and developmental services system: 214,066 received services from CSBs, 7,870 received services in state hospitals and centers, and many received services from both.

The following report provides detailed information on people who received services throughout FY 2020 from CSBs or from state hospitals or centers. The report includes services capabilities, amounts of services and staffing capabilities of CSBs and state hospitals and centers, as well as information on funds received and expenditures by CSBs and DBHDS. Finally, the report provides new major initiatives and key accomplishments at DBHDS during FY 2020.

Individuals Who Received CSB or State Facility Services

Figure 1, below, depicts the numbers of individuals who received services from CSBs or state hospitals and centers and the respective percentages. Ancillary services are motivational treatment, consumer monitoring, early intervention, and assessment and evaluation.



Notes: 1) The DBHDS data warehouse identifies uniquely each individual who receives services. These are unduplicated: If someone received services at more than one CSB or at CSBs and state facilities, the individual is counted once. 2) Individuals in Figure 1 total more than the unduplicated number of 215,047 individuals because many received services in multiple areas.

Figure 2, below, shows the numbers of individuals who received services in each core service from CSBs or state facilities. It displays numbers for emergency and ancillary services and for the mental health (MH), developmental (DV), and substance use disorder (SUD) services program areas, and the total numbers of individuals receiving a core service across the three

program areas. Core Services Taxonomy 7.3 defines core services (found on the DBHDS website at www.dbhds.virginia.gov in the Office of Management Services section).

Figure 2: Individuals Who Received CSB or State Facility Services in FY 2020				
Total Emergency Services	54,980	Community Consumer Submission 3 (CCS 3) does not include data on individuals in consumer-run services, so other tables do not include them. CARS collects a count of participants; in this FY, 7,516 individuals participated in these services.		
Motivational Treatment Services	3,220			
Consumer Monitoring Services	17,945			
Early Intervention Services	1,831			
Assessment and Evaluation Services	86,763			
Total Ancillary Services¹	99,172			
Services Available in Program Areas¹	MH	DV	SUD	Total²
Training Center ICF/ID Services		116		116
State Hospital ICF/Geriatric Services	602			602
CSB MH or SUD Inpatient Services (LIPOS)	1,413		74	1,486
CSB SUD Inpatient Medical Detox Services			458	458
State Hospital Acute Psychiatric Inpatient Services	4,642			4,642
State Hospital Extended Rehabilitation Services	2,083			2,083
State Hospital Forensic Services	1,148			1,148
HDMC ³				118
VCBR ³				484
Total CSB Inpatient Services¹	1,413		532	1,945
Total State Facility Inpatient Services¹	7,762	116		7,870
Outpatient Services	57,336	135	20,732	74,722
Medical Services	77,876	178	2,450	79,940
Intensive Outpatient Services			3,531	3,531
Medication Assisted Treatment			4,085	4,085
Assertive Community Treatment	2,737			2,737
Total Outpatient Services¹	106,442	311	24,798	122,114
Total Case Management Services	62,873	21,206	9,124	91,054
Day Treatment or Partial Hospitalization	4,192		673	4,862
Ambulatory Crisis Stabilization Services	2,102	749	0	2,834
Rehabilitation or Habilitation	3,696	2,676	0	6,360
Total Day Support Services¹	9,714	3,395	673	13,672
Sheltered Employment	18	465		481
Individual Supported Employment	1,338	1,080	35	2,449
Group Supported Employment	10	593		603
Total Employment Services¹	1,366	2,030	35	3,423
Highly Intensive Residential Services	41	262	2,111	2,414
Residential Crisis Stabilization Services	4,030	248	12	4,270
Intensive Residential Services	286	615	1,778	2,678
Supervised Residential Services	1,083	544	661	2,286
Supportive Residential Services	3,589	863	121	4,568
Total Residential Services¹	8,577	2,484	3,437	14,079

¹ Numbers in **Total Services** rows are unduplicated for the preceding services in each column.

² Figures in this column are unduplicated numbers of individuals across program areas.

³ HDMC and VCBR are not state hospitals; number of individuals are shown in the total column.

Figures in the preceding table include:

- 1,486 individuals who received acute, short term behavioral health psychiatric inpatient services through local inpatient purchase of services (LIPOS) contracts CSBs have with

private hospitals in their communities. If these services had not been available, most if not all of these individuals would have required inpatient treatment in state hospitals, significantly increasing the demand for state hospital beds, especially in admissions units, beyond the beds now available.

- 14,581 individuals who received Medicaid Developmental Disability Home and Community-Based Waiver services, many of whom received some or all of their services from CSBs. All individuals who received these Waiver services received targeted case management services from CSBs. They are included in the 21,206 individuals who received CSB developmental case management services.
- 118 individuals who received training center services during the fiscal year. The training center census has been declining for over 20 years. Figure 3 below shows the census since 2000, on the last day of FY 2020, and the percent decrease during this time.

Figure 3: Decline in Training Center Census									
Training Center	Before DOJ SA		2012	2014	2016	2018	2019	June 30, 2020	Decrease 2000 to 6/30/2020
	2000	2010							
SVTC	465	267	201	0	0	0	0	0	100%
NVTC	189	170	153	106	0	0	0	0	100%
SWVTC	218	192	173	144	97	16	0	0	100%
CVTC	679	426	350	288	191	86	45	0	100%
SEVTC	194	143	106	75	65	72	71	78	60%
Totals	1,745	1,198	983	613	353	174	116	78	96%

CCS 3 is the software application that transmits data about individuals and services from CSB information systems or electronic health records to DBHDS. CCS 3 provided data about the clinical and demographic characteristics, diagnoses, and employment status of individuals who received services from CSBs and the types of residences they lived in. The following pages contain examples of these data.

Figure 4, below, shows the ages of people served by CSBs in FY 2020.

Figure 4: Ages of Individuals Who Received Services From CSBs in FY 2020					
Ages	MH Services	DV Services	SUD Services	Emergency	Ancillary
0 – 12	14,896	2,042	12	2,286	9,876
13 – 17	17,060	1,496	457	6,018	12,436
18 – 64	86,081	18,372	27,652	42,193	73,099
65+	8,038	1,639	667	4,452	3,753
Unknown	4	-	1	31	8
Total	126,079	23,549	28,789	54,980	99,172

Figure 6, below, contains data about the gender of individuals who received CSB services.

Figure 6: Gender of Individuals Who Received CSB Services in FY 2020				
Female	98,873	Unknown	221	Total Unduplicated Individuals Receiving CSB Services: 214,066
Male	114,972	Not Collected	0	

Figure 5, below, contains data about the races of individuals who received CSB services.

Race	Total	Race	Total
Alaska Native	65	American Indian or Alaska Native & White	266
American Indian	355	Asian and White	548
Asian or Pacific Islander	0	Black or African American and White	5,030
Black or African American	58,702	American Indian or Alaska Native & Black	172
White	124,040	Other Multi-Race	3,327
Other	11,133	Unknown	6,491
Asian	3,764	Not Collected	0
Native Hawaiian or Other Pacific Islander	173	Total Unduplicated Individuals (who received any valid CSB services)	214,066

Figure 7, below, contains data about CSB services for adults who have serious mental illness (SMI) or children and adolescents who have or are at risk of serious emotional disturbance (SED). Core Services Taxonomy 7.3 defines these conditions.

Adults 18-64 with SMI	57,432	Total Unduplicated Adults 18-64	86,081
Adults 65+ with SMI	6,147	Total Unduplicated Adults 65+	8,038
Children with or At-Risk of SED	26,385	Total Unduplicated Children	31,956

Figure 8 contains data about individuals with autism spectrum disorder (ASD) served by CSBs.

Program Area	All Services	MH Services	DV Services
Individuals With ASD	13,939	6,712	6,340

Figure 9 contains employment data about adults (18+ years old) who received CSB services.

Employment Status	MH	DV	SUD	Emergency	Ancillary	Undupl. ¹
<i>Total Adults (18+) Who Received Services</i>	94,119	20,011	28,319	46,645	76,852	16,8710
Employed Full Time (35+ hr./wk.)	10,836	243	6,536	4,487	11,828	20,872
Employed Part Time (<35 hr./wk.)	9,491	1,616	3,255	3020	7,572	15,326
In Supported Employment	514	1,351	40	88	461	1,687
In Sheltered Employment	221	580	30	46	186	680
Total Adults Employed	21,062	3,790	9,861	7,641	20,047	38,565
Unemployed	18,355	1,553	9,103	7,774	17,480	30,556
Not In Labor Force: Homemaker	1,347	20	337	421	860	1,882
Not In Labor Force: Student/Job Training	6,114	2,779	554	2,305	5,143	11,727
Not In Labor Force: Retired	2,165	220	274	1,322	1,354	3,687
Not In Labor Force: Disabled	27,245	6,752	3,035	7,164	12,380	36,426
Not In Labor Force: Institution or inmate	5,316	1,474	1,273	5,340	5,611	11,967
Not In Labor Force: Other	8,960	29,61	2,572	3,464	6,486	14,935
Unknown	1,679	138	827	2,214	2,008	4,776
Not Collected	1,876	324	483	9,000	5,483	14,189
Total Adults Unemployed	73,057	16,221	18,458	39,004	56,805	13,0145

¹ Figures in this column are smaller than the totals of the numbers in the preceding columns for each row because some individuals received services in more than one program area.

Figure 10, below, shows the total unduplicated number of individuals with military status who received CSB mental health, developmental disability or substance use disorder services.

Figure 10: Military Individuals Receiving CSB Services in FY 2020	
Designation	Individuals
Armed Forces on Active Duty	306
Armed Forces Reserve	142
National Guard	144
Armed Forces or National Guard Retired	520
Armed Forces or National Guard Discharged	2,577
Armed Forces or National Guard Dependent Family Member	1,762
Not Applicable	147,677
Unknown	1,650
Not Collected	9,947
Total Unduplicated Military Individuals Receiving CSB Services	160,444

Figure 11 displays unduplicated numbers of individuals who received services in DBHDS-funded initiatives identified with consumer designation codes, defined in Core Services Taxonomy 7.3.

Figure 11: Individuals Who Received Services in Specialized Initiatives in FY 2020		
Code	Consumer Designation	Individuals
905	Mental Health Mandatory Outpatient Treatment (MOT) Orders	281
910	Discharge Assistance Program (DAP)	1,628
915	Mental Health Child and Adolescent Services Initiative	2,364
916	Mental Health Services for Children in Juvenile Detention Centers	2,231
918	Program of Assertive Community Treatment (PACT)	2,561
919	Projects for Assistance in Transition from Homelessness (PATH)	1,800
920	Medicaid Developmental Disability (DD) Waiver Services	15,067
923	Developmental Enhanced Case Management (ECM) Services	7,071
933	Substance Use Disorder Medication Assisted Treatment (MAT)	2,646
934	Project Remote	14
935	Substance Use Disorder Recovery Support Services	963
936	Project LINK	776

Figure 12 contains insurance data about numbers of individuals who received CSB services.

Figure 12: Individuals Enrolled in Medicaid or Uninsured Served by CSBs in FY 2020¹					
Services:	MH Services	DV Services	SUD Services	Emergency	Ancillary
<i>Total Individuals</i>	126,079	23,549	28,789	54,980	99,172
On Medicaid	95,532	22,057	18,872	30,170	62,791
Other Insurance	18,190	915	3,641	7,558	14,533
Uninsured	12,328	571	6271	17,228	21,772

¹ Insurance status for a small number of the total individuals was unknown.

Service Capacities of CSBs and State Facilities

Figure 13 displays full time equivalent (FTE), bed, or slot service capacities for each core service. Core Services Taxonomy 7.3 defines service capacities.

Figure 13: Service Capacities of CSBs and State Hospitals and Centers¹ in FY 2020			
Emergency Services	668	Early Intervention Services	20
Motivational Treatment Services	19	Assessment and Evaluation	301
Consumer Monitoring Services	113	Total Ancillary Services	454
Services in Program Areas	MH	DV	SUD
Training Center ICF/ID Services		85 Beds	
State Hospital ICF/Geriatric Services	20 Beds		
CSB MH or SUD Inpatient Services	42 Beds		1 Bed
CSB SUD Inpatient Medical Detox			13 Beds
State Hospital Acute Inpatient	466 Beds		
State Hospital Extended Rehab	301 Beds		
State Hospital Forensic Services	324 Beds		
HDMC ²			
VCBR ³	484 Beds		
Total CSB Inpatient Services	42 Beds		14 Beds
Total State Facility Inpatient Services	7,780 Beds	7,780 Beds	
Outpatient Services	566 FTEs	3 FTEs	277 FTEs
Medical Services	341 FTEs	4 FTEs	12 FTEs
Intensive Outpatient Services			99 FTEs
Medication Assisted Treatment			102 FTEs
Assertive Community Treatment	316 FTEs		
Total Outpatient Services	1,222 FTEs	7 FTEs	490 FTEs
Case Management Services	1,250 FTEs	682 FTEs	123 FTEs
Day Treatment/ Partial Hospitalization	2,352 Slots		53 Slots
Ambulatory Crisis Stabilization	114 Slots	29 Slots	
Rehabilitation/Habilitation	2,029 Slots	2,153 Slots	
Total Day Support Services	4,495 Slots	2,182 Slots	58 Slots
Sheltered Employment	11 Slots	380 Slots	
Group Supported Employment	7 Slots	467 Slots	
Total Employment Slots	18 Slots	847 Slots	
Individual Supported Employment	25 FTEs	56 FTEs	1 FTEs
Highly Intensive Residential Services	22 Beds	268 Beds	82 Beds
Residential Crisis Stabilization	172 Beds	31 Beds	15 Beds
Intensive Residential Services	219 Beds	610 Beds	10, 279 Beds
Supervised Residential Services	899 Beds	469 Beds	128 Beds
Total Residential Beds	1,312 Beds	1,378 Beds	10,504 Beds
Supportive Residential Services	241 FTEs	181 FTEs	4 FTEs
Prevention Services	16 FTEs	20 FTEs	158 FTEs

¹ Source: State facility operational capacities in 7/01/2020 weekly census report.

² HDMC is a medical center and not a state hospital. It is listed in the chart in the DV column.

³ VCBR is not a state hospital but it is listed in the chart in the MH column.

Amounts of Services Provided by CSBs and State Facilities

Figure 14 displays amounts of service hours, bed days, day support hours, and days of service provided in core services. Core Services Taxonomy 7.3 defines service units.

Figure 14: Amounts of Services Provided by CSBs and State Hospitals and Centers in FY 2020			
Emergency Service Hours	346,121	Early Intervention Services	14,742
Motivational Treatment Services	26,113	Assessment and Evaluation Services	323,324
Consumer Monitoring Services	107,169	Total Ancillary Service Hours	471,348
Services in Program Areas	MH	DV	SUD
Training Center ICF/ID Services		33,629	
State Hospital ICF/Geriatric Services	73065		
CSB MH or SUD Inpatient Services	9,779		419
CSB SUD Inpatient Medical Detox			3,971
State Hospital Acute Inpatient Services	155982		
State Hospital Extended Rehabilitation	165237		
State Hospital Forensic Services	100546		
HDMC ¹		18561	
VCBR ²	148319		
Total CSB Inpatient Bed Days	9,779		4,390
Total State Facility Bed Days	662174	33629	
Outpatient Services	53,1254	1,348	296,610
Medical Services	322,891	6,105	5,593
Intensive Outpatient Services			161,812
Medication Assisted Treatment			100,437
Assertive Community Treatment	287,173		
Total Outpatient Service Hours	1,141,318	7,453	564,451
Case Management Service Hours	1,045,912	611,923	88,472
Day Treatment or Partial Hospitalization	1,059,291		27,973
Ambulatory Crisis Stabilization Services	77,186	23,202	
Rehabilitation or Habilitation	1,539,893	2,210,165	
Total Day Support Service Hours	2,676,370	2,233,367	27,973
Sheltered Employment	1,926	31,795	
Group Supported Employment	983	77,207	
Total Employment Days of Service	2,909	109,002	
Supported Employment Service Hours	23,443	41,800	571
Highly Intensive Residential Services	6,128	91,694	24,093
Residential Crisis Stabilization Services	39,500	9,371	84
Intensive Residential Services	76,263	202,899	70,159
Supervised Residential Services	273,185	159,483	34,836
Total Residential Bed Days	395,076	463,447	129,172
Supportive Residential Services Hours	233,332	267,329	1,920
Prevention Service Hours	52,964	1,652	181,972

¹ HDMC is a medical center and not a state hospital. It is listed in the chart in the DV column.

² VCBR is not a state hospital but it is listed in the chart in the MH column.

Staffing of CSBs and DBHDS

Figure 15 contains staffing data about CSBs, state facilities, and the DBHDS central office, expressed as numbers of full time equivalents (FTEs).

Figure 15: FY 2020 CSB, State Hospital and Center, and DBHDS Central Office Staffing (FTEs)	Direct Care Staff	Peer Staff	Support Staff	Total Staff
State Staff				
DBHDS Central Office (CO)	24	0	523	547
State Hospitals	2,715	5	1,286	3,906
Training Centers	225	0	86	311
HDMC	134	0	24	158
VCBR	432	0	103	535
Total State Hospital and Center and CO	3,530	5	2,022	5,457
CSB Staff				
CSB Mental Health Services	4,532	130	838	5,500
CSB Developmental Services	3,594	2	507	4,102
CSB Substance Use Disorder Service	1,105	107	338	1,549
CSB Emergency & Ancillary Service	994	35	173	1,202
CSB Administration	0	0	1,462	1,462
Total CSB	10,225	274	3,317	13,814
Totals				
Total State and CSB FTEs	13,755	279	5,339	19,271

Notes: A full-time equivalent is not the same as a position; a 20-hour/week part-time position is one position but ½ FTE. FTEs are a more accurate indicator of available personnel resources. Peer staff receive or have received services and are employed as peers to deliver services. Only FTEs in programs CSBs directly operate are included; contract agencies are not represented.

Funds Received by CSBs and DBHDS

Figure 16, below, displays funds received for CSBs, state facilities, and the central office by type and the respective percentages. Fees include Medicaid payments, which consist of federal and state funds. Figures 16 and 17, below, do not include direct Medicaid payments to private providers or Part C funds. DBHDS submits a report on Part C services to the General Assembly.

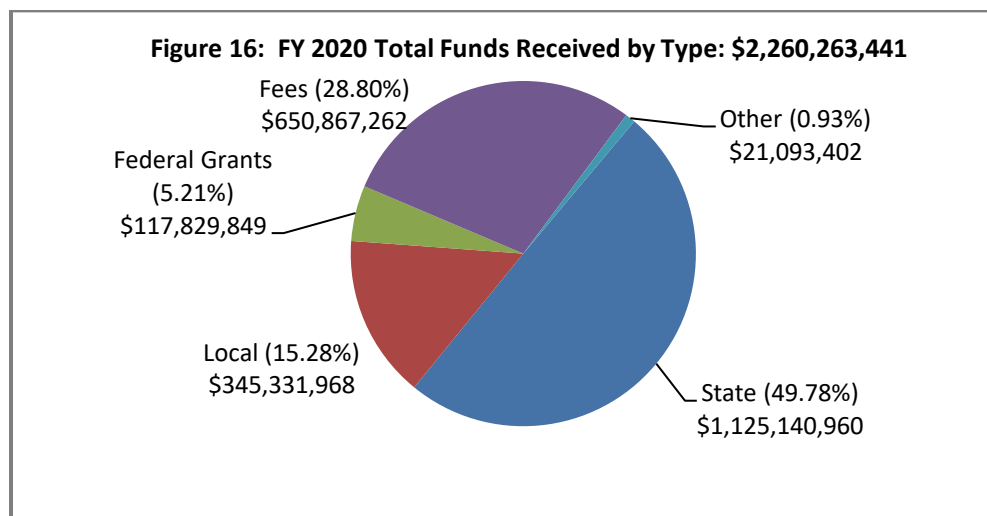
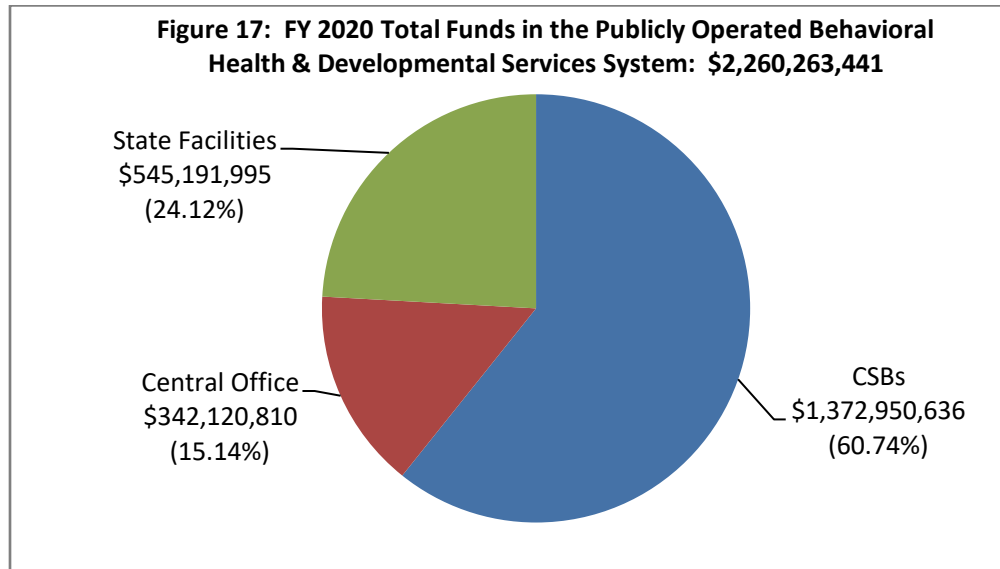


Figure 17, below, depicts funds in the publicly operated behavioral health and developmental services system for CSBs, state facilities, and the central office and the respective percentages.



CSBs reported receiving more than \$1.37 billion from all sources to provide community-based services for 214,066 individuals in FY 2020; Figure 18, below, displays the specific amounts. Local funds include local government appropriations, charitable donations, and in-kind contributions. The 133 cities or counties that established the 40 CSBs provide the overwhelming share of local funds. Fees include Medicaid, Medicare, and private insurance payments and individual payments. Other funds include workshop sales, retained earnings, and one-time funds.

Figure 18: FY 2020 CSB Funds Received by Program Area

Funding Source	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Funds	Percent of Total
State Funds	\$304,733,306	\$47,025,503	\$62,327,931	\$414,086,740	30.16%
Local Funds	\$174,093,400	\$122,260,112	\$48,978,456	\$345,331,968	25.15%
Medicaid Fees	\$192,287,492	\$227,738,663	\$23,741,046	\$443,767,201	32.33%
Other Fees	\$43,679,538	\$13,397,549	\$4,978,242	\$62,055,329	4.52%
Federal Funds	\$20,039,572	\$645,904	\$66,964,468	\$87,649,944	6.38%
Other Funds	\$12,487,293	\$3,524,080	\$4,048,081	\$20,059,454	1.46%
Total Funds	\$747,320,601	\$414,591,811	\$211,038,224	\$1,372,950,636	100.00%
Percent of Total	54.43%	30.20%	15.37%	100.00%	

State facilities received \$551 million from all sources to provide facility-based services for 8,116 individuals; Figure 19, below, displays specific amounts of funds.

Figure 19: FY 2020 State Hospital and Center Funds Received by Type of State Hospitals and Centers¹

Funding Source	State Hospitals	Other State Facilities ²	Training Centers	Total Revenues	Percent of Total
State General Funds	\$310,372,262	\$40,681,843	\$27,387,637	\$378,441,742	68.67%
Federal Funds	\$75,500	\$0	\$15,000	\$90,500	0.02%
Medicaid	\$31,843,547	\$17,897,630	\$96,694,571	\$146,435,748	26.57%
Medicare	\$12,072,952	\$379,062	\$969,891	\$13,422,251	2.44%
Commercial Insurance	\$4,358,767	\$87	\$750	\$4,359,604	0.79%
Private Payments	\$2,721,969	\$136,191	\$608,439	\$3,466,599	0.63%
Other Revenues	\$2,399,053	\$268,367	\$2,184,637	\$4,852,057	0.88%
Total Revenues	\$363,844,050	\$59,363,526	\$127,860,925	\$551,068,501	100.00%
Percent of Total	66.03%	10.77%	23.20%	100.00%	

¹ This table does not include total funds of \$107,883,120 for the DBHDS central office: \$66,035,706 of state general funds, \$14,605,309 of special funds, and \$27,242,105 of federal funds.

² Other State Facilities are HDMC and VCBR.

Expenditures by CSBs and DBHDS

Figures 20 and 21, below, display expenditures reported by CSBs, state hospitals and centers, and the DBHDS central office.

Figure 20: FY 2020 CSB Expenditures by Program Area

	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Expenditures ¹
CSB Services	\$688,990,507	\$401,243,500	\$188,923,674	\$1,279,157,681
Percent of Total	53.86%	31.37%	14.77%	100.00%

¹ This figure includes \$166,108,038 for CSB administrative expenses, 12.99 percent of the total CSB expenditures.

Figure 21: FY 2020 State Hospital and Center and Central Office Expenditures

	Expenses	Percent of Total
State Hospitals	\$385,455,579	59.55%
Other State Centers ¹	\$59,669,770	9.22%
Training Centers	\$101,916,055	15.75%
Central Office	\$100,219,491	15.48%
Total Expenditures	\$647,260,895	100.00%

¹ Other State centers are HDMC and VCBR.

Major New Initiatives and Accomplishments

DBHDS Changes and Reorganization

DBHDS experienced significant leadership changes in FY 2020. In December 2019, Governor Northam named Alison Land Commissioner of DBHDS following the passing of Commissioner Hughes Melton in August 2019. Commissioner Land advanced reorganization efforts started in 2018 by former Commissioner Melton to help DBHDS more efficiently meet its expansive range of responsibilities. Reorganization efforts took place in June 2019 and included:

- **Division of Community Services** – All of the offices currently in the Community Behavioral Health Division and the Developmental Services Division were combined to form one cross-disability division called the Division of Community Services. This combination will allow DBHDS to leverage the skills, resources and talents from all of these program areas to better support and coordinate work for all Virginians, regardless of disability. DBHDS is increasingly seeking to support and guide providers and funders to focus on people’s needs and not solely on their disabilities. The new Community Services Division will help enable us develop a system based on that ideal in the long term.
- **Additional Division Changes** – Three divisions have adjusted scope and responsibilities.
 - Structural changes were made in the Facilities Division to adjust reporting structures. The division oversees all state facilities, Forensic Services, Architecture & Engineering, and the SVP program. The Office of Community Integration, which includes emergency services, alternative transportation and other program services affecting the community system, was moved to the Community Services division. Facility discharge services will remain in the Facility Services division.
 - Consistent with recommendations from oversight agencies, a new Assistant Commissioner for Compliance, Risk Management & Audit has expanded the Office of Internal Audit to enable DBHDS to better monitor and mitigate risk for facilities, CSBs, Central Office, and information technology.
- **Additional Leadership Changes** – There are several title changes to provide more consistency across leadership and better define scope of work. A new Chief of Staff position was created in FY 2020 to help ensure coordination of effort across divisions. DBHDS also worked in FY 2020 to create and define the role of a new Diversity, Equity and Inclusion Officer to strengthen equity across DBHDS and the broader system; this position will be a member of the senior leadership team. These two positions are planned to be hired in FY 2021. Finally, membership was added to the senior leadership team to ensure broader perspectives and a smaller executive leadership team was created for highest level decision-making.

Administrative Services

Emergency Services

- Coordinated DBHDS agency response to the COVID-19 public health emergency. Specifically, oversaw coordination for state-operated facility system, community and provider stakeholders, and agency administration.
- Represented DBHDS on multiple workgroups and the All-Government Task Force for COVID-19 Response from March 2020 through the end of the fiscal year.
- Applied for, received, and implemented federal grant SAMHSA Crisis Counseling Program funding to standup the VA COPEs (www.vacopes.com) warmline to help all Virginians cope with the mental and emotional impacts of COVID-19.
- Created and delivered Active Shooter Preparedness and Response training in DBHDS state-operated facilities and Central Office as a follow-up to the tragic incidents in Virginia Beach in May.
- Led project in collaboration with VDH to create Resilient Responder workshop as part of VDH's Community-Based Emergency Response Seminar series. This half-day workshop equips disaster responders, including first responders, with the skills necessary to build personal resilience to the psychological trauma that accompanies their duties. Inclusive of lecture, interaction, and scenario-based training, this course was piloted at the Virginia EOC just before the COVID-19 Public Health Emergency. It was scheduled to be delivered 10+ times across the Commonwealth. All engagements postponed until after COVID-19.

Human Resources Management

DBHDS continued to integrate human capital policies, programs, and practices into human resources management. This includes expanding learning management opportunities, developing additional career pathways, enhancing recruitment and retention strategies, evaluating compensation tools, and succession planning. Initiatives and accomplishments include:

- 120 participants attended the five-day Virginia Public Sector Leadership Certificate (VPSL I) program, bringing the cumulative total of DBHDS employees completing this program to 390. The VPSL I training opportunity enhances leadership and supervision competencies for middle managers in DBHDS. This program also nurtures high potential employees and builds on retention and succession planning activities.
- 24 people participated in the five-day March 2020 VPSL II program. This annual training opportunity enhances leadership and supervision competencies for emerging leaders and is a component of DBHDS' leadership development program, SystemLEAD. To date, 150 people have participated.
- The VPSL III program continued in 2020 with another 25 DBHDS executive participants, bringing the total of DBHDS executives participating in this program to 75. (Due to COVID-19, the 2020 VPSL III program will be completed in FY 2021). VPSL III uses the same core learning areas to explore topics in a higher-level method.
- There were 25 employees who started System LEAD in FY 2020 (graduation is in November 2020). SystemLEAD, a long-term organizational strategy, clearly defines a leader's roles, abilities, and pathway to improvement. DBHDS offers this nine-month program annually. The program instructs leaders on effective management principles and

skills for successful agents of change in the public sector. To date, 150 people have participated in the SystemLEAD programs.

- Expanded the compensation toolbox to help recruit and retain a quality workforce. Tools include the International Registered Nurse (RN) Recruitment Program, the Military Medics and Corpsman Program, job fairs (hire on the spot), academic partnerships, various bonuses, alternate pay bands, increased shift differentials, continuing medical education course payments (up to \$3,000 per fiscal year), and loan repayment programs.
- Worked with finance and facility staff to develop and implement a COVID-19 incentive plan for DBHDS facility staff.

Information Technology/Security

- Acquired and deployed enterprise telehealth/telemedicine solution to DBHDS, Virginia's first HIPAA compliant teleconferencing system providing clinician support to patients virtually to enforce social distancing guidelines of COVID-19.
- Implemented Google Meets for external video conferences and calls to enable intra-agency communication and COVID-19 response and recovery, which resulted in significant financial savings by removing 1-800 Meeting One and 1-866 teleconference numbers.
- Implemented Microsoft TEAMS collaboration capabilities (chat function, conference calls, and file storage). Supported the Teams roll-out as an enterprise internal communication platform and enabled SharePoint as the enterprise data sharing and file storage, eliminated unsustainable cloud storage solution, saving DBHDS \$1 million annually.
- Rolled out Tableau data visualization software across the agency after an 18 month stall.
- Created new, consolidated IT organization structure (innovation team merged to the project management office, and the data warehouse team to the chief information officer).
- Brought strategic alignment between IT and IT Security, and initiated a 3-year program to institute policy, asset management, asset lifecycle, and application development oversight and governance agency wide.
- Established standard operating system for all new equipment issued by DBHDS using Windows 10 Semi-Annual Channel (SAC).
- Consolidated all IT Software expirations to occur on September 30th.
- Updated DBHDS's IT strategic plan and ensured it was in compliance with VITA, and ensured DBHDS records were compliant in the VITA ARCHER system.
- Established new contract for external web hosting.
- Established IT Investment Board to provide formal IT governance with approved charter, electronic voting, and priority ranking introduction.

Management Services

- Developed and presented training focused on change management for the Central Office and for the external DOJ Settlement Agreement stakeholders. These trainings provide guidance to stakeholders on how to introduce or acclimate to organizational change.
- Collaborated with internal stakeholders to implement new processes for metric development through the Data Management Committee.
- Revised the user acceptance testing process for the Community Consumer Submission 3 (CCS3) database to ensure appropriate end to end testing.

- Streamlined performance contract exhibits to align with appropriate programming.

Procurement and Administrative Services

- Partnered with Fiscal and Grants Management to present a large number of training sessions around Procurement 101, receiving in eVA, and travel coding.
- Adjusted procurement processes to accommodate full-time teleworkers delivering solicitations remotely.
- Partnered with the Department of General Services, Department of Health, and Department of Emergency Management to vet personal protective equipment (PPE) vendors and disseminate information statewide.
- Realized economies of scale through large PPE purchases, some delivered in partnership with the Virginia Distribution Center, and most recently delivered directly to facilities.
- Executed emergency contracts to ease census pressures and provide additional staffing at facilities statewide.

Community Services

Behavioral Health Community Services

System Transformation Excellence and Performance (STEP-VA) Continuation

DBHDS continued working with the Governor’s Administration, the General Assembly, and stakeholders to implement STEP-VA, an initiative to improve the public behavioral health system. STEP-VA features a uniform set of services with consistent availability and improved oversight of services across all Virginia communities.

- **Same Day Access** – Early process data for Same Day Access in FY 2020 identified decreases in staff time for intakes as well as a decrease in wait time for follow-up appointments.
 - During FY 2020, a total of 60,070 same day assessments were reported statewide. Assessments were conducted with 55,483 unique individuals.
 - SDA continues to be available during COVID-19 with necessary pivots in place. For example, services are being provided using drive-up access, symptom screens, and telehealth/telephone.
- **Primary Care Screening** – As of July 1, 2019, primary care screening is available at all 40 CSBs for the priority population.
 - There were a total of 77,795 primary care screens in FY 2020.
 - There were a total of 34,534 metabolic screens were reported across 17,113 individuals in FY 2020.
 - COVID-19 related pivots included providing the primary care screening in person if the individual is presenting in person for another reason; conducting the metabolic screen in person based on clinical decision of urgency; and support for primary care needs and BMI screens provided via telehealth as needed.
- **Outpatient Services** – The General Assembly appropriated for FY 2020 \$15 million for outpatient counseling services and \$2 million for detoxification services to increase staffing

and services to divert individuals from admission to state mental health hospitals while under the influence of substances during emergency services evaluations.

- The majority of the initial outpatient services funding provided for over 80 new mental health clinician positions, with the majority being licensed mental health professionals (e.g., LCSW). Some are in the process of being filled.
- CSBs were supported to balance investments across Mental Health (Adult), Substance Use (Adult), and Child and Family Services.
- All clients over the age of 6 are receiving a standardized assessment of functional impairment, the DLA-20, which will allow for tracking impairment of CSB clients generally as well as changes associated with time or treatment.
- \$1.5 million of the initial funding was dedicated to capacity building in evidence-based practices to support ongoing skills-building and clinical development of licensed clinicians.
- The primary pivot experienced during COVID-19 for outpatient services is providing outpatient services via telehealth instead of the usual face-to-face visit.
- **Crisis Services** – The development of STEP-VA crisis services was initiated with \$7.8 million to develop mobile crisis services in FY 2020.
 - The initial funding was primarily dedicated to the development of child mobile crisis teams in all Virginia regions (\$5.8 million); the remaining funds (\$2 million) were allocated to each region to begin building or expanding adult mobile crisis services to populations not previously able to be served due to lack of capacity or clinical expertise.
 - Funding also supported the development of a comprehensive training curriculum to disseminate best practices for serving children in crisis with a train-the-trainer component to maximize sustainability to the extent possible.
 - DBHDS organized a short-term workgroup with the CSBs to identify considerations and input related to the implementation of a call center as part of the broader crisis system transformation effort.
- **STEP-VA Planning** – In FY 2020, planning began for STEP-VA services including Military and Veterans Services, and Peer and Family Support Services.
- **Behavioral Health Enhancement** – In December 2019, DBHDS worked with the Department of Medical Assistance services on extensive stakeholder feedback and a rate study for Behavioral Health Enhancement for the following services: Program of Assertive Community Treatment (PACT), Multi-systemic Therapy, Functional Family Therapy, Comprehensive Crisis Services, Intensive Outpatient, and Partial Hospitalization Programs.

Community Adult Behavioral Health Services

- Received a federal State Opioid Response (SOR) grant for \$15.3 million each year beginning October 2018 through October 2020 for prevention, treatment, and recovery plus a supplementary onetime allocation of \$8.7 million. Funds are used for the following:
 - Starting a Jail Opioid Diversion program in Henrico County. Since May 2018, 11 people have graduated from the program and all are still engaged in treatment. This effort also resulted in a cost savings for the jail of over \$100,000.00.

- Establishing Medication Assisted Treatment (MAT) programs in five Department of Corrections (DOC) institutions statewide, and DBHDS is purchasing naloxone for all operational staff. This program has the potential to impact over 250 inmates.
- In the last 18 months, over 2,000 individuals received methadone, buprenorphine, or naltrexone through CSBs. Expansion included Federal Qualified Health Centers (FQHC) with SOR funding.
- Expanded REVIVE! to provide training on how to use naloxone, a drug that reverses opioid overdose, to family members and friends of individuals who are at risk. As of June 2020, over 14,000 individuals have been trained to use this life-saving medication as well as 5,391 law enforcement officers in 286 law enforcement agencies.
- Received a three-year federal grant for a pilot program, Treatment for Pregnant and Postpartum Women (PPW-PLT).
- Published findings from four years of data submitted by Coordinated Specialty Care (CSC) providers. This report was the first of its kind since CSC began. All eight of Virginia's CSC teams were selected to participate in a nationwide study testing a new web-based training platform known as CSC OnDemand. Only 30 teams were selected nationwide.
- Reported on the 630 individuals who began receiving Assertive Community Treatment (ACT) services in FY 2017. Outcome data from this two year pre/post admission study of individuals newly admitted to ACT services support the value of ACT services. Some key findings include: overall reduction of cost of a PACT team client from previous fiscal year, reduction of cost for state hospitalizations, local hospital psychiatric bed days, and incarceration of PACT clients.
- The Office of Adult Community Behavioral Health was an active partner within the Emergency Operations Center (EOC) during COVID-19. The office collaborated with other state agencies to develop recommendations to the CSBs regarding best practices for services during the pandemic to include flexibilities with funding, workforce, technical assistance, and performance of the code-mandated services.

Community Child and Family Behavioral Health Services

- Early Intervention/Part C served 20,158 infants and toddlers in SFY 2020. This is a 4 percent decrease which is attributed to the COVID-19 pandemic. As of March 1, 2020, Early Intervention was above previous years in the number served.
- In January 2020, a contract was awarded to the Medical Society of Virginia Foundation to become the State Program Administrator for the Virginia Mental Health Access Program (VMAP) designed to provide access for children to mental health services including child psychiatrists, licensed mental health professionals, and care coordination.
 - As of June 2020, VMAP provided a total of 293 consultations for registered primary care practitioners (PCPs). Ninety-two percent of VMAP consultations have resulted in the PCP being able to manage the patient independently or with recommended supports.
- Issued a Request for Proposal to identify a vendor who will develop a statewide children's mobile crisis curriculum, training manual, and train-the-trainer as part of the STEP-VA implementation of mobile crisis services.
- System of Care Grant served 271 youth and their families, surpassing their annual goal of 250 youth. The grant made it possible for parents and youth with lived experience to enter

the workforce. In FY 2020, 45 parents are working as Family Support Partners and two youth are working as Youth Support Partners.

- As of June 30, 2020, 16 clinicians and eight supervisors have been trained in the Adolescent-Community Reinforcement Approach (A-CRA), and evidence-based practice for adolescent and transition age substance use treatment and three clinicians and one supervisor have been certified in the model. A total of 269 clients have been served across four sites with 78 new clients as of June 30, 2020.
- Sponsored an Ethics Training for Behavioral Health Professionals as part of a virtual COVID-19 workforce development project. 682 individuals signed up for the training.

Behavioral Health and Wellness

Suicide Prevention

- Expanded the Lock and Talk Virginia Lethal Means Safety Initiative to 34 CSBs (as of August 2020). The initiative is designed to promote safe and responsible care of lethal means while encouraging community conversations around mental wellness. Lock and Talk Virginia gives community members the opportunity to become educated about the signs of suicide risk and how to act as a catalyst to care.
- Trained 3,534 individuals and certified 86 trainers in Applied Suicide Intervention Skills Training (ASIST) as of June 2020. ASIST develops life-assisting intervention skills.
- Trained 2,530 individuals and certified 24 trainers in SafeTALK as of June 2020. This training develops participants' suicide alertness and safe connections skills.

Mental Health Awareness

- Trained 68,665 individuals in the eight-hour Mental Health First Aid (MHFA) course to date. MHFA has specific curriculums that are designed for target populations such as: adults, youth, higher education, public safety, older adults, rural communities, and Spanish (Adult and Youth) speaking audiences. This training has been in high demand by the higher education and public safety sectors.

Substance Use Disorder Prevention

- The Substance Abuse Block Grant Prevention Set-Aside has transformed the CSB prevention system into a performance-based system by utilizing the SAMHSA Strategic Prevention Framework (SPF). This year, all 40 CSBs, in partnership with their local community coalitions, implemented individually based prevention programs that served 25,276 individuals.
- Thirty-eight of 40 CSBs have been trained to bring awareness to their communities around the connection between Adverse Childhood Experiences (ACEs) and future adverse mental, emotional, and physical health outcomes. ACE Interface trainings are the foundation for growing ACE Prepared Self-Healing Communities. To date, DBHDS has trained 225 trainers who have delivered over 500 trainings to over 11,000 participants.
- Virginia's Synar rate has increased from 10.6 to 16.8 percent in FY 2020.
- The Partnership for Success Strategic Prevention Framework (PFS SPF) accomplishments in FY 2020 included: coalition capacity building, media campaigns, local policy efforts, harm reduction efforts, and community-level education and training for nine grantees that

reach 25 counties. PFS SPF targets prescription drug and heroin overdoses, targeting 18-25 year olds in the highest need communities.

- The 38 SOR-funded CSBs developed prevention messaging with input from coalitions and community partners. Many used multiple platforms to customize information.
- CSBs implemented strategies to reduce access to opioids through proper disposal and storage, including distribution of over 14,000 drug deactivation packets, lockboxes, and smart pill bottles.
- CSBs implemented strategies to address misuse of prescription opioids through education targeting providers and patients in a variety of settings, including doctor's offices, pharmacies and emergency departments.

Behavioral Health Equity

- Held the second Behavioral Health Equity Summit in February of 2020. Topics included the history of Black Americans in mental health institutions, best practices for engaging with the Hispanic community, and infusing your practice with cultural humility. Eleven mini-grants were awarded to attending CSBs to enact equity-oriented projects.
- Completed phase one of The Behavioral Health Equity Index with VCU Center on Society and Health, which provides an analysis of mentally unwell days by CSB jurisdiction.
- With the support of DBHDS' Partnership for Equity Advisory Committee (PEAC), the office launched a series of Race, Racism, and Implicit Bias in Behavioral Healthcare in addition to a series of webinars on Black Mental Health. The most viewed presentation received over 4,000 views on DBHDS' Facebook page.
- Completed the development of the Behavioral Health Interpretation Curriculum after a thorough edit by a curriculum development team at Virginia Tech.
- Continued our partnership with Side by Side on hosting three Safer Spaces summits and one training that focus on creating inclusive spaces for the LGBTQ+ community in behavioral healthcare settings.

Virginia Refugee Healing Partnership

- Virginia Refugee Healing Partnership, a grant awarded from the Department of Social Services, held behavioral health interpreter training attended by 17 interpreters and 15 trainers. The partnership also conducted trauma-informed and wellness virtual training to over 300 participants composed of agency executives, direct service workers, clinicians, and community leaders.

Office of Recovery Support Services (ORS)

- Trained and certified peer recovery specialists (CPRS) and family support partners are individuals or family members with lived experience of mental illnesses or substance use disorders.
 - 733 new peer recovery specialists are eligible for certification. This number results in a workforce of 2,247 peer recovery specialists and family support partners trained since January 2017.
 - The Virginia Certification Board reported 618 certified peer recovery specialists.
 - 505 PRS supervisors trained since January 2017 to support the new workforce.

- PRS Supervisor Training was discontinued due to COVID-19. An online, on-demand training will become available in 2021.
- Continued training for peer recovery specialists and PRS supervisors in the five regions until COVID-19 restrictions went into effect. Up until then, 97 active PRS trainers provided multiple training opportunities. As result of COVID-19 and continued demand, ORS developed a platform to provide PRS training in a virtual format. Fourteen Trainers were approved to conduct Virtual PRS training. This created approximately 150 free training slots.
- In response to the COVID-19 crisis, ORS sponsored 14 Digital Recovery Support Certification trainers, who trained over 600 peer and family supporters in 7 weeks.
- In order to support the workforce during COVID-19, ORS implemented a weekly Learning Collaborative designed to provide mutual support among the workforce. Attendance has ranged from 50 to 150 individuals weekly.

Military and Veterans Affairs

- CSB service numbers for military-connected individuals, including dependent family members, increased in FY 2020 (7,563) over FY 2019 (6,772) and FY 2018 (6,293).
- In FY 2020, CSBs focused on increasing staff training in military cultural competency and tracking referrals into Military Treatment Facilities, Veterans Health Administration, and Virginia Department Veterans Services.
- The Governor’s Challenge to Prevent Suicide (GCPS) (began in December 2018), an interagency statewide team which is co-led by the Secretaries of Health and Human Resources and Veterans and Defense Affairs, designed a pilot to address team priorities. This new pilot is called Virginia’s Identify SMVF, Screen for Suicide Risk, and Refers for Services (VISR) Pilot and it is developing military culture, suicide prevention, and safety planning infrastructure in community agencies. VISR data is expected in October 2020.

Developmental Community Services

U.S. Department of Justice Settlement Agreement

Virginia is in the ninth year of its ten-year implementation process of the Settlement Agreement to improve and expand services and supports for individuals with developmental disabilities (DD) and to create a comprehensive system of home and community-based services that promotes community integration and quality improvement.

- Transitioned of the last of the remaining individuals living at the Central Virginia Training Center to new homes in April 2020. This fulfilled the Commonwealth’s goal to cease residential operations at four of Virginia’s five training centers. Southeastern Virginia Training Center remains open with a census of 78. This results in a 92 percent training center census reduction since the onset of the Settlement Agreement of 1,084 people.
- In January 2020, the Commonwealth of Virginia and the United States (collectively referred to as the “Parties”), in accordance with the Court’s direction, jointly submitted a complete list of compliance indicators to address the 48 provisions of the Settlement Agreement that Virginia had not achieved compliance for as of June 2019. The compliance indicators now provide in precise and measurable terms what Virginia must do to come into compliance with the Settlement Agreement.

- As of the Independent Reviewer’s Report to Court in June 2020, there are 46 non-compliant as compared to 75 compliant provisions. The following are taken directly from the [June 2020 Report of the Independent Reviewer on Compliance with the Settlement Agreement](#) as the systemic obstacles preventing Virginia to progress further:
 - The community-based service system has insufficient staff and provider capacity;
 - Virginia has not been able to enforce adherence to its standards for some CSBs and providers who consistently do not fulfill requirements;
 - Virginia has not implemented the two external monitoring mechanisms required by the Agreement (i.e., Licensing assessments of service adequacy, and case manager assessments of appropriate implementation of services); and
 - Virginia has no standards to determine the adequacy or appropriate implementation of behavioral support services.
- Significant focus and resources have gone into addressing the 328 compliance indicators since their finalization in January of 2020. The initiatives implemented to meet the compliance indicators will also address the systemic obstacles above.
- In May 2019, a federal court order was filed tasking the Parties with creating a document system, or “library,” to ensure Virginia will perform all provisions of the Settlement Agreement. The purpose of the library is to enable interested parties to review documentation of Virginia’s compliance, even after the consent decree terminates. The [DOJ Settlement Agreement website](#) successfully launched in June 2020 receiving positive feedback from both the Independent Reviewer and the Department of Justice attorneys.

Crisis Services for Adults and Children

Crisis services are a critical component of a comprehensive community service delivery system that can respond to individual’s needs where they are and play a significant role in avoiding unnecessary hospitalization and further trauma.

- The child Regional Education Assessment Crisis Services Habilitation (REACH) program received 1,535 referrals, a 4.6 percent increase over last year’s 1,467 referrals.
- The adult REACH program received 2,265 referrals, a 3 percent decrease from the previous year’s 2,347 referrals. A significant portion of the decrease in referrals occurred in quarter four and most likely a result of COVID-19 precautions.
- The adult REACH program provided 23,956 hours of prevention services in FY 2020, a 13 percent increase as compared to FY 2019.
- The child REACH program provided 10,817 hours of prevention services in FY 2020, a 23 percent increase as compared to FY 2019.
- Two children’s Crisis Therapeutic Homes became operational in order to provide families whose youth need out of home crisis stabilization efforts.
- The RFP process and subsequent contractual agreements were completed for short-term “Out of Home Crisis Prevention Services for Children.”
- Two Adult Transition Homes opened to help reduce lengths of stay at crisis therapeutic homes and in state psychiatric hospitals for adults who have complicated discharge needs.
- Since the inception of REACH services, the length of stay in state psychiatric hospital for individuals with developmental disabilities decreased from an average length of stay of 113 days to 31 for adults and an average length of stay of 19 days to 11 for children.

Integrated Day/Supported Employment Services

The Commonwealth as an Employment First state continues to promote the value of employment for all persons with disabilities. Achieving compliance with the Settlement Agreement will require continued expansion of qualified providers to offer the new integrated day services throughout Virginia.

- Published two semi-annual reports on employment with 100 percent participation from employment service organizations.
- For the first time, more individuals are receiving individualized supported employment than group supported employment services, which is a reflection on increasing numbers of individuals gaining access to competitive, integrated employment in their communities.

Medicaid Waiver Services for Individuals with Developmental Disabilities

The Medicaid Home and Community-Based Services (HCBS) waivers prescribe, based on Virginia's approved applications to the US Centers for Medicaid and Medicare Services, the types of services Virginia may offer. HCBS waivers provide the funding for the vast majority of children and adults receiving services through a combination of state and federal funding.

- The DD waivers are also subject to the 2014 HCBS Settings Regulation. HCBS settings nationwide are required to demonstrate compliance with the regulation by March 17, 2023 to be able to continue participation in the Medicaid program. There are approximately 4,000 affected settings serving children and adults in the Commonwealth's DD waivers service delivery system. Four iterations of a provider self-assessment survey were distributed to waiver providers to determine statewide organizational compliance with the settings regulation. FY 2020 self-assessment results found that 370 providers (out of 441) demonstrated organizational compliance. These 370 providers represent 2,372 individual settings: 219 Group Day settings, 54 Supported Living settings, 1,041 Sponsored Residential settings, 1,034 Group Home settings, and 24 Group Supported Employment settings. DBHDS and DMAS are working with the IBM Watson to design the process and framework for validating individual provider settings. These validations will incorporate a statistically significant sample of 400 onsite visits to observe settings, review records, and interview staff, volunteers, and individuals.

Waiver Services and Waitlist

- As of June 30, 2020, there were 14,581 active individuals on a waiver.
- As of June 30, 2020, the waitlist was as follows:
 - Priority One: 3,651;
 - Priority Two: 6,079;
 - Priority Three: 3,723; and
 - Total Wait List: 13,453.
- Reviews of documentation have been completed for a five percent sample of 23 of 40 CSBs' individuals on the DD waiver waitlist to ensure accuracy and consistency of interpretation across the state for waitlist placement criteria and priority level status. Of the 23 reviews completed, 18 were completed via remote means due to CSB preference or inability to access records onsite due to COVID-19.

- The Waiver Wait List team sent individual choice forms (FY 20--Q1, Q2, Q3-Partial Mailing) to 7,387 individuals and families and received 6,034 completed forms, an 82 percent response rate.

Supports Intensity Scale®

The Supports Intensity Scale® (SIS®) is the required, comprehensive assessment for all individuals enrolled in DD waivers. In Virginia, SIS® assessments are conducted by external organizations accredited to perform the SIS, under contract with DBHDS.

- As the contract between the incumbent vendor, Ascend/Maximus, ended effective August 30, 2019, an RFP process was undertaken, resulting in contracts with two vendors: Ascend/Maximus and Telligen.
- SIS vendors completed a total of 5,614 SIS assessments in FY 2020.
- To reduce the risk of infection to respondents and assessors during COVID-19, DBHDS coordinated the development of remote SIS interview protocols.
- In coordination with DMAS, DBHDS hosted the fourth annual meeting of the SIS Stakeholders Workgroup. DBHDS also created educational materials for distribution to individuals, caregivers, and respondents describing the connection between the SIS® and the person-centered planning process in Virginia.

Office of Integrated Health

The Office of Integrated Health (OIH) was established by DBHDS in response to the need for improved access to gaps in services, to improve quality of life and overall health. The Health Support Network (HSN), is under the umbrella of the Office of Integrated Health (OIH).

- Performed 5,078 repairs to 2,974 pieces of equipment and made 29 custom adaptations, 73 percent of which specifically reduced risk of injury to the individuals served.
- Engaged in 2,205 Registered Nurse Care Consultation (RNCC) community interactions: 86 percent addressed risk aversion and communicated best practices, nine percent increased access to services, and five percent reduced costs.
- Provided dental services to 2,089 individuals with DD without using restraints or general anesthesia through the Health Support Network program. Increased agreements with 3 community based providers. Extended three existing contracts for fixed rate and one moderate sedation dentistry.
- Conducted 632 DD Preadmission Screening and Resident Review (PASRR) evaluations that diverted 61 adults and one child who were referred to or seeking admission to nursing homes; resulted in 15 adults and two children that transitioned out of nursing facilities.
- In response to COVID-19 and the state of emergency, the MRE Team fabricated a total of 588 cloth reusable masks to support infection control efforts at Hiram Davis Medical Center (HDMC) and select private providers.
- The RNCCs and other OIH Allied Health professionals have followed up on 380 people with a developmental disability who have been reported to test positive for COVID-19 and 16 who passed away. This represents 93 DBHDS licensed providers.

Provider Development

Provider Development focuses on developing and sustaining a qualified community of providers in Virginia so that people who have developmental disabilities and their families have choice and access to options that meet their needs.

- Restructured office to provide support at the individual, provider, and system levels.
- Held quarterly Provider Round Table and Support Coordinator meetings attended by 1,848 representatives to share updates, initiatives, and obtain stakeholder feedback.
- Expanded and launched an enhanced orientation training for new Direct Support Professional (DSP) Supervisors in accordance with Settlement Agreement indicators. Revised the DSP Competencies to reduce and clarify expectations while meeting expectations under the Settlement Agreement.
- Implemented a Support Coordination Quality Review process and initiated a process of monitoring CSB performance with the Case Management Steering Committee.
- In cooperation with the Independent Reviewer and CSBs, designed and implemented a standardized process of on-site case management assessment.
- Processed 543 Regional Support Team (RST) referrals to review informed choice and increase consideration of more integrated service options statewide.
- Provided Individual Support Plan (ISP) and waiver-related training to 1,517 people from provider agencies and CSBs.
- Published two semi-annual reports on Provider Development efforts that summarized program development by region and locality and areas of continued need.
- Provided two semi-annual Provider Data Summary webinars to 486 registrants to increase awareness of service gaps and share ways to use data in strategic planning efforts.
- Established an online Provider Database that includes the voluntary assessment and promotion of provider expertise.
- Awarded approximately \$55,490 in Fiscal Year 2020 to create integrated residential and day options in underserved areas.
- Held two Provider Readiness Education Program sessions for nearly 100 newly licensed providers to increase their understanding of Virginia’s expectations and requirements.

Individual and Family Supports Program (IFSP)

IFSP helps individuals and families by providing financial assistance; education, information, and referrals; family mentoring; and support for community action.

- The IFSP funding program assisted 2,531 individuals with \$2,500,226 for supports.
- The revised “My Life My Community” website provides information on waiver, housing, family support, and provider development and now includes person-centered information to individuals and families on access to services and supports. Webpage statistics follow:

Jan. 1, 2019-Mar. 31, 2019	Jan. 1, 2020-Mar. 31, 2020	Percent Increase
Number of Sessions: 1,733	Number of Sessions: 8,632	398%
Number of Users: 1,236	Number of Sessions: 6,273	408%
Number of Page Views: 2,796	Number of Page Views: 21,278	661%

- The State IFSP Council reviewed the first annual update to the IFSP State Plan and adopted state plan indicators on peer to peer supports and a communication plan in order to reflect DOJ Settlement Agreement indicators.

Office of Integrated Supports Services (OISS)

The Office of Integrated Supports Services manages the data and analytics for the Division. OISS tasks range from developing and maintaining the scoring and data processes around the Supports Intensity Scale® (SIS), to managing the entire back-end data reporting system for the Division. The Waiver Management System (WaMS) is the primary data source utilized for reporting. Results in FY 2020 include:

- Creating 35 reports that support the DOJ Settlement Agreement
- Developing the first dashboard in the Commonwealth that updates daily and is available in multiple formats (Web, Excel, pdf)
- Managing the administration of the DD Waivers Customized Rate process and WaMS back-end data and analytics

DD Waivers Customized Rate Process

The DD Waiver customized rate program has helped individuals whose support needs fall outside of the standard rate structure to successfully live in the community and avoid unnecessary hospitalization and/or involvement with the legal system/law enforcement by providing funding for additional one-to-one and two-to-one staffing supports.

- In total, 628 customized rate applications have been received and processed. Of the 628 applications processed, 412 have been approved.
- The position of Customized Rate Consultant (CRC) which was added last year has been successful in providing direct support to providers across all five regions.
- The customized rate team has successfully assisted individuals impacted by COVID-19 by reviewing and updating individuals' customized rate funding. The team quickly recognized and responded to changes in individual's support needs when standard integrated day options were not available and have been able to provide additional funding to ensure continuity of care. These actions have afforded providers the ability to provide in home or alternative day options during the pandemic.

Single Point of Entry and Children's ICF Initiatives

DBHDS in partnership with DMAS began the Single Point of Entry (SPE) process in May 2018. Through this process, any Virginian seeking placement in an Intermediate Care Facility (ICF) is screened utilizing the Virginia Individual Developmental Disability Eligibility Survey (VIDES) to determine eligibility for services.

- During FY 2020, 42 Virginians were screened for ICF placement: 19 children; two children were diverted to more integrated options; and 23 adults. All cases were referred to their respective Regional Support Teams (RST).
- The Children's ICF Initiative mainly focuses on Holiday House of Portsmouth and St. Mary's Home. The DBHDS Community Transition Team (CTT) conducts annual Level of Care (LOC) reviews for all residents, educates families on more integrated options, and participates in discharge planning efforts. During FY 2020, the CTT:

- Mailed 110 Community Transition Guides to families during January 2020 and 113 during June 2020 to educate families on service options available in the community
- Facilitated a DD Waivers informational session for families at Holiday House of Portsmouth
- Linked 34 families to the VCU Family to Family Network
- Arranged and assisted two families with touring more integrated options
- Provided housing resources to families in need
- Participated in the transition/discharge planning process for 18 individuals, 2 of which were children 10 and under
- Completed 70 LOC reviews (this number was significantly impacted by COVID-19)

Cross-Disability Services

DBHDS is working to build a cross-disability, child and adult crisis services delivery system.

- DBHDS held two focus groups with CSB partners to review National Best Practice Models and the future of the system in Virginia.
- DBHDS and CSB partners visited Georgia and Arizona to learn from best practice models.
- DBHDS and DMAS instituted focus group and behavioral health redesign workgroup and successfully developed service definitions for crisis services with general consensus.

Community Housing

- Used \$17 million in state funds to establish 20 permanent supportive housing (PSH) providers across the state to serve more than 1,200 individuals with serious mental illness and \$1.6 million to serve 75 households with a pregnant or parenting woman with substance use disorder. Outcomes demonstrate significant improvements in participants' housing stability, reductions in state and local hospitalizations, and decreases in emergency and crisis services utilization.
- Allocated \$1.47 million in SAMHSA Projects for Assistance in Transition from Homelessness (PATH) funds to 14 CSBs to provide outreach and case management services to individuals with serious mental illness who were experiencing homelessness. Virginia PATH providers engaged more than 2,000 homeless individuals through street outreach and shelter in-reach.
- Identified 422 individuals who moved into independent housing in DOJ Settlement Agreement population during the year. Their housing opportunities were provided primarily through \$8.3 million in State Rental Assistance Program funding and through 227 Housing Choice Vouchers committed through housing authority preferences. Since these independent housing efforts were initiated, a total of 1,376 individuals have been assisted to live independently in their communities.
- The Interagency Leadership Team approved two comprehensive, interagency Action Plans to increase housing and support services opportunities: the Virginia Plan to Increase Independent Living Options and the serious mental illness Housing Action Plan.
- Provided targeted Supplemental Security Income/Disability Insurance (SSI/DI) Outreach, Access, and Recovery (SOAR) training to state hospital jail discharge planners and community homeless services providers resulting in increases in both the number of disability applications submitted and the application approval rate.

Community Integration Services (CIS)

CIS provides development and oversight of CSB emergency services and crisis stabilization units, as well as the Alternative Transportation Program. The team assists and trains discharge planners, administers Discharge Assistance Plan (DAP) funds and Local Inpatient Purchase of Service (LIPOS) funds. DAP is a major tool for overcoming the extraordinary barriers to discharge (EBL) for individuals in state mental health hospitals who are clinically ready to leave but unable to do so due to the lack of needed community services. The list is not static, each year hundreds of individuals are discharged and about 750 new individuals are added. The average number of individuals on the EBL grew from 152.5 in FY 2015 to 218.6 in FY 2020. In FY2020:

- Oversaw the use of \$36,201,190 in DAP funds. These funds served 1,556 individuals in FY 2020; at least 329 of those individuals were discharged in FY 2020 from a state facility. The remaining individuals were continuing recovery in the community. Also, \$8,129,973 in DAP funds were also used to support 145 assisted living facility beds in three locations, and 52 group home beds in five locations throughout the state.
- Continued the in-depth review of processes around utilization of DAP funds. During this fiscal year, CIS completed two audits of CSB regions around their processes, which included recommended action plans. CIS updated the DAP manual to reflect enhanced expectations regarding utilization review and monitoring. CIS' increased involvement in the development and review of DAP plans has resulted in an increase in DAP turnover (funds that become available for new plans once a patient no longer needs them) from 10 percent in FY 2018 to 28 percent in FY 2020.

Alternative Transportation Services

The Alternative Transportation program provides a more client-centered experience versus law enforcement transport during the TDO process. DBHDS contracts with G4S to provide this service. The program anticipates statewide implementation by June 30, 2021. During FY 2020:

- Rolled out alternative transportation services in two regions (Region 3 – Southwestern, and Region 1 – Shenandoah Valley)
- As of June 30, 2020, the alternative transportation program has transported 750 individuals.

Division of the Chief Clinical Officer

The Division of the Chief Clinical Officer provides cross disability clinical and technical expertise and support across all program areas of the agency, to aid in leading system-wide transformation and enhance cross disability collaboration.

COVID-19 Response

- Lead office for the agency's Crisis Standards of Care plan for COVID-19, in collaboration across divisions including pharmacy services
- Coordinated state facilities COVID-19 planning, guidance, and coordination with VDH in outbreak response
- Participated on the COVID-19 Interagency Task Force

Behavioral Health Enhancement

In collaboration with DMAS, DBHDS is working on Medicaid Behavioral Health Enhancement in an effort to develop an evidence-based, trauma-informed, cost-effective, comprehensive continuum of behavioral health services.

- Throughout FY 2020, continued stakeholder engagement and workgroups proceeded to define six critical services to be added in the initial phase of implementation: Program of Assertive Community Treatment (PACT), Multisystemic Therapy (MST), Functional Family Therapy (FFT), Partial Hospitalization Programs (PHP), Intensive Outpatient Programs (IOP), and Comprehensive Crisis Services.
- With collaboration from stakeholders across Virginia, service definitions were developed to inform a rate study conducted by Mercer, and included in the Governor's budget and passed by the 2020 General Assembly. DBHDS was given permission to promulgate emergency regulatory authority to align the licensing with these services which was presented to the State Board on July 15, 2020.

Quality Improvement Plan

- Standardized processes for quality improvement subcommittee reporting to the Quality Improvement Committee (QIC). Reported performance measure indicators (PMIs), which DBHDS uses to recommend and prioritize quality improvement initiatives (QIIs).
- Developed and completed a comprehensive DBHDS Quality Management Plan, detailing: 1) Quality Management Program Description, 2) Quality Management Work Plan, and 3) Quality Management Annual Report and Program Evaluation.

Regional Quality Councils (RQCs)

- Developed an orientation process that included a RQC Summit and a virtual orientation which overviewed the DBHDS Quality Management System (QMS), explained RQC duties, expectations and key performance areas, explained performance measure indicators and the model for improvement, and described of the future QMS state.
- Developed regional QII, designed to address concerns with Virginia's National Core Indicator and DBHDS performance against established benchmarks, identified through RQC analysis of DBHDS performance measure indicators and surveillance data. These initiatives were in relation to the employment of individuals with DD, receiving DD waiver services, and competency-based training for direct support personnel.

Quality Service Reviews (QSRs)

- Authored a QSR Request for Proposals and selected a new QSR contractor to evaluate the quality of services at an individual, provider, and system-wide level and the extent to which services are provided in the most integrated setting appropriate to individuals' needs and choice.
- Facilitated a DBHDS and DMAS multidisciplinary team process to review, edit, and finalize multiple QSR process documents, data collection, scoring tools, and provider communication plans to facilitate implementation of the QSRs across the Commonwealth.

Support Coordinator Quality Reviews (SCQR)

- Developed a review process protocol, in support of the Support Coordination Quality Review (SCQR) of developmental disability (DD) case management services, to assess and improve the quality case management services provided by CSBs to individuals receiving DD Home and Community Based Services waivers (HCBS Waivers).

Mortality Review Office

- Formed a Mortality Review Office (MRO) to ensure adherence to mandated deadlines, ensure the development and implementation of succinct clinical reviews of DD individuals who were receiving a service licensed by DBHDS at the time of death, and analyze other activities that maintain the functions of the Mortality Review Committee (MRC)
- Published the FY 2019 Annual Mortality Report which includes the analysis of the completed 345 mortality reviews; 95.1 percent completed within 90 calendar days
- Implemented the electronic Mortality Review Form (eMRF), used to track and analyze mortality data for the DD population, to identify trends, patterns, service gaps, and quality measures; develop reports; and evaluate outcomes
- Established a process for Central Office mortality review oversight of state facility deaths
- Developed a quality improvement initiative designed to address provider failure to follow established procedures for contacting emergency services during emergency situations
- Improved PMI compliance (unexpected deaths where the cause of death, or a factor in the death, was potentially preventable and some intervention to remediate was taken) to 100 percent for the fiscal year, a 38 percent improvement from FY 2019
- Collaborated with VDH and DBHDS Offices of Licensure and Data Warehouse to develop and implement the Potential Unreported Death process. This process is required by the DOJ Settlement Agreement and includes a review of any deaths of individuals which have information in the waiver management system (WaMS) but for whom a licensing “CHRIS” report is not located to ensure that there are no missed MRC death reviews.

Data Quality and Visualization

Data Quality, Reporting Capacity and Collaboration

- Completed Data Quality Reviews of source systems used for DOJ Settlement Agreement compliance reporting, including data uniqueness, validation controls, business ownership, and documentation. Made recommendations to improve data integrity and reliability.
- Directed and supervised an assessment of data movement into and out of the data warehouse. Conducted a complete review of the existing application used to link individuals across systems and documented barriers to accurate identification of unique individuals, providers, and services across systems.
- Collaborated with IT, Information Security, and Qlarion consultants to deploy Tableau Server as an enterprise reporting and data visualization platform throughout the agency.
- Member of the Health Equity Work Group for the COVID-19 response. The work group reports directly to the Governor and advises on opportunities for ensuring health equity during the states COVID-19 response.

DOJ Settlement Agreement

- Developed and implemented a system designed to weight barriers to compliance with the Settlement Agreement, subsequently assigning barrier weights for each compliance indicator and allowing leadership to prioritize projects in the “build” phase of development.
- Conducted long-term analysis of serious incident data including the development of baseline data sets and methodologies for serious incident rates among waiver recipients.
- Developed a tracking system for the real-time review of reports related to COVID-19, for weekly reporting and ongoing monitoring (COVID-19 Licensed Provider Dashboard).
- Developed the methodology for the Support Coordination Quality Review (SCQR). The SCQR project includes the measurement of ten compliance indicators, comprehensive technical guidance to guide reliable completion, sampling framework, a Look Behind review process, and interrater reliability. Produced interim compliance reports, CSB-specific reports for technical assistance, and an annual compliance report.
- Created four automatically scored Provider Specialty Designation Surveys to assess HCBS Waiver service provider expertise in accessibility, autism, behavioral supports, and complex health supports, in conjunction with the Office of Provider Development, to assist individuals and their families with provider selection.

Pharmacy Services

- Served as the contract administrator for Medicare Part-D, for eight contracts
- Contracts established in FY 2020:
 - VCBR - Automated Blister Pack Packaging System – SynMed;
 - After Hours Pharmacy On-Call Services;
 - Pharmacy & Telehealth Services for CSBs established December 2019;
 - Emergency Staffing: Pharmacy Services established March 2020; and
 - COVID-19 related contracts with two retail pharmacies to provide DBHDS facilities medications for individuals being discharged.

Compliance, Legislative, and Regulatory Affairs

Licensing Service Providers

- In response to COVID-19, the Office of Licensing (OL) put into place emergency protocols to govern licensing operations during the emergency period. The emergency protocols limited onsite investigations to when individuals were at imminent risk of harm, allowed for the utilization of remote provider inspections, and suspended the processing of service modifications requiring onsite visits until a virtual platform was available in July 2020.
- During the last six months of this fiscal year, OL focused much of its efforts on 1) internal protocols and external guidance to come into compliance with the Settlement Agreement; 2) completing all annual inspections ahead of schedule for providers licensed to provide DD services; and 3) developing reports to collect data to demonstrate providers’ compliance with key regulations tied to quality and risk management.
- The Incident Management Unit (IMU) supports OL’s ability to implement the recommendations contained within the Office of the State Inspector General’s Review of Serious Injuries and allows for better monitoring of providers’ compliance with the serious

incident reporting requirements contained within the Licensing Regulations. The IMU provides regular training and technical assistance to providers, monitors data including specific individual, provider, and system trends related to serious incidents and deaths. The trend analysis is shared with internal teams and external stakeholders.

- In January 2020, the Office of Licensing rolled out a specialized Investigation Unit (SIU). The SIU’s initial responsibilities included conducting all developmental disability (“DD”) death investigations. By developing a specially trained unit, the OL was able to improve the timeliness, quality, and consistency of death investigations. Due to the pandemic and subsequent hiring freeze, the expansion of the SIU to take on complaint investigations tied to providers of DD services was delayed until August of 2020. Between January 1, 2020 and June 30, 2020, the SIU completed 400 investigations.
- Many providers offer more than one licensed service, often at a number of different locations. The following tables depict the office’s activities and the workload increase:

FY 2020 Licensing Inspections and Visits Conducted by DBHDS	
Type of Visit	Number
Complaint Investigation	1118
Consultation	1857
DOJ Investigation or Complaint	198
Health and Safety CAP visits	74
Unannounced Visits	4354
SIR investigations – non DOJ	352
Death Investigations *between 1/1/20-6/20/20 400 DD deaths completed by SIU: note more than 1 investigation is associated with most deaths	1253
Service Modification Visits	766
Other Types Of Visits	25
Total Licensing Inspections	9997

Overview of Licensing Statistics in FY 2020						
Fiscal Year Change:	2012	2014	2016	2018	2019	2020
Licensed Providers	744	917	1,041	1,071	1,176	1,290
Licensed Services	1,860	2,218	2,608	2,780	2,456	3,200
Licensed Locations	6,302	7,519	8,447	8,778	8,133	10,753

New Provider Locations Licensed by DBHDS in FY 2020			
Services	Number	Services	Number
Inpatient Services (Inpatient Detox included)	90	Crisis Stabilization Services	422
Methadone/Inpatient Detox Services	38	Residential Treatment Services	51
Intensive Outpatient Services	238	Children’s Residential Services	139
Intensive In-Home Services	537	Group Home Services	1619
Outpatient	659	Supervised Living Services	295
Therapeutic Day Treatment Services	2322	Sponsored Home Services	2104
Psychosocial Rehabilitation Services	125	In-Home Support Services	181
Day Support Services	608	Autism Services	0
Case Management Services	505	Respite Services	48
Mental Health Support Services	736	PACT	36

FY 2020 Licensing Inspections and Visits Conducted by DBHDS	
Type of Visit	Number
Complaint Investigation	1,118
Consultation	1,857
DOJ Investigation or Complaint	198
Health and Safety CAP visits	74
Unannounced Visits	4,354
SIR investigations – non DOJ	352
Death Investigations *between 1/1/20-6/20/20 400 DD deaths completed by SIU: note more than 1 investigation is associated with most deaths	1,253
Service Modification Visits	766
Other Types Of Visits	25
Total Licensing Inspections	9,997

Office of Human Rights

The Office of Human Rights is an internal advocacy system for DBHDS but external to programs operated, funded, or licensed by DBHDS. The Office of Human Rights provides protection and advocacy services to individuals receiving services from programs operated, funded or licensed by DBHDS.

APS/CPS Crosswalk

In theory, all allegations of abuse reported to APS or CPS involving DBHDS-licensed/operated providers should also be reported in the licensing database called CHRIS. In practice, providers do not always report incidents in a timely fashion. After three years of inter-departmental collaboration, a joint protocol between DSS and DARS now facilitates a process for localities to send APS and CPS reports that are triaged, tracked, and trended by OHR. Providers are contacted regarding their failure to report abuse and advised about initiating the complaint resolution process. Citation is also recommended through the Office of Licensing.

Statewide Training Plan

OHR provides regional training opportunities to promote provider literacy regarding individuals' assured rights and corresponding provider duties. This year, 218,894 individuals received services from CSBs, and thousands of others received services from other community providers licensed by DBHDS and subject to the human rights regulations. In FY 2020:

- There were 854 human rights complaints filed in community programs, and 190 complaints (22 percent of the total) resulted in violations being determined.
- There were 11,339 allegations of abuse, neglect, or exploitation filed, and 948 (8 percent of the total) were substantiated.

FY 2020 Human Rights Data Reported by Community Providers			
Total Number of Human Rights Complaints			854
Total Number of Complaints That Resulted in a Violation of Human Rights			190
Total Number of Allegations of Abuse, Neglect, or Exploitation			11,339
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation			948
Substantiated Allegations by Type		Exploitation	36
Physical Abuse	137	Neglect	614
Verbal Abuse	55	Neglect (Peer-to-Peer)	73
Sexual Abuse	12	Other	21
Resolution Levels for the 854 Human Rights Complaints and 11,339 Allegations of Abuse, Neglect, or Exploitation			
Director and Below	12,185	State Human Rights Committee	4
Local Human Rights Committee	4	DBHDS Commissioner	0

This year, 7,870 individuals received services in state hospitals and centers:

- There were 1,413 human rights complaints filed in state hospitals and centers, and 47 complaints (3 percent of the total) resulted in violations being determined.
- There were 2,826 allegations of abuse, neglect, or exploitation filed in state hospitals and centers, and 97 (3 percent of the total) were determined to be substantiated.

FY 2020 Human Rights Data Reported by State Hospitals and Centers			
Total Number of Human Rights Complaints			1,413
Total Number of Complaints That Resulted in a Violation of Human Rights			47
Total Number of Allegations of Abuse, Neglect, or Exploitation			2,826
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation			97
Substantiated Allegations by Type		Exploitation	1
Physical Abuse	37	Neglect	25
Verbal Abuse	29	Neglect (Peer-to-Peer)	2
Sexual Abuse	2	Other	1
Resolution Levels for the 1,413 Human Rights Complaints and 2,826 Allegations of Abuse, Neglect, or Exploitation			
Director and Below	4,237	State Human Rights Committee	1
Local Human Rights Committee	1	DBHDS Commissioner	0

DBHDS Facilities

Facility Services

Major State Hospital Issues

State mental health hospitals operated with an average daily census well above 95 percent occupancy during the first half of FY 2020. The state psychiatric hospitals have been operating at this high census level since 2014 due to increasing obligations under § 37.2-809, the “Bed of Last Resort” statute. The initial impact of the COVID-19 pandemic, in third quarter FY 2020,

reduced the census at the BH hospitals below 95 percent until the July 4th holiday weekend. Several state facilities experienced COVID-19 outbreaks in FY 2020 among staff and patients as the pandemic progressed. DBHDS implemented system wide guidance for PPE use and restricted visitation for all state facilities. In addition, facilities implemented enhanced infection control procedures and established appropriate cohorting zones to minimize COVID-19 exposures.

As the statewide census increases, the state mental health hospitals are using approximately 23 additional beds each year. Although the average annual number of civil temporary detention orders (TDOs) has remained relatively stable, the role of the private hospitals in admitting those individuals has continued to decline, contributing to 298 percent increase in civil TDO admissions between FY 2013 (1,359 TDOs) and FY 2020 (5,412 TDOs). The civil census pressures were further compounded by a 64 percent growth in total forensic admissions during the same time, growing from 1,085 admissions in FY 2013 to 1,774 admissions in FY 2020.

In the fourth quarter of FY 2020, the state hospital census increased significantly relative to the growth rate in prior years, growing from an average census of 94 percent in FY 2018, to a current census of 98 percent, with many of the hospitals routinely being at or over census (100 percent +) on a daily basis. From a point in time perspective, bed use in a hospital fluctuated by five percent or more given daily variations in admission rates. Thus, even those state hospitals operating at 95 percent capacity were frequently three or more patients over funded bed capacity *before* diverting to other state hospitals. Emergency diversions from one state hospital to another occurred multiple times each week.

COVID-19 response

- As a response to state hospital census pressures that have been compounded by COVID-19, CIS entered into emergency contracts to expand discharge options. These include contracts with an assisted living company, as well as crisis stabilization units for step-down options for individuals who are awaiting their permanent residential placement.
- CIS partnered with nursing home corporations to facilitate safe discharges for individuals who require this level of care.

Training Centers

In April 2020, DBHDS ceased residential operations at Central Virginia Training Center (CVTC) leaving Southeastern Virginia Training Center (SEVTC) and Hiram Davis Medical Center (HDMC) as the only remaining state facilities specializing in providing care for individuals with Development Disabilities (DD).

- As of June 30, 2020, SEVTC was serving 78 individuals. Capacity was increased to accommodate individuals who chose to transfer from CVTC prior to its closure; however the census is expected to decrease in FY 2021 as families and authorized representatives continue to explore more integrated options for residential support.
- Transition planning activities at SEVTC have been modified to maintain the health and safety of the individuals and comply with restrictions resulting from the COVID-19 pandemic. Meetings, training, and tours were completed virtually to prevent the disruption of the discharge process.

Major Hospital and Center Milestones

Central State Hospital Rebuild

- The 2019 session of the General Assembly provided funding, Chapter 854, Item C-48.10, available July 1, 2019, for the replacement of Central State Hospital. The architectural/engineering firm of Einhorn Yaffee Prescott was selected to design the new facility and Gilbane Construction was chosen as the construction manager.
 - Schematic drawings have been approved. Preliminary drawings are scheduled for submission to DEB for approval in early October 2020.

Western State Hospital Expansion

- A Notice to Proceed was issued to Nielsen Builders of Harrisonburg, Virginia on January 15, 2020 for the construction of the expansion of Western State Hospital.
 - Construction duration is approximately 16 months.
 - As of August 1, 2020 construction is approximately 38 percent complete.

Virginia Center for Behavioral Rehabilitation (VCBR) Expansion

HDR Architecture, Inc. is the designer for this expansion, and Balfour-Beatty Construction was selected as the construction manager. The scope of work includes the construction of four new buildings and a guard house totaling about 189,000 square feet; and the renovation of approximately 49,000 in the existing VCBR building, and building 29 at Piedmont Geriatric Hospital (for use by shared services).

- Construction of new buildings began in September 2019 and is estimated to be 33 months.
- As of August 1, 2020 construction is approximately 63 percent complete.

Other Facility Support Projects/Initiatives

- The Architectural/Engineering firm of Virginia A/E was selected to prepare the design for the renovation of the Eastern State Hospital Kitchen. Schematic drawings were approved and preliminary documents are scheduled for submission by late September, 2020.
- Installation of Duress Systems: DBHDS is working to install duress systems at all facilities. Work has been completed at WSH, VCBR, and SVMHI. Construction is underway to complete installation at NVMHI, advertisements for construction bids have been issued for Eastern State Hospital.

Millennium Electronic Health Record (EHR) Implementation

- During FY 2020, Facility Services worked closely with the DBHDS Project Team and Cerner to develop, train, and implement an EHR for all state facilities. Four facilities were brought online in early FY 2021 (SWVMHI, SVMHI, WSH, and CCCA) with the remaining facilities scheduled by early spring 2021. COVID-19 delayed the original rollout; however, the project is anticipated to be completed within the established timeline due to the efforts of the stakeholders involved.

Forensic Services

Jail Diversion

- Provide oversight and support to 18 Jail Diversion programs
- Support the two Forensic Discharge Planning grants at Hampton Roads Regional Jail and Southwest Virginia Regional Jail that received funding two years ago. We were able to fund two additional Forensic Discharge Planning programs with funds from the original amount. Arlington and Blue Ridge CSBs will start small programs and will be provide discharge planning at their local jails.
- Provide oversight and support to the 38 CSBs and 42 CIT Assessment Sites
- Partially fund Behavioral Health Dockets at Blue Ridge and Valley CSBs and added funding for RBHA and Arlington starting in FY 2021
- Work with all grantees during COVID-19 to ensure that they have the support and flexibility to provide services within the requirements of the grant
- Work with grantees to move towards performance-based grant management and setting goals that are individualized to each program

Forensic Population and State Hospitals

- Since FY 2019, there have been 35 outpatient Temporary Custody Evaluations (11 in FY 2020). These efforts result in approximately 3,500 occupied bed days that were saved.
- Accommodations were made due to COVID-19 related to adjustments made specific to forensics, and all Commissioner-appointed NGRI evaluators were provided the option of conducting their evaluations via video conferencing.
- There was a significant drop in the number of new NGRI admissions in the last quarter of FY 2020 as a result of the pandemic, as courts ceased routine operations.
- Conditional releases of NGRIs have been impacted by COVID-19. Many discharges were delayed until placements in the community opened for new admissions – group homes, ALFs, etc. in many cases temporarily put a hold on new admissions due to the pandemic.
- In FY 2020 there were 345 outpatient restoration cases, which is a slight dip from FY 2019. This was likely due to COVID-19.
- Successfully managed the pending forensic admission list to the degree the vast majority of were admitted within ten days despite the additional challenges from COVID-19.

Juvenile Competency Restoration and Evaluation

- At the close of FY 2020, the Juvenile Competency Restoration Program had 156 new court orders to provide juvenile restoration services across the Commonwealth. At no time was a hospital bed at the Commonwealth Center for Children and Adolescents (CCCA) used to provide juvenile restoration services.
- During COVID-19, restoration services have been adjusted to being provided through telemedicine platforms or by telephone.
- There was a decline in court orders due to the closing of most Courts in Virginia regarding non-emergency court hearings.

Office of Sexually Violent Predators (OSVP)

- Continue to facilitate a multi-agency committee to coordinate sex offender treatment services across DBHDS, Department of Corrections (DOC), and community treatment providers. The work of this committee is steadily improving treatment consistency and building a continuum of care and supervision across Virginia.
- Continue to monitor the impact of the updated SVP screening protocol that was developed by DBHDS and DOC. This protocol appears to be successfully reducing the number of SVP evaluations requested and increasing the accuracy of the screening process.
- Working with DOC to develop a shared system of tracking sex offenders during their DOC incarceration and the SVP process to improve sex offender services and to monitor the service impact on SVP civil commitment, conditional release, and VCBR census.
- Assisted the DOC in a study of their sex offender treatment programs and supported recommendations for DOC based services that may reduce the number of civilly committed individuals and the census of VCBR.

Conclusion

As demonstrated in this report, DBHDS and its community partners covered a tremendous amount of ground in FY 2020, despite major interruptions and adaptations as a result of COVID-19. The public behavioral health and developmental services system served a total of 215,047 unduplicated individuals in FY 2020, and private community providers served thousands more. There were 214,066 people who received services from CSBs, 7,870 who received services in DBHDS state hospitals and centers, and many received services from both. By the end of FY 2020, there were 1,290 licensed providers of behavioral health and developmental disability services in 10,753 locations throughout the Commonwealth.

DBHDS operated 13 facilities at the start of FY 2020, closed Central Virginia Training Center as scheduled, and completed the fiscal year operating 12 facilities. At the end of the fiscal year, DBHDS had 5,457 full-time equivalent staff working in state facilities or Central Office locations. In addition, DBHDS state facilities received \$551 million from all sources to provide facility-based services for 8,116 individuals throughout the fiscal year. Virginia's 40 CSBs reported receiving more than \$1.37 billion from all sources to provide community-based services for 214,066 individuals in FY 2020.

Finally, DBHDS Central Office made structural changes that will help it more effectively carry out its responsibilities and meet the needs of those it serve as the healthcare landscape changes in Virginia and across the nation. Development of initiatives and accomplishments throughout these areas including in implementing STEP-VA, advancing the ability to be in compliance with the DOJ Settlement Agreement, developing contracts surrounding state hospital census, fighting COVID-19, and many more. In FY 2021, DBHDS is poised to make substantial progress on its many programs and initiatives and remain responsive to Virginians with behavioral health disorders and developmental disabilities and their families.