



COMMONWEALTH of VIRGINIA

ALISON G. LAND, FACHE
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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December 1, 2021

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

Dear Governor Northam:

Item 310.J of the 2021 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 2021 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 Tweedy



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Wednesday, June 28, 2023

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 2021 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, 2021

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

Dear Delegate Torian:

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Mike Tweedy



Fiscal Year 2021 Annual Report (Item 310.J)

December 1, 2021

DBHDS Vision: A Life of Possibilities for All Virginians

DBHDS Fiscal Year 2020 Annual Report

Preface

Item 310.J of the 2021 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. DBHDS also provides highly structured habilitation and residential care for individuals with intellectual disability at Southeastern Virginia Training Center (SEVTC) in Chesapeake.

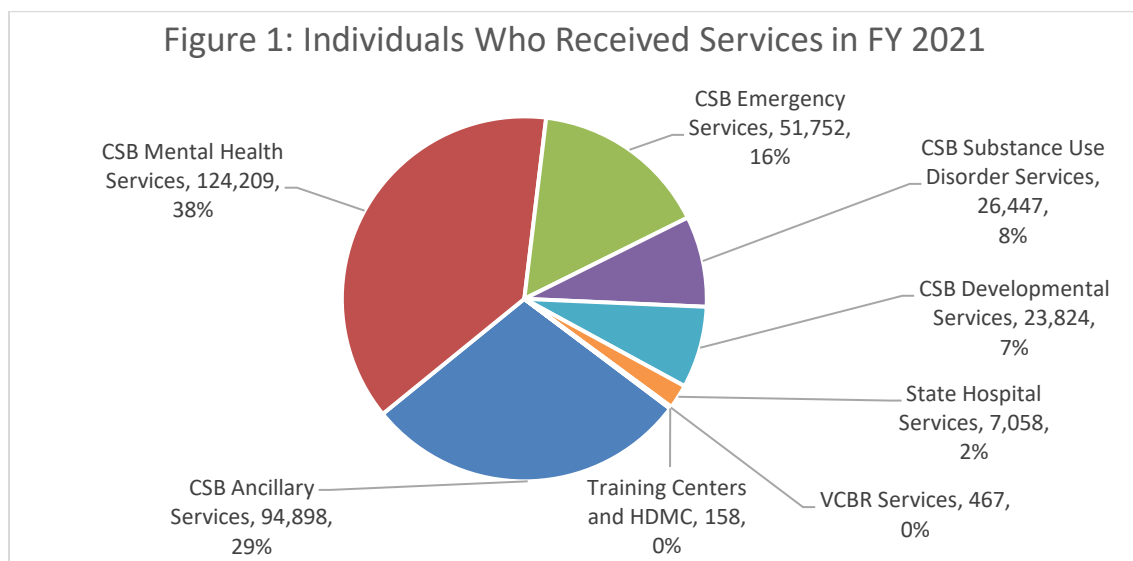
The DBHDS central office provides leadership that promotes partnerships among CSBs and state hospitals and centers with other agencies and providers. The central office supports the provision of accessible and effective services and supports by CSBs and other providers, directs the delivery of services 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 2021, a total of 216,271 unduplicated individuals received services in the public behavioral health and developmental services system: 208,596 received services from CSBs, 7,675 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 2021 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 2021.

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 216,271 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 2021

Total Emergency Services	51,752	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, 5,811 individuals participated in these services.		
Motivational Treatment Services	2,408			
Consumer Monitoring Services	17,339			
Early Intervention Services	1,188			
Assessment and Evaluation Services	83,122			
Total Ancillary Services¹	94,898			
Services Available in Program Areas¹	MH	DV	SUD	Total²
Training Center ICF/ID Services		78		78
State Hospital ICF/Geriatric Services	617			617
CSB MH or SUD Inpatient Services (LIPOS)	1,109		60	1,166
CSB SUD Inpatient Medical Detox Services			273	273
State Hospital Acute Psychiatric Inpatient Services	4464			4464
State Hospital Extended Rehabilitation Services	1937			1936
State Hospital Forensic Services	1210			1210
HDMC ³				80
VCBR ³				467
Total CSB Inpatient Services¹	1,109		324	1,430
Total State Facility Inpatient Services^{1,4}	7,058	78		7,676
Outpatient Services	54,750	117	19,633	71,303
Medical Services	78,703	136	2,379	80,621
Intensive Outpatient Services			2,906	2,906
Medication Assisted Treatment			4,245	4,245
Assertive Community Treatment	2,748			2,748
Total Outpatient Services¹	106,223	252	23,609	120,957
Total Case Management Services	61,837	21,571	8,590	89,867
Day Treatment or Partial Hospitalization	1,147		518	1,665
Ambulatory Crisis Stabilization Services	2,800	1,265	54	3,537
Rehabilitation or Habilitation	2,905	1,982		4,881
Total Day Support Services¹	6,705	3,227	572	9,891
Sheltered Employment	8	321		329
Individual Supported Employment	1,121	1,004	50	2,174
Group Supported Employment	5	303	0	308
Total Employment Services¹	1,134	1,551	50	2,732
Highly Intensive Residential Services	75	259	1,010	1,344
Residential Crisis Stabilization Services	2,719	322	53	3,082
Intensive Residential Services	258	592	1,113	1,962
Supervised Residential Services	1,072	512	406	1,981
Supportive Residential Services	3,166	708	42	3,901
Total Residential Services¹	6,963	2,318	2,161	11,209

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.

⁴ There were 547 COVID-19 beds created across all facilities for individuals who contracted COVID-19 but whose symptoms could be managed at the state facility. These beds do not count in the total.

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 more details about the individuals served by CSBs in FY 2021. The following pages contain examples of these data.

Figure 3, below, shows the ages of people served by CSBs in FY 2021.

Ages	MH Services	DV Services	SUD Services	Emergency	Ancillary
0 – 12	13,100	2,008	9	1,680	8,950
13 – 17	16,431	1,634	248	5,538	11,805
18 – 64	86,218	18,496	25,493	40,279	70,251
65+	8,458	1,686	690	4,223	3,882
Unknown	2	-	7	32	10
Total	124,209	23,824	26,447	51,752	94,898

Figure 4, below, contains data about the gender of individuals who received CSB services.

Female	97,904	Unknown	300
Male	110,392	Not Collected	0

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

Race	Total	Race	Total
Alaska Native	52	American Indian or Alaska Native & White	258
American Indian	402	Asian and White	538
Asian or Pacific Islander	0	Black or African American and White	4,711
Black or African American	56,178	American Indian or Alaska Native & Black	175
White	120,671	Other Multi-Race	3,222
Other	10,848	Unknown	7,664
Asian	3,696	Not Collected	0
Native Hawaiian or Other Pacific Islander	181	Total Unduplicated Individuals (who received any valid CSB services)	208,596

Figure 6, 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	58,026
Adults 65+ with SMI	6,448
Children with or At-Risk of SED	24,711

Figure 7 contains data about individuals with autism spectrum disorder (ASD) served by CSBs.

Figure 7: Individuals With ASD Who Received CSB Services in FY 2021			
Program Area	All Services	MH Services	DV Services
Individuals With ASD	14,916	7,034	7,026

Figure 8 contains employment data about adults (18+ years old) who received CSB services.

Figure 8: Employment Status for Adults Who Received CSB Services in FY 2021						
Employment Status	MH	DV	SUD	Emergency	Ancillary	Undupl. ¹
<i>Total Adults (18+) Who Received Services</i>	94,676	20,182	26,183	44,502	74,133	166,706
Employed Full Time (35+ hr./wk.)	12,035	275	6,373	4,291	11,965	21,495
Employed Part Time(<35 hr./wk.)	9,384	1,531	2,855	2,668	6,931	14,633
In Supported Employment	482	1,215	31	106	433	1,565
In Sheltered Employment	174	491	15	31	166	600
Total Adults Employed	22,075	3,512	9,274	7,096	19,495	38,293
Unemployed	17,977	1,817	8,342	7,345	16,047	30,037
Not In Labor Force: Homemaker	1,444	25	343	380	868	1,939
Not In Labor Force: Student/Job Training	6,000	2,731	374	2,111	4,870	11,280
Not In Labor Force: Retired	2,164	263	280	1,078	1,334	3,557
Not In Labor Force: Disabled	26,827	,6802	2,796	6,758	11,941	35,876
Not In Labor Force: Institution or inmate	5,417	1,462	1,073	4,899	5,518	11,452
Not In Labor Force: Other	9,259	3,128	2,598	3,339	6,729	15,497
Unknown	1,467	117	530	2,140	1,693	4,163
Not Collected	2,046	325	573	9,356	5,638	14,612
Total Adults Unemployed	72,601	16,670	16,909	37,406	54,638	128,413

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

Figure 9: Military Individuals Receiving CSB Services in FY 2021	
Designation	Individuals
Armed Forces on Active Duty	341
Armed Forces Reserve	149
National Guard	154
Armed Forces or National Guard Retired	603
Armed Forces or National Guard Discharged	2,480
Armed Forces or National Guard Dependent Family Member	1,904
Not Applicable	144,741
Unknown	1,474
Not Collected	9,823
Total Unduplicated Military Individuals Receiving CSB Services	157,150

Figure 10, below, shows unduplicated numbers of individuals who received services in DBHDS-funded initiatives identified with consumer designation codes, defined in Core Services Taxonomy 7.3.

Figure 10: Individuals Who Received Services in Specialized Initiatives in FY 2021	
Consumer Designation	Individuals
Mental Health Mandatory Outpatient Treatment (MOT) Orders	305
Discharge Assistance Program (DAP)	1,586
Mental Health Child and Adolescent Services Initiative	2,492
Mental Health Services for Children in Juvenile Detention Centers	1,706
Program of Assertive Community Treatment (PACT)	2,565
Projects for Assistance in Transition from Homelessness (PATH)	1,537
Medicaid Developmental Disability (DD) Waiver Services	15,823
Developmental Enhanced Case Management (ECM) Services	7,264
Substance Use Disorder Medication Assisted Treatment (MAT)	3,327
Project Remote	11
Substance Use Disorder Recovery Support Services	871
Project LINK	926

Figure 11 contains insurance data about numbers of individuals who received CSB services.

Figure 11: Individuals Enrolled in Medicaid or Uninsured Served by CSBs in FY 2021¹					
Services:	MH Services	DV Services	SUD Services	Emergency	Ancillary
<i>Total Individuals</i>	124,209	23,824	26,447	51,752	94,898
On Medicaid	94,956	22,447	18,290	28,958	61,311
Other Insurance	17,828	809	3,030	6,738	14,039
Uninsured	11,345	564	5112	16,009	19,437

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

Figure 12, below, shows the types of residences data for the total number of individuals who received any valid mental health, developmental, or substance use disorder services.

Figure 12: Types of Residences			
Residence Status	MH	DV	SA
Private Residence/Household	102,238	16,661	21,871
Shelter	802	26	260
Boarding Home	528	122	137
Foster Home/Family sponsor	960	736	24
Licensed Home for Adults (CSB or non-CSB)	2,350	854	31
Community Residential	2,321	3,790	186
Residential Treatment/ Alcohol and Drug Rehabilitation	563	155	243
Adult Transition Home	79	3	51
Other Residential Status	221	57	54
Nursing Home/Physical Rehabilitation	290	114	6
Inpatient Care	337	41	14
Local Jail/Correctional Facility	1,995	11	778
State Correctional Facility	290	114	6
Other Institutional Setting	313	207	68
Juvenile Detention Center	394	8	18

Homeless/homeless shelter	3,070	59	1,197
Unknown	872	128	300
Not Collected	6,840	852	1,200
Total Unduplicated Individuals	124,209	23,824	26,447

Dementia is general term for a wide range medical conditions caused by abnormal brain changes. Alzheimer’s is the most common dementia. Figure 13 displays the number of individuals with dementia in the eight adult state hospitals.

Figure 13: Individuals with Dementias in State Hospitals

Diagnosis	Individuals Served	Diagnosis	Individuals Served
Adults 18 - 64	5740	Older Adults 65+	881
Other Dementias	11	Other Dementias	138
Alzheimer’s	75	Alzheimer’s	148
Dementia	26	Dementia	31
Unduplicated Total	103	Unduplicated Total	255
Percent of 18 - 64	2%	Percent of 65+	29%

Note: In FY 2021, SEVTC served only one individual with dementia, HDMC served 18, and VCBR served six.

Service Capacities of CSBs and State Facilities

Figure 14 displays full time equivalent (FTE), bed, or slot service capacities for each core service. Core Services Taxonomy 7.3 defines service capacities.

Figure 14: Service Capacities of CSBs and State Hospitals and Centers ¹ in FY 2021			
Emergency Services	566	Early Intervention Services	16
Motivational Treatment Services	18	Assessment and Evaluation	288
Consumer Monitoring Services	107	Total Ancillary Services	429
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	50 Beds		79 Beds
CSB SUD Inpatient Medical Detox			10 Beds
State Hospital Acute Inpatient	466 Beds		
State Hospital Extended Rehab	301 Beds		
State Hospital Forensic Services	324 Beds		
HDMC ²	84 Beds		
VCBR ³	490 Beds		
Total CSB Inpatient Services	70 Beds		89 Beds
Total State Facility Inpatient Services	7,780 Beds	7,780 Beds	
Outpatient Services	622 FTEs	2 FTEs	284 FTEs
Medical Services	365 FTEs	1 FTEs	11 FTEs
Intensive Outpatient Services			81 FTEs
Medication Assisted Treatment			107 FTEs
Assertive Community Treatment	312 FTEs		
Total Outpatient Services	1,299 FTEs	3 FTEs	483 FTEs
Case Management Services	1,229 FTEs	692 FTEs	117 FTEs
Day Treatment/ Partial Hospitalization	478 Slots		41 Slots
Ambulatory Crisis Stabilization	45 Slots	10 Slots	
Rehabilitation/Habilitation	1,768 Slots	1,957 Slots	
Total Day Support Services	2,290 Slots	1,967 Slots	41 Slots
Sheltered Employment	12 Slots	222 Slots	
Group Supported Employment	6 Slots	379 Slots	
Total Employment Slots	18 Slots	601 Slots	
Individual Supported Employment	26 FTEs	35 FTEs	1 FTEs
Highly Intensive Residential Services	26 Beds	267 Beds	69 Beds
Residential Crisis Stabilization	111 Beds	40 Beds	0.04 Beds
Intensive Residential Services	185 Beds	600 Beds	191 Beds
Supervised Residential Services	899 Beds	474 Beds	100 Beds
Total Residential Beds	1,221 Beds	1,381 Beds	360 Beds
Supportive Residential Services	180 FTEs	124 FTEs	2.5 FTEs
Prevention Services	15 FTEs	20 FTEs	146 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.

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 2021 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)	22	2	470	494
State Hospitals	2,153	6	1,431	3,590
Training Centers	208	0	75	281
HDMC	138.5	0	32	170.5
VCBR	419	0	44	463
Total State Hospital and Center and CO	2,940.5	8	2,052	4,998.5
CSB Staff				
CSB Mental Health Services	4,291.02	115.55	735.56	5,142.13
CSB Developmental Services	3,531.73	0.78	408.66	3,941.17
CSB Substance Use Disorder Service	1,191.11	111.95	289.82	1,592.88
CSB Emergency & Ancillary Service	1,064.53	42.29	158.08	1,264.90
CSB Administration	0	0	1,445.58	1,445.58
Total CSB	10,078.39	270.57	3037.7	13,386.66
Totals				
Total State and CSB FTEs	13,018.89	278.57	5,089.70	18,385.16

Notes: A full-time equivalent is not the same as a position; a 20-hour/week part-time position is one position but 1/2 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 3 and 4 (preceding page) 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.

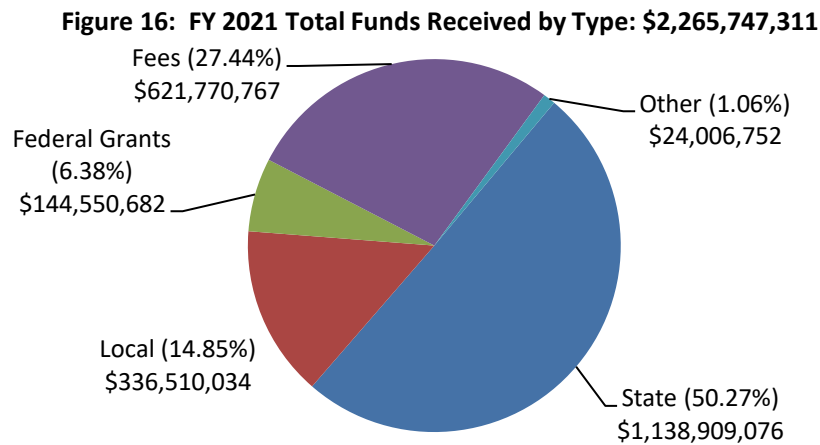
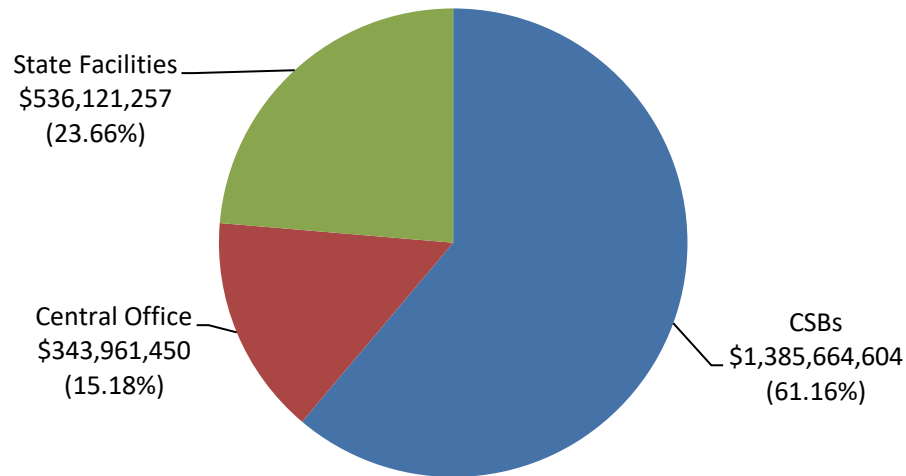


Figure 17, below, depicts funds in the publicly operated behavioral health and developmental services system for CSBs, state facilities, and the central office and the respective percentages.

Figure 17: FY 2021 Total Funds in the Publicly Operated Behavioral Health & Developmental Services System: \$2,265,747,311



Figures 18 and 19, below, display the specific amounts of funds from all sources reported by CSBs and state facilities. For the CSBs, 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 payments from individuals. Other funds include workshop sales, retained earnings, and one-time funds.

Figure 18: FY 2021 CSB Funds Received by Program Area

Funding Source	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Funds	Percent of Total
State Funds	\$314,084,260	\$48,733,194	\$63,257,783	\$426,075,237	30.8%
Local Funds	\$177,362,579	\$111,049,432	\$48,098,023	\$336,510,034	24.9%
Medicaid Fees	\$191,765,410	\$212,599,598	\$25,351,772	\$429,716,780	31%
Other Fees	\$39,259,963	\$15,719,529	\$9,641,291	\$64,620,783	4.7%
Federal Funds	\$30,418,176	\$2,603,553	\$72,265,736	\$105,287,465	7.6%
Other Funds	\$13,966,992	\$4,062,402	\$5,424,911	\$23,454,305	1.7%
Total Funds	\$766,857,380	\$394,767,708	\$224,039,516	\$1,385,664,604	100%
Percent of Total	55.3%	28.5%	16.2%	100%	

Figure 19: FY 2021 State Facility Funds Received by Type of State Facility¹					
Funding Source	State Hospitals	Other State Facilities ¹	Training Center	Total Revenues	Percent of Total
State General Funds	\$380,176,134	\$62,939,581	\$5,352,184	\$448,467,899	82%
Federal Funds	\$8,124,867	\$1,497,739	\$68,233	\$9,690,839	2%
Medicaid	\$11,963,920	\$15,962,456	\$38,728,970	\$66,655,346	12%
Medicare	\$10,011,519	\$669,387	\$636	\$10,681,542	2%
Commercial Insurance	\$7,343,673	\$12,059	-	\$7,355,732	1%
Private Payments	\$2,934,961	\$377,952	\$703,838	\$4,016,751	1%
Other Revenues	\$25,886	\$1,267	\$64,700	\$91,853	0%
Total Revenues	\$420,580,960	\$81,460,441	\$44,918,561	\$546,959,962	100%
Percent of Total	77%	15%	8%	100%	

¹ Other State Facilities are HDMC and VCBR.

Expenditures by CSBs and DBHDS

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

Figure 20: FY 2021 CSB Expenditures by Program Area				
	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Expenditures ¹
CSB Services	\$682,293,568	\$373,890,478	\$196,596,267	\$1,252,780,313
Percent of Total	54.5%	29.8%	15.7%	100%

¹ This figure includes \$173,731,055 for CSB administrative expenses, 13.87 percent of the total CSB expenditures.

Figure 21: FY 2021 State Facility and Central Office Expenditures		
	Expenses	Percent of Total
State Hospitals	\$429,801,631	63%
Other State Facilities ¹	\$73,759,891	11%
Training Centers	\$30,634,665	4%
Central Office	\$149,491,631	22%
Total Expenditures	\$ 683,687,818	100%

¹ Other State Facilities are HDMC and VCBR.

Major New Initiatives and Accomplishments

Introduction

In addition to specific data requirements, Item 310.J of the 2021 Appropriation Act requires DBHDS to describe major new initiatives and accomplishments during the reporting period. The most urgent need for DBHDS during FY 2021 was fighting COVID-19. In spite of the pandemic, DBHDS managed to advance many critical initiatives. For example, DBHDS and many partners made progress on gaining compliance with the DOJ Settlement Agreement, STEP-VA (System Transformation, Excellence and Performance), Project BRAVO (Behavioral Health Enhancement), crisis transformation, and other efforts to rebalance the system away from costly inpatient care to quality community services. In the meantime, DBHDS contended with major system challenges such as a growing census and staffing crisis in its state hospitals, which was largely exacerbated by COVID-19. DBHDS developed the six strategic priorities found below to help support this work:

DBHDS Six Key Strategic Objectives – 2021

1. **Reduce facility bed census to 85% of capacity as the safe operation standard for patients and staff** – It is not sustainable for DBHDS facilities to remain at or over full capacity, particularly with current staffing levels. This has been a high priority since 2014 when Bed of Last Resort legislation went into effect. The overall census must be reduced to ensure safe and high-quality operations for patients and staff.
2. **Fully exit the DOJ Settlement Agreement and advance a higher quality system** – For many years, Virginia has focused on improving the developmental services system. Compliance with the DOJ Settlement Agreement will ensure that a higher level of quality does occur and is sustained even after the agreement is fully exited.
3. **Rebalance away from high cost/high acuity inpatient settings to outpatient and prevention services through the crisis continuum, STEP-VA, and BRAVO** – Rebalancing away from high cost, high acuity inpatient hospitalizations to lower cost community-based prevention and wellness services as well as the restructuring of the financing system is the true long-term solution to the census crisis.
4. **Make Diversity, Equity and Inclusion is a defining element of our workplace culture and service delivery** – DBHDS must do the hard work to become an organization in which Diversity, Equity and Inclusion is a defining element of the culture both in its workplaces and in the delivery of services.
5. **Become a Data Driven Organization by modernizing systems and processes** – There is a widely recognized, profound need for DBHDS to improve its data systems and data management processes.
6. **Enhance oversight of operations and an emphasis on enterprise solutions** – DBHDS is a healthcare system, not a central office and 12 independent facilities. To optimize performance and protect resources, DBHDS must operate fully as a single, unified agency with robust operations oversight and enterprise solutions.

COVID-19 Response

Fighting and managing COVID-19 was an exhaustive and consuming effort across DBHDS and the entire behavioral health and developmental services system in FY 2021. As the state of emergency extended into FY 2021 and conditions worsened, DBHDS continued to mobilize resources across the agency to respond to the pandemic including attending to the health and safety needs of DBHDS staff, patients and licensed providers, individuals in the care of DBHDS at the state facilities or through DBHDS licensed providers, attention to supporting behavioral health of the population of the Commonwealth, and operationalizing changes necessary due to the threat of COVID-19. Central Office continued to encourage staff to telecommute. Every DBHDS facility was significantly affected. The following is not comprehensive but shows some major ways DBHDS fought COVID-19 in FY 2021:

- **Number of cases** – During FY 2021, there were 1,762 facility staff and patients who tested positive and recovered from COVID-19. Very unfortunately, there were a total of 27 deaths at DBHDS facilities throughout FY 2021. This included two staff members and 25 patients. The DBHDS family is deeply saddened by their loss.
- **Infection control, screening and testing** – Using guidance from the Centers for Disease Control and Prevention and the Virginia Department of Health, all facilities implemented aggressive methods of infection control, outbreak containment, and symptom screening. DBHDS built a robust testing strategy during FY 2021. In addition to the facility staff and patients who tested positive, 39,117 facility staff and patients tested negative.
- **Visitation restrictions** – Visitation was restricted at 11 DBHDS facilities; only CCCA allowed limited visitation, but only for minor patients.
- **Managing outbreaks** – All 12 DBHDS facilities experienced outbreaks. A total of 12 DBHDS facility admissions closures were recommended by local health departments following significant outbreaks. These 12 closures impacted eight separate facilities. Upon closure, facilities worked closely with the local health department to develop a plan to reopen as soon as it was deemed safe to do so. Unfortunately, closures during COVID-19 contributed to delays of patients ordered to temporary detention at a state hospital, to increased census pressures, and to a growing staffing crisis throughout DBHDS facilities.
- **Adjusted requirements** – In addition to changes such as shifts to more telehealth, DBHDS put into place emergency protocols for licensing operations. DBHDS made a virtual process for service modifications available in July 2020. Licensing specialists returned to the field in April 2021 with enhanced safety precautions.
- **Support and guidance** – DBHDS tracked cases, provided guidance, created and updated resources, developed new virtual trainings, and worked to determine safe reopening and return to work guidelines. Communication included weekly calls with community services boards and frequent communication with other community providers.
- **Vaccinations** – DBHDS was very active in promoting vaccinations among staff and for providers throughout the community. DBHDS advocated for vaccination prioritization for Individuals with developmental disabilities and their caregivers, particularly in congregate settings. The statewide vaccination rate for DBHDS facility staff was about 67 percent for approximately 5,500 employees, and about 84 percent for Central Office's 524 employees.

More information about the COVID-19 response that took place in nearly every DBHDS central office division can be found in the following pages.

Administrative Services

The Administrative Services Division finished FY 2021 with an internal reorganization that will allow for a more enterprise-wide approach for programs and processes that are critical in nature and far-reaching in both scope and impact. On June 23, 2021, the Office of Emergency Management and the Office of Management Services were consolidated as programs under the newly designated Office of Enterprise Management Services.

Emergency Management

- Guided DBHDS agency response efforts throughout the changing landscape of the COVID-19 public health emergency. During FY 2021, this included the continued coordination of agency operational efforts during the COVID-19 State of Emergency through representation on state-level task forces and workgroups.
- Planned and led the execution of agency-wide vaccination campaigns in collaboration with all 12 DBHDS facility leadership teams. This involved very close coordination with the Virginia Department of Health for early vaccine supply availability and administration.
- Continued the provision of the VA COPES warmline as funded by a COVID-19-related federal grant to ensure all Virginians have access to someone to talk to about the emotional impacts of COVID-19 throughout the entire fiscal year.
- Planned, activated, and executed an initiative to ensure DBHDS-licensed, long-term residential providers and the Virginians they serve had access to the COVID-19 vaccine as appropriate during Virginia's vaccine rollout.
- Provided material support to VDH for the vaccination of long-term care (LTC) facilities following the completion of the CVS/Walgreens LTC Vaccination Program. This included coordinating thousands of first and second doses of various vaccine products for hundreds of facilities as well as the rapid integration of the vaccine products into the standard LTC pharmacy supply chain.

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:

- The Direct Support Professional Career Pathways Program aim is to increase the overall competency level of staff, leading to a more positive workplace environment and improving recruitment and retention of staff. Since the program began, 663 certificates have been awarded, and 208 employees have completed two certificate programs. The program continued during the pandemic as all college courses in this program were virtual.
- 24 people participated in the five-day March 2021 Virginia Public Sector Leadership Certificate Program (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, 174 people have participated.
- DBHDS executive participants of the VPSL III program that began before COVID-19 in 2020 were able to complete the program in 2021, bringing the total of DBHDS executives

participating in this program to 75. VPSL III uses the same core learning areas to explore topics in a higher-level method.

- There were 24 employees who started SystemLEAD in FY 2021. SystemLEAD, a long-term organizational strategy, clearly defines a leader's roles, abilities, and pathway to improvement. DBHDS offers this nine-month program annually. To date, 174 people have participated in the SystemLEAD programs.
- Continued use of the compensation toolbox to help recruit and retain a quality workforce. Job fairs (hire on the spot), social media, academic partnerships, various bonuses (increased nursing sign-on bonuses), increased alternate pay bands, increased shift differentials, and continuing the use of loan repayment programs were used.
- Increased starting pay approvals by at least five percent for facilities that had previously approved starting pay and established several new starting pay rates for various roles across the system.
- Worked to procure healthcare pay practices from Mercer and salary surveys to obtain current healthcare salary data. Based on the data, DBHDS promoted the need to increase direct care salaries and began working on a retention plan for direct care staff.
- Utilized the pay practices gained from Mercer to review DBHDS' on-call rates and established a more consistent approach for pharmacists, admissions, trades and IT staff.
- Worked to properly classify DBHDS social workers and began a compensation study on these roles.
- Worked with finance and facility staff to develop and implement a COVID-19 incentive plan for DBHDS facility staff.
- Developed a hazard pay plan for staff working on COVID-19 specific units.
- Implemented a critical shift supplement to compensate staff working in departments with critical staff shortages.

Information Technology/Security

DBHDS Information Technology division made significant progress during FY 2021 on key initiatives to accomplish two key strategic goals to modernize IT systems and utilize enterprise wide solutions whenever possible.

- Completed Millennium Electric Health Record (EHR) implementation to ensure a single EHR connects all DBHDS facilities.
- Implemented the new project management operations management tool, Sensei Beacon.
- Completed facility network circuit upgrades and working backup circuits with asymmetrical routing for network back-up capability.
- Updated the IT strategic plan.
- Completed the hiring and unification of IT management team with clear roles and responsibilities.
- Migrated the DBHDS website to an internal, self-managed platform.
- Ensured the publication of a weekly IT newsletter to ensure internal DBHDS staff are aware of current IT projects and critical information.
- Launched a new, SharePoint-based DBHDS Intranet to help improve internal communication and more efficient availability of information.
- Continued enhancement and utilization of the Microsoft Teams collaboration tool.

- Worked to significantly reduce the number of IT applications supported across the enterprise for more efficient operations.
- Improved working relationship and collaboration between Central Office IT and facilities/
- Standardized computer equipment across the agency.
- Updated and reconciled IT equipment inventory across the enterprise.
- Improved single points of entry for requests and incidents from end users.
- Moved to ticketing system for IT support, allowing tracking of statistics on expediency of service.
- Introduced and refined Information Technology in Business (ITIB) process for governance and resource allocation of IT projects.

Management Services

- Completed large-scale revision of the DBHDS/CSB performance contract in preparation for distribution by the end of FY 2021 and execution in early FY 2022.
- Implemented DocuSign to automate, track and provide improved document management for various performance contract agreements.
- Provided project management oversight for the implementation of the FY 2021 Project BRAVO program services.
- Played a major role in process improvement with internal/external stakeholders leading to a satisfactory review from the Auditor of Public Accounts related to outstanding findings from the June 30, 2019 audit.

Procurement and Administrative Services

- Developed and presented “Procurement 101” training for the Central Office. This training guides staff on state and agency laws and procedures for buying goods or services.
- Developed a revised building plan to remove walls and build cubicles increasing the staff capacity within Central Office.
- Developed and presented a procurement symposium for DBHDS facilities and CSBs. This one-day event was held at the Central State Hospital and covered topics such as audit findings, business associate agreements, and online purchase card reconciliations.

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. The aim of the division is to support the agency in ensuring that all individuals receive high quality care and integrates evidence, best practices, and data to drive decision making and inform mental health policy and implement system change.

Response to the COVID-19 Pandemic

Upon the declaration of the State of Emergency, DBHDS mobilized resources across the agency to respond to the COVID-19 pandemic. This included attending to the health and safety needs of DBHDS staff, individuals in the care of DBHDS at the state facilities or through DBHDS

licensed providers, attention to supporting behavioral health of the population of the Commonwealth, and operationalizing changes necessary due to the threat of COVID-19. The Division of the Chief Clinical Officer served in response to the pandemic in the following areas:

- Provided weekly support to the Emergency Operations Center, created situational reports, developed a tracking system to support DBHDS licensing in its real-time review of serious incident reports related to COVID-19. The division created and maintained a dashboard displaying COVID-19 tests at DBHDS facilities by location, date, type, and result.
- Designed a facility staff COVID-19 vaccination readiness survey to gather sentiments of direct support professional willingness to receive a vaccination and identify barriers associated with resistance.
- Served as the lead office for the agency's Crisis Standards of Care plan, in collaboration across divisions including pharmacy services.
- Maintained up-to-date state facilities COVID-19 planning, guidance, and coordination with VDH in outbreak response including implementation of a state facility COVID-19 screening and surveillance plan, monitoring of vaccination rates of staff and patients/residents, and development of COVID-19 mitigation plans.
- Served as advisory to the development of policies and procedures for staff and infection control practices including the DBHDS COVID-19 Reconstitution Plan and the Field Staff COVID-19 Operations Plan.
- Established the respiratory protection program to ensure DBHDS employees are protected from exposure to existing and potential respiratory hazards.
- Collaborated with VDH and community hospitals to ensure access to COVID-19 monoclonal antibody treatment for DBHDS state facility patients/residents, including establishing telehealth capability for medical evaluation for COVID-19 related issues. Successfully facilitated monoclonal antibody therapy to over 20 patients that prevented hospitalization and severe disease from COVID-19.
- Collaborated with VDH in the application of the CDC Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) grant to support ongoing COVID-19 response specific to DBHDS, awarded April 2021.
- Supported and developed guidance related to the COVID-19 vaccination plan for DBHDS state facilities.
- Hosted vaccine information town halls for DBHDS Staff to provide up to date information related to vaccine access, safety, efficacy, and promote vaccination against COVID-19.
- Pharmacy Services:
 - Provided support to DBHDS state facilities in the preparation and acquisition of COVID-19 vaccines.
 - Co-developed COVID-19 vaccination training to meet CDC COVID-19 pharmacy requirements as well as VDH audit criteria.
 - Co-led establishing COVID-19 vaccination workshops for people living in DBHDS-licensed group homes. Co-Created a pharmacy network to provide vaccination services to eligible DD individuals working with VDH and independent pharmacies. Started with about 4,000 group homes needing COVID-19 vaccine services, and identified and worked with 10-15 pharmacies across Virginia to provide vaccines.
 - Worked with VDH to provide COVID-19 vaccines at Remote Area Medical Health event in Harrisonburg where approximately 150 vaccinations were administered.

Project Behavioral health Redesign for Access, Value, and Outcomes (BRAVO)

The Chief Clinical Officer is the DBHDS lead for interagency collaboration with DMAS, for the Project BRAVO, to develop an evidence-based, trauma-informed, cost-effective, comprehensive continuum of behavioral health services for the Commonwealth.

- Throughout FY 2021, stakeholder engagement and workgroups proceeded to begin implementation of six critical services starting July 1, 2021: Program of Assertive Community Treatment (PACT), Multisystemic Therapy (MST), Functional Family Therapy (FFT), Partial Hospitalization Programs (PHP), Intensive Outpatient Programs (IOP), Residential Crisis Stabilization Units, 23-hour Crisis Observation, Mobile Crisis, and Community Based Crisis Stabilization.
- Collaborated with DMAS, MCOs, DHP and various DBHDS Offices to conduct provider and stakeholder trainings on new services related to licensing and program development.
- In collaboration with DMAS, established the Project BRAVO Racial Equity Workgroup to prioritize the need for addressing disparities in access, quality, and cultural and racial competencies in the implementation of Project BRAVO.
- In collaboration with DMAS, CSA, DSS, and DJJ, established the Center for Evidence Based Practices with Virginia Commonwealth University, which aims to serve as single statewide resource for developing the behavioral health workforce in supporting the use and accessibility for evidence based practices in the provision of services within Project BRAVO, STEP-VA, and the Family First Prevention Services Act.

Clinical Quality Management

- Quality Management System Improvements
 - Identified strategies and develop a process to streamline CSB reporting and measure development required for CSB reporting of case management data; detailing CSB involvement in the process and expectations for DBHDS support.
 - Developed a reporting schedule to ensure the regular surveillance of data that examines how well the service system is ensuring individual safety and freedom from harm; physical, mental, and behavioral health and wellbeing; avoidance of crises; community inclusion, choice, self-determination, stability, and access to services; and provider capacity.
- Developmental Disabilities Quality Management System
 - Developed and completed the second annual DD quality management plan, detailing: 1) quality management program description, 2) quality management work plan, and 3) quality management annual report and program evaluation.
 - Identified barriers to performance improvement and proposed and implemented activities to address them.
 - Developed a training toolkit, used to identify the need for and prioritize regional or statewide quality improvement initiatives and ensure validity. Trained internal stakeholders on its use.
- Regional Quality Councils (RQCs) – Each RQC is comprised of individuals, families, state and community staff and other providers. The councils establish and implement regional quality improvement initiatives (QIIs) to enhance employment opportunities and access within their region, increase compliance with direct support professional competency

- expectations, sustain the decrease in falls for individuals receiving DD waiver services (a leading cause for serious incidents), and increase provider capacity for in-home supports.
- RQC members (mostly volunteers) spent approximately 685 hours in their regular meeting and ad hoc meeting attendance.
 - DBHDS partnered with Virginia Commonwealth University’s Partnership for People with Disabilities to provide the second annual RQC Summit. The Summit serves to provide refresher training to RQC members both new and recurring.
 - Quality Service Reviews (QSRs)
 - On boarded a new quality service review vendor, responsible for evaluating whether individuals’ needs are being identified and met through person-centered planning; in the most integrated setting appropriate to the individuals’ needs and consistent with their informed choice; and whether individuals are having opportunities for integration in all aspects of their lives.
 - The QSR vendor conducted two rounds of reviews. In FY 2021, 5,300 person centered review and 1,169 provider quality reviews were completed.
 - Support Coordinator Quality Reviews (SCQR)
 - Developed and implemented the SCQR retrospective review process.
 - Completed 100 virtual retrospective reviews (designed to validate the findings of the CSB case management supervisory reviews and to provide technical assistance to the case managers and supervisors for any needed improvements) and 50 inter-rater reliability reviews (designed to validate the findings of the DBHDS personnel and to provide feedback to other DBHDS offices).
 - Multi-Agency Review Team
 - Formed Multi-Agency Review Team (MART) to examine the possibility of streamlining DMAS, QSR vendor, and DBHDS Licensing reviews and reduce the amount of paperwork submission required for the three separate reviews. MART identified a budget-neutral platform for creating a repository for non-PHI documents, to be uploaded by CSBs that can subsequently be accessed by DMAS, the QSR vendor, and DBHDS Licensing.

Mortality Review Office

- Developmental Disabilities Mortality Review
 - Published the FY 2020 annual mortality report which included the analysis of the completed 345 mortality reviews; 95.1 percent were completed within 90 calendar days.
 - Expanded use of the electronic mortality review form (eMRF), to track, record, store and run reports of data utilized for identification of trends, patterns, service gaps, and data reporting.
 - Developed quality improvement initiatives to address DBHDS provider knowledge of sepsis identification and ongoing assessment.
 - Validated the quality assurance processes of the newly established “potential unreported death” process to identify one missed death.
 - Developed a process to utilize, §§2.2-3705.5, 2.2-3711, and 2.2-4002 Amendment of the Code of Virginia authorizing the MRO to obtain medical records. This included collaboration with DBHDS IT & Security Offices to obtain access to an electronic, secure, limited access only, facsimile application (Sfax®).

- State Facility Mortality Review
 - Collaborated with VDH and OCME to establish an electronic (non-paper copy) process for the sending and receipt of relevant documents, including death certificates and autopsy results, in order to adhere to health privacy requirements.
 - Established the DBHDS State Facility Mortality Review Committee to review state facility data and develop systemic quality improvements and provide data to inform the development of policies, legislation and programs.

Data Quality and Visualization (DQV)

- Conducted the first annual data quality monitoring plan annual update on data source systems used for DOJ Settlement Agreement compliance reporting. In addition to the annual update DQV, developed a methodology for the determination of additional actionable recommendations for each system reviewed in the data quality monitoring plan.
- Transitioned standard reporting for the Office of Licensing (OL) to the DBHDS data warehouse so users can execute these operations at will. This required close collaboration with OL and the data warehouse team to ensure that the reports included proper output aligned to the latest business rules.
- Designed a dashboard for the Office of Human Resources to enable quarterly and annual trend monitoring of state facility human resources measures.
- Analyzed neglect allegations for the Office of Human Rights; calculated the number of shared cases necessary to determine inter-rater reliability; retrieved a random sample of neglect allegations; and created a Microsoft Power App to collect data from reviewers in a streamlined manner. This secure and streamlined data entry approach allowed users to submit data in real-time using sophisticated data validation controls. Transitioned required annual reporting of instances of seclusion and restraint for the Office of Human Rights from faxed paper forms to a web-based form.
- Matched clients from the permanent supportive housing and programs of assertive community treatment to hospital, jail, and community services datasets to determine the impact of these programs on utilization.
- Developed an Annual Mortality Report including rate analysis requested by DOJ. Collaborated with multiple offices to conduct an extensive review of data sources to provide a formal response to a mortality report provided by DOJ.
- Revised and implemented 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.

Pharmacy Services

- Conducted implementation planning for Synmed Blister Packaging machine for VCBR.
- Issued RFP for Clinical Decision Support Services for Clinical Statewide Contract.
- Developed plans to establish a DBHDS statewide pharmacy and therapeutics committee.
- Departmental Instructions reviewed and updated include DI 410: Hazardous Drugs; DI 109: Psychotropic Drugs.
- Collaborated and developed DBHDS pharmacy web page.

Community Services

Behavioral Health Community Services

System Transformation Excellence and Performance (STEP-VA) Continuation

- DBHDS continued working with the Administration, the General Assembly, and stakeholders to implement STEP-VA, an initiative that features a uniform set of services with consistent availability and improved oversight of services across all Virginia communities. Implementation follows a three phase approach:
 - **Phase 1** (Planning and Installation): Case Management, Psychiatric Rehabilitation, and Care Coordination. These steps have not been funded, but planning is underway.
 - **Phase 2** (Initial Implementation): Primary Care Screening, Outpatient Services, Crisis Services. Two STEPs are entering Phase 2 (Peer and Family Supports, and Service members, Military, Veterans, and Family members).
 - **Phase 3** (Full Implementation): Same-day access
- DBHDS has been working with stakeholders to operationalize findings from last year's comprehensive needs assessment results. A workgroup was formed and produced a report with six recommendations regarding the Behavioral Health Index and CSB Funding (in response to 2019 JLARC report). Infrastructure needs have been elevated, and \$3.2 million in CSB funding for infrastructure was allocated for FY 2020 in conjunction with the implementation of STEP-VA.

Project BRAVO/Behavioral Health Enhancement

The Community Services Division continues to work with the Office of the Chief Medical Officer and DMAS to implement Project BRAVO. During FY 2021:

- Workgroups and a rate study were conducted.
- The first six Project BRAVO services came online July 1, 2021: 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 beginning October 2018 through September 2021 for prevention, treatment, and recovery plus a supplementary onetime allocation of \$8.7 million. In FY 2017 and FY 2018, Virginia received \$19.4 million. From FY 2018 to FY 2020, Virginia received \$67.1 million. In FY 2021, Virginia received \$27.6 million and funds are used for the following:
 - Prevention SOR grant accomplishments included:
 - Increased the capacity for communities to prevent prescription drug and heroin overdoses. Thirty-eight CSBs worked with OMNI Institute to build evaluation capacity through logic model development and data-driven strategy selection using national, state, and local data.
 - Increased community awareness of local opioid overdose problems. Thirty-eight CSBs developed prevention messaging with input from coalitions and community partners, with varied content and delivery methods depending on the identified needs of each community.

- Increased the number of safe storage and disposal efforts to decrease the availability of prescription drugs for misuse. These efforts included distribution of drug deactivation packets, prescription drug lockboxes, and smart pill bottles. Communities also participated in drug take-back events and arranged for the installation of permanent drug drop boxes or drug incinerators.
 - Treatment SOR grant accomplishments included:
 - Increased the number of individuals engaged in treatment. In 2017, 18 of the 40 CSBs across Virginia were offering MAT services. SOR funds helped to expand Medicated Assisted Treatment (MAT) coverage to all 40 CSBs by the end of 2019, significantly increasing access to treatment for Virginians.
 - An average of 1,594 clients per quarter received MAT services.
 - An average of 1,375 clients per quarter received non-MAT services, including counseling, psychiatry, contingency management, and other therapeutic support.
 - An average of 1,078 clients per quarter received other services, such as transitional housing, residential treatment, or wellness support.
 - Expanded availability of wraparound supports that are critical to treatment success and overcoming treatment barriers, including transportation, childcare, and service vouchers. These services enable individuals to better adhere to treatment plans and achieve desired OUD treatment outcomes.
 - Expanded treatment services provided in justice settings. As of November 2020, 17 jails were working with CSBs to offer MAT services in their facilities.
 - Distributed naloxone kits to local health departments, CSBs, harm reduction sites, and pharmacies. 21,155 SOR-funded naloxone kits were distributed to local health departments, community members, CSBs, and first responders.
 - Recovery SOR grant accomplishments included:
 - Increased the number of peer supporters who have lived experience of substance use and/or mental health disorders and provide recovery support.
 - 495 individuals completed the Peer Recovery Specialist (PRS) Training; 181 PRS-trained individuals became Certified PRS; 74 individuals registered with Virginia's Certification Board.
 - 10,223 individuals received SOR-funded recovery services.
 - 37 hospitals offer peer recovery services in emergency departments.
 - 9 universities offer SOR-funded Peer Support services.
 - 21 regional jails are providing SOR-funded MAT and/or recovery services.
 - Hosted quarterly recovery roundtable discussions with evaluation partner OMNI Institute to foster collaboration in the recovery field across states.
 - Piloted use of a standard outcome measure (the Brief Assessment of Recovery Capital or BARC-10) to measure changes in recovery capital over time for individuals receiving a variety of recovery services in different settings.
- Assessed changes in recovery outcomes, including substance use, housing, education, employment, health, and social connectedness. Most (98%) individuals assessed stated that working with a peer is moderately, considerably, or extremely helpful with recovery and maintaining sobriety.
- The REVIVE! program accomplishments during FY 2021 included:
 - Personal protective equipment (PPE) needs for local CSBs were addressed by shipping in stock rubber gloves to CSBs.

- The REVIVE! program was able to continue training and related services during the pandemic by implementing virtual “Rapid REVIVE!” for individuals at the highest risk of experiencing or encountering opioid overdoses.
- During the 1st quarter of 2021 there were 31 individuals trained as Non-First Responder Master Trainers. During the same time period approximately 1,500 individuals were trained via Lay Rescuer and Training of Trainers (TOT).
- DBHDS partners with Virginia Department of Health (VDH) to coordinate the distribution of Naloxone. Comprehensive Harm Reduction (CHR) sites as well as REVIVE! trainers can register to receive Naloxone from VDH. CHR sites have distributed 11,332 doses of Naloxone. Pharmacy Naloxone distribution is about 6%.
- DBHDS received funds from the First Responders Grant. This funding opportunity has allowed DBHDS to partner with Virginia Association of Chiefs of Police (VACP) to provide REVIVE! For First Responders training. The cohort of First Responders include: Law Enforcement agencies, non-EMS fire service agencies, and corrections/jails located in Virginia. During the time frame January 1-June 30, 2021, eight REVIVE! for First Responders Train the Trainers were conducted, 126 new trainers were certified as REVIVE! First Responders Trainers, and no Master Trainer certifications were completed.
- Three new Coordinated Specialty Care (CSC) programs were added to Virginia’s behavioral healthcare system, bringing the total number of CSBs offering this service to eleven. CSC is a team-based, collaborative, recovery-oriented treatment model that emphasizes outreach to identify and engage young people experiencing a first episode of psychosis (FEP) into youth-specific treatment which can include low-dosage medications, cognitive and behavioral skills training, supported employment and supported education, case management, and family psychoeducation. CSC also emphasizes shared decision-making as a means to address the unique needs, preferences, and recovery goals of young people with FEP.
- Reported the following findings from a two-year pre/post study for Assertive Community Treatment (ACT):
 - The average cost per individual served by ACT teams statewide is \$14,336, representing a reduction from last fiscal year.
 - State hospitalization usage for all ACT served individuals admitted in FY 2018 was reduced by 43 percent, representing a cost avoidance of \$9,162,378.
 - All new FY 2018 ACT served individuals accounted for 23,206 state hospital bed days in the two years prior to their PACT admission, and just 13,224 in the two years post their ACT admission.
 - Across the FY 2016, FY 2017, and FY 2018 cohorts, the ACT program contributed to an overall cost avoidance of \$29,286,086 in state hospital costs in the two years following initiation of PACT services.
 - Local psychiatric hospitalization use for all ACT served individuals admitted in FY 2018 had a 47 percent reduction, which represents a cost avoidance of \$4,033,564 related to this population.
 - All new FY 2018 ACT served individuals accounted for 10,968 local hospital psychiatric bed days in the two years prior to PACT admission, and just 5,778 in the two years post PACT admission.

- Incarceration of all ACT served individuals admitted in FY 2018 was reduced by 64 percent and represents a cost avoidance of \$938,278 related to this population.
- In the two years prior to admission to ACT, all new FY 2018 individuals served 15,847 days in confinement compared to only 5,645 days in the two years post entering ACT services.
- Across the FY 2016 - FY 2018, the ACT program contributed to an overall cost avoidance of \$2,518,151 in jail costs in the two years post initiation of ACT services.
- On March 16, 2021 the Secretary's Office and DBHDS began a Weekly Overdose Call with many public and private stakeholders to begin to identify the areas of need throughout the state.
- The State Opioid Treatment Authority (SOTA) requested and received approval from SAMHSA to allow for liberal take-homes. SOTA held daily and then weekly calls. DBHDS, DMAS, and others were able to assist the opioid treatment programs (OTPs) with reimbursement for take-homes, transportation and PPE.
- Virginia expanded from 38 to 41 OTPs during the pandemic.

Community Child and Family Behavioral Health Services

- Served 20,168 infants and toddlers in FY 2021 through Early Intervention/Part C. This number is on a par with the number served in FY 2020. During the pandemic, Early Intervention Part C continued to provide services, mostly through telehealth but with some in-person services when indicated.
- Awarded a contract to Brilljent, LLC to develop a statewide children's mobile crisis curriculum, training manual, and a train-the-trainer. This training will be the first ever statewide training to increase skills, competencies and consistency in services statewide.
- Hosted a two day Symposium on Adolescent and Young Adult Substance Use: Pathways to Culture, Treatment and Recovery in April 2021 for over 385 participants.
- As of June 30, 2021, the Youth Substance Abuse Treatment Implementation Grant has reached a total of 313 clients across five sites. Statewide training in the Adolescent-Community Reinforcement Approach (A-CRA), an evidence-based practice for adolescent and transition age substance use treatment, has been underway with nine additional clinicians receiving certification.
- The VA Mental Health Access Program (VMAP) has launched four of its five regional hubs providing behavioral health consultation and care navigation services to the region's primary care providers (PCPs) who treat children and adolescents (North, East, Central, and Southwest). The remaining hub (West) will launch in this upcoming fiscal year. In that same time frame, VMAP has held six programs for Virginia PCPs, training them on how to screen, diagnose, manage, and treat pediatric mental health. VMAP also initiated an equity work group that includes community stakeholders to ensure that the program is focused on equitable access and produces quality outcomes across populations.
- In FY 2021, VMAP served 775 unique patients, with 891 calls by PCPs to the consultation line, which represented 205 providers across the state. The majority of calls were for anxiety (37 percent) and/or depression (35 percent). CP management was the most frequent outcome of the consultation calls demonstrating that this service is working to maintain children and adolescents with behavioral health care in an integrated setting.

Behavioral Health Wellness/Suicide Prevention

- Lock and Talk Virginia Lethal Means Safety Initiative expanded to 38 CSBs. The initiative recognizes that promoting safe and responsible care of lethal means – while encouraging community conversations around mental wellness – is vital to the mission of preventing suicides and promoting 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. This year, 6,247 medication boxes and 2,960 safety gun locks were distributed.
- Trained 3,640 individuals in Applied Suicide Intervention Skills Training (ASIST) as of June 2021. ASIST is a designed to help caregivers recognize risk for suicide, intervene to prevent immediate harm and link persons at risk to the next level of care.
- Trained 2,539 individuals in safeTALK (Suicide Alertness for Everyone) as of June 2021. SafeTALK helps participants become alert to suicide, and they are better prepared to connect persons with thoughts of suicide to appropriate resources.

Mental Health Awareness

- Trained 76,854 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 federal Strategic Prevention Framework (SPF). This year, all 40 CSBs, in partnership with their local community coalitions, implemented individually based prevention programs that served 43,864 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 340 trainers who have delivered over 500 trainings to over 15,500 participants.
- Virginia's Synar rate increased from 10.6 to 16.8 percent in FY 2021. This rising Synar rate is in part attributed to Virginia's need for sustained, ongoing retail violation enforcement checks. The federal Synar Amendment requires states to have laws prohibiting the sale and distribution of tobacco products to minors.
- 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.

- SOR added over the counter (OTC) proper use and disposal strategies to its efforts due to the link to opioid use and the increased access to youth in the home during COVID.
- OBHW Leadership (Gail Taylor, Director) was the 2020 recipient of the National Association of Substance Abuse Director's National Prevention Network's Ketty Award for outstanding contributions in the field of prevention, and the OBHW received the Community Anti-Drug Coalitions of America (CADCA) Outstanding State Award for 2021 received in December 2020.

Behavioral Health Equity

- Continued the development of The Behavioral Health Equity Index with VCU Center on Society and Health. The index was refined using the All Claims Payer Database to determine the prevalence of SMI, SED, and SUD by zip code.
- Hosted the Third Annual Behavioral Health Equity Summit in May 2021 with a focus on promoting equity through community engagement. The grant offered an opportunity to CSBs to apply for Behavioral Health Equity Mini grants up to \$10,000. Fourteen grants were awarded to attending CSBs to enact equity-oriented projects that focused on community engagement.
- Trainings during FY 2021 included a "Black Mental Health Matters" series, a Racial Literacy for Behavioral Healthcare Professional Series, and a Gender Diverse Youth Summit, among others.
- Partnered with local experts to develop focus group reports for three key populations: behavioral healthcare professionals of color, Spanish-speaking Virginians, and LGBTQ+ Virginians. The goal was to learn the experiences of navigating the public sector behavioral healthcare system (either as employees or consumers) and their perceptions on mental health. The behavioral healthcare professionals of color and Spanish speakers' reports are completed and the LGBTQ+ is expected to be completed late this year.

Virginia Refugee Healing Partnership

- Virginia Refugee Healing Partnership, made possible by a grant awarded from the Department of Social Services, held behavioral health interpreter training attended by 120 behavioral health interpreters and 16 trainers and an online language access conference attended by 265 participants.
- Provided nine mini-grants for youth substance use prevention training, held a statewide prevention and wellness conference, and formed the New Americans Prevention Workgroup that focuses on community-based efforts for refugees and immigrants.

Problem Gambling Prevention

- DBHDS is tasked to provide strategies to prevent problem gambling. This effort is supported by a percentage of tax revenues generated through skills games, sports betting and in the near future, casinos pursuant to 37.2-314.2.
- To support the Problem Gambling needs pursuant to 37.2-314.2, a full time Problem Gambling Prevention Coordinator was hired. The position will develop a strategic plan for this effort once a needs assessment is completed in partnership with the 40 CSBs.
- An advisory committee comprised of the Virginia Council of Problem Gambling, the Virginia Lottery and DBHDS met quarterly to coordinate efforts.

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.
 - 293 new peer recovery specialists are eligible for certification. This number results in a workforce of 2,573 peer recovery specialists and family support partners trained since January 2017.
 - The Virginia Certification Board reported 665 certified peer recovery specialists.
 - 585 PRS supervisors trained since January 2017 to support the new workforce.
 - An online, on-demand training PRS Supervisor Training became available in 2021. 80 individuals have completed the online training.
- Continued training for peer recovery specialists and PRS supervisors in the five regions until COVID-19 restrictions went into effect. Up until then, 70 active PRS trainers provided multiple training opportunities. A total of 26 PRS trainers were approved to conduct virtual PRS training on a newly developed platform. This created approximately 300 free training slots for individuals wanting to take the PRS training.
- 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 20 to 150 individuals semi-monthly.

Developmental Community Services

U.S. Department of Justice Settlement Agreement

Virginia is in the tenth year of its anticipated 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.

- The results of the Independent Reviewer (IR) December 2020 report highlighted a new compliance rating for provision V.H.2 under Provider Training, and met a substantial number of compliance indicators within Mortality Review and Regional Quality Councils. Despite these gains, there were 46 provisions remaining in non-compliance.
- On December 30, 2020, as is required by provision VII.B.2, the United States filed a notice to dispute compliance with the Settlement Agreement, and adopted the Independent Reviewer's (IR) assessments as reported in the [17th IR Report to the Court \(December 2020\)](#) and [16th IR Report to the Court \(June 2020\)](#).
- On March 11, 2021, the federal court submitted an order extending the anticipated end of the Consent Decree to July 1, 2022, and finding the Commonwealth in sustained compliance with Section IV Discharge Planning and Transition from Training Center and provision VI.D.
- Looking back over FY 2021, Virginia has maintained all previous sustained compliance ratings, and gained compliance with four additional provisions in the areas of Crisis Supports, Provider Training, and Family Guidelines. Overall, of the 121 provisions studied by the Independent Reviewer, 40 remain in non-compliant status and have associated compliance indicators for monitoring.

- The following is taken from the [June 2021 Report of the Independent Reviewer on Compliance with the Settlement Agreement](#): *In addition to the human consequences, the pandemic understandably once again slowed Virginia’s progress. When COVID-19 first began to spread in the spring of 2020, DBHDS was planning a broad, project-managed drive to achieve all remaining Compliance Indicators by June 30, 2021, the end of the tenth year of the Agreement’s estimated implementation schedule. Since then, the Commonwealth has maintained its focus on meeting the requirements of Compliance Indicators associated with the Provisions that it had not yet achieved, as well as on sustaining its statewide systems’ performance that had previously achieved Compliance over consecutive reporting periods.*

Crisis Services for Adults and Children

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

- The child Regional Education Assessment Crisis Services Habilitation (REACH) program received 1,636 referrals, a seven percent increase over last year’s 1,535 referrals.
- The adult REACH program received 2,194 referrals, an approximate 3.6 percent decrease from the previous year’s 2,275 referrals. This is most likely due the fact that many adults are already connected to REACH services as prevention services are a main focus of the program to prevent reoccurrence of the crisis cycle.
- The adult REACH program provided 25,916 hours of prevention services in FY 2021, an eight percent increase as compared to FY 2020 (23,956).
- The child REACH program provided 12,394 hours of prevention services in FY 2021, a 15 percent increase as compared to FY 2020 (10,817).
- Two children’s crisis therapeutic homes became fully operational in order to provide families whose youth need out of home crisis stabilization efforts. In the fourth quarter of FY 2021, both homes were fully licensed for six beds for the first time.
- Since the inception of REACH services, the length of stay in state psychiatric hospitals for individuals with DD decreased from an average length of stay of 113 days to 29 for adults and from 19 days to 18 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 new integrated day services.

- Published two semi-annual reports on employment with 100 percent participation from employment service organizations.
- The pandemic had a significant impact on individuals working in the community, however, DBHDS is monitoring the impact and working with stakeholders to address this.

Medicaid Waiver Services for Individuals with Developmental Disabilities (DD)

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 (CMS),

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.

- Waiver Services and Waitlist – As of June 30, 2021, there were **15,322** active individuals on a waiver. The total **wait list was 13,891** and included:
 - Priority One (services needed within one year): 3,518;
 - Priority Two (services needed in 1-5 years): 6,513; and
 - Priority Three (services needed in 5+ years): 3,860
- The permanent regulations for the DD waivers completed final approval and went into effect March 31, 2021.
- Amendments to all three DD waivers were submitted to and approved by CMS in order to update the quality improvement appendix of the waivers and bring other elements of the service descriptions in line with the permanent regulations.
- Virginia’s HCBS Waivers (DD Waivers) are also subject to the 2014 HCBS Settings Regulation (Final Rule). The HCBS Final Rule prescribes specific characteristics that must be present in settings where waiver services are provided to demonstrate a home and community-based experience versus an institutional one. HCBS settings nationwide are required to demonstrate compliance with the rule by March 17, 2023 to continue participating in the Medicaid waivers program. There are approximately 4,000 of these settings serving children and adults in Virginia. Each group home, group day, sponsored residential, supported living, and group-supported employment setting must be assessed for compliance with the requirements. In FY 2021, DBHDS began validating approximately 400 physical provider settings and approximately 2,300 settings via desk audit reviews. As necessary due to the onset of COVID, the review protocols include a mix of virtual, onsite, and desk audit reviews. Sixty-eight settings exhibiting institutional and/or isolating characteristics, which were pre-identified for heightened scrutiny, are being included in the onsite reviews for FY 2022.
- Reviews of documentation have been completed for all CSBs for a five percent sample of individuals on the DD waiver waitlist to ensure accuracy and consistency of interpretation across the state for waitlist placement criteria and priority level status.
- The waiver waitlist team mailed individual choice forms to 15,619 individuals and families and emailed the waitlist portal link to 7,567 individuals active on the DD waiver waiting list for whom DBHDS has a valid email address in the waiver management system (WaMS). There was an 85 percent response rate with 13,300 completed choice forms or CSB support coordinator verifications. No individuals were removed from the waitlist in FY 2021 due to CMS COVID-related protocols.

Supports Intensity Scale®

The Supports Intensity Scale (SIS®) is a comprehensive assessment used to identify the practical supports required for individuals enrolled in DD waivers. In Virginia, external organizations accredited to perform the SIS are contracted with DBHDS to conduct the assessment.

- The SIS vendors completed a combined total of 5,601 SIS assessments in FY 2021.
- Upon the effective date of the permanent DD waiver regulations, DBHDS adopted a new assessment schedule, which will result in less frequent assessments while maintaining reliability.

- Due to COVID-19 protocols, virtual SIS assessments became routine. The shift to virtual SIS assessments had no impact on the quantity completed.
- DBHDS began collecting SIS Satisfaction surveys via SurveyMonkey in July 2020. Overall, 93 percent of survey respondents gave favorable responses about their overall satisfaction with the SIS assessment process.
- In coordination with DMAS, DBHDS hosted the fifth annual meeting of the SIS Stakeholders Workgroup. DBHDS reviewed the SIS Stakeholder report with members.
- DBHDS regularly and systematically conducts quality assurance and quality improvement to assure consistency and reliability. These reviews occur in conjunction with SIS vendors and include clinical oversight from the American Association on Intellectual Disabilities.

DD Waivers Customized Rate Program

In 2017, CMS approved a waiver amendment allowing providers to apply for a customized rate for individuals whose support needs fall outside of the standard rate structure. Any provider supporting an individual on the Family & Individual Supports Waiver or Community Living Waiver are eligible to apply for a customized rate regardless of the individual's assessed SIS[®] score. If approved, a rate unique to the individual and/or service is developed based on eligibility criteria and the individual's demonstrated need. In FY 2021, the DD Waiver customized rate program has helped individuals successfully live in the community and avoid unnecessary hospitalization and/or involvement with the criminal justice system by providing funding for additional one-to-one and two-to-one staffing supports.

- In FY 2021, 217 applications were received and 194 applications were approved.
- Assisted individuals impacted by COVID-19 by reviewing and updating individuals' customized rate funding. This involved quickly recognizing and responding to changes in individuals' support needs when standard integrated day options were not available, and providing additional funding to ensure continuity of care. These actions enabled providers to provide in home or alternative day options at a higher rate of pay during the pandemic.
- The process by which customized rate applications are processed was streamlined and integrated into the Waiver Management System (WaMS) to make it less cumbersome on providers to apply for customized funding when it is needed.

Office of Integrated Health

The Office of Integrated Health (OIH) responds 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 7,025 repairs to 4,748 pieces of durable medical equipment and assistive technology items (such as wheelchairs). Also completed 45 custom adaptations, 67 percent of which specifically reduced risk of injury to the individuals served and 30 percent reduced the risk of infection transmission due to skin breakdown.
- Engaged in 1,798 Registered Nurse Care Consultation (RNCC) community interactions: 86 percent addressed risk aversion and communicated best practices and 14 percent increased access to services.
- Facilitated 34 regional community nursing meetings with a combined 559 attendees and offered continuing education units on 12 topics.

- Circulated 12 monthly Health Trends Newsletters and 12 Health and Safety Alerts promoting best practices in the health care and promoting safety interventions that can mitigate risk.
- Presented 30 educational training programs with a combined 937 attendees on topics addressing challenges in health and safety and reducing risk of injury or fatal outcomes.
- At the end of FY 2021 the dental team was serving 1,090 individuals with DD without using restraints or general anesthesia through the Health Support Network program.
- Extended the six existing contracts for the basic dentistry program and two for moderate sedation dentistry. Added remote supervision dentistry to one contract and kicked off the mobile remote dentistry program in May 2021.
- The Preadmission Screening and Resident Review (PASRR) process is a federally-mandated process that ensures individuals with DD or severe mental illness admitted to nursing facilities meet criteria for admission. The PASRR team completed 604 evaluations for individuals who were referred to or seeking admission to nursing homes. Of that number, 45 adults and 4 children were diverted to another residential choice and 14 adults and four children were transitioned out of nursing facilities.
- In response to COVID-19 and the state of emergency;
 - The RNCCs collaborated with the Office of Licensing to follow up on 1,610 people with a DD and 2,600 people receiving behavioral health services who had been reported to test positive for COVID-19. Of this group, there were 59 who passed away. In January 2021, the RNCCs shifted their focus to COVID-19 outbreaks which was defined as two or more positive cases in one setting. The RNCCs follow up activity involved 280 providers; 190 represented DD licensed providers.
 - RNCCs and Mobile Rehab Engineering Team worked with the DBHDS pharmacy manager and director of Emergency Management to ensure the 4,500 DBHDS licensed group home/sponsored home sites had access to receive COVID-19 vaccines. The teams connected homes to pharmacies and vaccine clinics and volunteered as clinic staff to support the Commonwealth's efforts to assist individuals with DD to access vaccines.
 - RNCCs and Dental Team worked with the DBHDS Chief Clinical Officer division to provide education on COVID-19 and infection control consistent for all DBHDS central office field staff. They conducted N95 mask FIT testing for 94 central office field staff and 71 staff at Hiram Davis Medical Center.
 - RNCCs developed a training for use by state agencies and community providers that contains guidance for providing vaccines for individuals with DD.

Provider Development

Provider Development focuses on developing and sustaining a qualified community of providers so people with DD and their families have choice and access to options that meet their needs.

- 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 DOJ 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 DOJ 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 FY 2021 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 Support Program (IFSP)

IFSP provides financial assistance to individuals and families on the waitlist for services through one of Virginia's DD waivers to cover eligible costs that support continued living in an independent setting. Following a significant technical issue with the program's data portal in FY 2020, funding was not released in FY 2021 to ensure the safety and privacy of individuals' application information. Program funding will resume in FY 2022. In the meantime, IFSP continued to support Virginians with DD and their families in FY 2021 through:

- Supported individuals and families with three programs 1) peer and family mentoring, 2) community coordination, and 3) information and resources referral. This work resulted in significant advances towards compliance with the DOJ Settlement Agreement and for the first time, the program achieved compliance on DOJ Provision III.C.8.b.
- Led an internal group of stakeholders from Waiver Services, Provider Development, and IFSP to implement the Peer to Peer Waiver Service in partnership with the Arc of Virginia. This program, through additional IFSP funding, also supports the parallel goal of providing peer mentoring supports to people on the DD waiver waiting list.
- Formalized the referral process for people in institutional settings to receive a referral for family mentoring. This activity supports compliance with DOJ Provision III.D.5.
- Enhanced its information and referral supports capacity by addressing the navigability of the My Life, My Community (MLMC) website and it has partnered Virginia Navigator and Provider Services to release a refreshed MLMC website. A separate portal for providers was also launched in FY 2021.
- Achieved compliance with DOJ Provision III.C.8.b with the publication of the IFSP first steps document which was first distributed to developmental pediatricians and early intervention specialist across the Commonwealth for the first time in December 2020.

- In spite of the difficulties presented by COVID-19 to planned in-person activities of the IFSP State and Regional Councils, IFSP has been able to maintain continuity with engagement of communities. As a result of a focus on virtual events, IFSP has held three community town halls on prioritization for the funding program, two statewide coordinated council meetings.

Waiver Management System (WaMS) Office of Integrated Supports Services (OISS)

WaMS is the DBHDS waiver management system. There were several updates and enhancements to the user interface in FY 2021. These updates included:

- New Waitlist Portal – A website linked to WaMS that can be accessed by an individual or their caregiver to state they wish to remain on the waitlist and to complete forms.
- New Customized Rates Module – Manages the entire customized rate application approval process including housing supporting documentation and letters for individuals.
- Update to ISP (version 3.2) – Yearly update to enhance the ISP and electronic health record integration and to align with DOJ compliance indicators.
- New integration with DMAS core management solution (CRMS) – Support the new interface between WaMS and DMAS’ CRMS module for the Medicaid Enterprise System.
- Update to waitlist dynamic forms – Numerous forms were updated to align with updated regulations and manual.

Single Point of Entry and Children’s ICF Initiatives

DBHDS, along with DMAS, began the single point of entry process in May 2018. Through this process, any Virginian seeking placement in an intermediate care facility (ICF) is screened utilizing the Virginia Individual DD Eligibility Survey (VIDES) to determine eligibility.

- 74 Virginians were screened for ICF placement: 62 children and 12 adults.
- The Children’s ICF Initiative mainly focuses on Holiday House of Portsmouth and St. Mary’s Home. The Family Resource Consultant Manager (FRC) conducts annual level of care reviews for all residents, educates families on more integrated options, and participates in discharge planning efforts. During FY 2021, the FRC:
 - Mailed 219 community transition guides to families to educate families on service options available in the community.
 - Linked 22 families to the VCU Family to Family Network.
 - Provided information regarding more integrated options to families interested in exploring available community resources.
 - Provided housing resources to families in need.
 - Participated in the transition/discharge planning process for children at Holiday House and St. Mary’s Home.
 - Completed 103 LOC reviews (due to COVID-19, modified reviews were implemented). A total of 56 modified reviews were completed.

Community Cross-Disability Services

DBHDS has structured several initiatives to operate across disability groups including community housing, community integration, and crisis services. DBHDS is working to build a cross-disability, child and adult crisis services delivery system.

- Held two focus groups with CSB partners to review national best practice models and the future of the system in Virginia.
- Visited Georgia and Arizona with CSB partners to learn from best practice models.
- Instituted with DMAS a focus group and behavioral health redesign workgroup and successfully developed service definitions for crisis services with general consensus.

Community Housing

- Invested \$20.1 million to establish and sustain 23 permanent supportive housing (PSH) providers across the state to serve more than 1,500 individuals with serious mental illness (SMI).
- Invested \$1.6 million to serve 75 households with a pregnant or parenting woman with substance use disorder.
- Outcomes from the above investments 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 federal 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.
- As of May 2021, 273 individuals in the DOJ Settlement Agreement population moved into independent housing during the fiscal year. Their housing opportunities were provided primarily through \$17.1 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, 1,649 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 Housing Action Plan for individuals with SMI.
- 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. The training resulted in increases in both the number of disability applications submitted and the application approval rate. As a result of excellent outcomes and improved performance, Virginia was recognized as one of ten high performing states to implement SOAR.

Community Integration Services (CIS)

CIS provides development and oversight of CSB emergency services and crisis stabilization units, the Alternative Transportation Program, and discharge planning and community integration of individuals discharging from state hospitals. The team assists and trains discharge planners, and administers Discharge Assistance Plan (DAP) funds and Local Inpatient Purchase of Service (LIPOS) funds. DAP is a major tool for overcoming barriers to discharge 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. These individuals are often on the extraordinary barriers to discharge list (EBL), meaning that they have been clinically ready to leave the

hospital for at least 14 days, but have not yet left, due to non-clinical barriers. The average number of individuals on the EBL grew from 152.5 in FY 2015 to a high of 218.6 in FY 2020. In FY2021 the average number of individuals on the EBL was 209.2. During FY 2021, CIS:

- Oversaw the use of \$62.4 million in DAP funds. These funds served 1,609 individuals in FY 2021, of which approximately 600 were new discharges from state hospitals. The funds support 145 assisted living facility beds in three locations and 110 transitional group home beds in locations throughout the state. All of these beds are exclusively for individuals discharging from state hospitals. CIS also facilitated a statewide workgroup regarding DAP funds, with plans to implement some of the recommendations in FY 2022.
- Awarded an RFP for contracted guardianship and conservatorship services for individuals in state hospitals whose need for a guardian is a barrier to discharge. This contract served 83 individuals in FY 2021.
- Partnered with Mount Rogers CSB and Valley Healthcare in Chilhowie to create a specialized behavioral health unit at the Valley facility for individuals discharging from state hospitals. The program went live in March 2021, and as of the end of the FY, the program had accepted 35 individuals with only one state hospital readmission.
- Funded a proposal by Western Tidewater CSB to create specialized older adult and dementia services, including an interdisciplinary community team and respite Memory Care beds. These services will go live in FY 2022.
- Expanded transitional housing services exclusively for individuals discharging from state hospitals to include 47 beds at CSB transitional housing programs across the state, as well as an eight bed transitional adolescent home.
- Developed and facilitated three statewide trainings for state hospital and CSB staff regarding best practices in discharge planning.

Alternative Transportation Services

The alternative transportation program provides a person-centered and trauma-informed transportation experience, versus traditional law enforcement transport during the temporary detention order (TDO) process. DBHDS contracts with G4S to provide this service. During FY 2021, the alternative transportation program:

- Completed statewide roll out of alternative transportation services in all five regions, including alternative transportation for youth.
- Completed 2,066 transports.
- Began planning for a state hospital discharge transportation pilot at Western State Hospital that is scheduled to go live in August 2021.

Compliance, Risk Management, and Audit

The Office of Compliance and Risk Management (OCRM)

OCRM was established in July 2020 as result of an agency restructure. The purpose of the Compliance and Risk Management program is to cultivate and sustain an enterprise wide integrated compliance and risk management program to include quality assurance and performance improvement (QAPI) and Patient Safety initiatives, with a focus on improving

patient outcomes through the utilization of process and outcome data, evidence based design, and regulatory guidance.

- Privacy activities were incorporated to the office in the fall of 2020.
- Facility reviews were initiated in October 2020 and completed by year-end to collect data to establish a baseline for enterprise compliance and risk management activities.
- An analysis was conducted to determine a current state of agency wide compliance and risk management efforts, with information gathered during the facility reviews leveraged to inform a gap analysis.
- A comprehensive review of the most recent Joint Commission (TJC) and Center for Medicare and Medicaid Services (CMS) reports was completed to prioritize initial focus areas of the oversight program.
- Formalized a Compliance and Risk Management Leadership Committee and several task forces, made up of members from each DBHDS facility and Central Office stakeholders, to focus enterprise efforts and resources on quality and patient safety projects.
- Completed an analysis of the current state of the facility and agency’s policy management system, to include how policies are being managed and reviewed.

Internal Audit – FY 2021

- Completed five CSB audits. All of these were completed virtually due to the ongoing COVID-19 pandemic. Each audit consists of 17 areas of programmatic and administrative review, largely tied to expectations outlined in the Performance Contract.
- Initiated the first performance audit of a DBHDS facility, conducted both virtually and in-person. Although facilities are a part of DBHDS, they have historically received audits limited to payroll testing on behalf of the Auditor of Public Accounts and special projects requested by management.
- Completed two IT security investigations, an IT general security controls audit, nine IT system security audits, and a physical security control audit of Central Office.
- Completed six virtual CSB follow-up reviews. These reviews focus on areas where there are findings from previous years that have yet to be resolved by the CSB.
- Investigated and issued reports on 13 cases from the Office of the State Inspector General’s Fraud, Waste, and Abuse Hotline.
- Issued 39 reports of leave verification for separated employees to Human Resources.
- Assisted with coordination of the Auditor of Public Accounts agency audit, collecting responses and action plans from all areas of the agency.
- The following tables depict the audit and investigation results during FY 2021:

FY 2021 CSB and Facility Audit Summary Results	
Number of Findings	75
Number of Recommendations for Improvement	161
Number of Commendations	43
Number of Follow-up Findings Reviewed	19
FY 2021 Information Technology Audit Summary Results	
Number of Findings	206
Number of Recommendations for Improvement	186
Number of Commendations	6

Diversity Equity Inclusion (DEI)

DBHDS established the Diversity Equity Inclusion (DEI) division in November 2020. During FY 2021, the DBHDS DEI initiatives and accomplishments include:

- In June 2020, agency employees requested actionable steps to examine and address equity concerns about recruitment, compensation, promotions and policies. In response, DBHDS partnered with Virginia Commonwealth University's (VCU) Metropolitan Educational Research Consortium to conduct an equity review of the agency. The review, now in its final phase of a three-phase, multi-method analysis, has established baseline data that will be utilized for future evidence-based planning models to advance workforce development and DEI initiatives.
- As part of the agency wide strategic workforce development plan, created the "InterAgency Employment Opportunity Coalition," leading a partnership with multiple state agencies to assess and improve diversity and equity recruitment and retention strategies for candidates throughout Virginia.
- In June 2021, the first DBHDS DEI Strategic plan for FY 2021-2022 was presented to Governor Northam's administration, the blueprint that will be used to guide all DEI initiatives across the agency.
- In April 2021, the first in a series of quarterly Senior Leadership Town Hall(s) was conducted agency-wide, where leaders provided updates, shared the agency mission and vision, and responded to workforce employee questions in this live information session.
- Conducted several leadership/organizational development and DEI centered trainings and seminars for managers, employees, and community stakeholders.
- Fully realized partnership with Virginia Fast Forward to build a higher learning and professional certificate program for DBHDS workforce, to create equity in job promotion and cross-training learning opportunities.
- Developed a comprehensive communication plan and online media platform to exchange ideas and elevate diverse employee voices and perspectives through the DBHDS agency sponsored DEI intranet.
- Partnered with Petersburg School District and the Claude Moore Foundation in supporting the VA Health Sciences Highway youth apprentice program, creating behavioral healthcare career pipeline opportunities for high school students from historically disenfranchised and economically divested communities.

Facility Services

COVID -19 Response

DBHDS Facility Services began the past year in the midst of the COVID-19. DBHDS was also operating under the Governor's Emergency Order 77 and directives impacting the state facilities' census and admissions processes were in place. This necessitated a great deal of planning and preparation, including developing crisis standards of care for DBHDS and determining how the facilities would alter operations based on the severity of the pandemic.

The COVID-19 pandemic impacted admissions and visitation at the state facilities. For much of the past year, all civil admissions were required to have a COVID-19 test prior to admission to a state facility. Due to increased risk of infection and severe health impact for those individuals 65 and older, the test must have been found to have been negative prior to their acceptance for admission. Forensic admissions continued throughout the pandemic, and testing was strongly encouraged in situations where it could be obtained. All of these admissions were tested, quarantined, and monitored according to guidelines developed jointly among multiple DBHDS divisions, and they were based on CDC and VDH guidance. Visitation remained restricted to all but contractors, court personnel, and CSB staff until April 2021 when the restrictions were changed to limited visitation based on the improved prevalence rates for infection throughout Virginia. All staff, contractors and CSB personnel who entered the DBHDS facilities throughout the past year had to go through a COVID-19 screening, based on CDC and VDH guidelines, on a daily basis prior to being allowed past the screening area.

All of the DBHDS facilities were required to develop quarantine units and plans and the majority of the facilities had COVID-19 outbreaks at various times throughout the year. All but two of the facilities were closed to admissions at some point during the year due to patient and/or staff outbreaks. DBHDS worked closely with VDH to develop plans to manage each of these outbreaks. Units were designated as hot, warm, and cold (indicating the risk for infection from individuals on the units) to contain the potential for COVID-19 infections among staff and patients. In all cases but one, the facilities were able to reopen to admissions within two to four weeks of these plans being implemented. Personal protective equipment (PPE) protocols were developed for anyone entering the facilities. Enhanced PPE protocols for staff and patients entering or working in areas where identified COVID-19 positive patients were present. PPE was provided by the facility where necessary and appropriate. For staff who acquired the COVID-19 infection, quarantine protocols were developed based on CDC and VDH guidance to ensure that the staff member was no longer at risk to spread the infection prior to their return to work.

The past year ended with a significant decrease in both patients and staff COVID-19 cases. Off-grounds pass restrictions were loosened, and limited visitation was once again allowed. Protocols remained in place to monitor those patients who had increased community access as a result of off-ground passes and community visits. However, daily screening of anyone entering the facilities continued as it had throughout the year as a strategy to protect the safety of both the staff and patients of our DBHDS facilities.

Millennium Electronic Health Record (EHR) Implementation

During FY 2021, Facility Services worked closely with the DBHDS Millennium Project Team and Cerner to train and implement the new Onemind EHR for the facilities who had not yet implemented the EHR. Those facilities included ESH, CSH, PGH, SEVTC, VCBR, HDMC, NVMHI, and CH.

- All 12 state facilities were provided extensive elbow-to-elbow support, workgroup, and team meetings to ensure rollout was as smooth as possible.
- Several committees were established to provide governance and oversight of the remaining aspects of adoption and system enhancement.

- These efforts will continue as adjustments are made to improve workflow and to provide opportunities to identify functions that will improve quality care and services as well as end user performance.

Adult State Mental Health Hospitals

DBHDS state hospitals have been operating at census capacity level since 2014 due to increasing obligations under §37.2-809, the “Bed of Last Resort” statute. During FY 2021, state hospitals experienced one of the most challenging periods in recent years with critical census and staffing levels across the system.

- Continuously operated at 100% percent capacity during FY 2021 except when closed to admissions due to COVID-19 outbreaks.
- Staffing vacancies reached well over 20 percent and up to 54 percent
- There were 1,000 direct care vacancies in March 2019 which grew to nearly 1,500 vacant direct care positions by the end of FY 2021.
- There was a 33 percent increase in serious incidents from FY 2020 to FY 2021 during the pandemic with staffing shortages.
- One in four staff sustained an injury in calendar year 2020, and the average cost per claim for workers compensation has increased 57 percent since FY2014, reflecting the increased severity of injuries being sustained by staff.
- DBHDS worked closely with state hospitals to implement available strategies to mitigate staff turnover, however staffing continued to be at crisis levels by the end of FY 2021.
- Collaboration with HHR and other pertinent stakeholders to address the workforce issues continued into FY 2022.
- By the end of FY 2021, direct care staffing levels were not sufficient to maintain safe operations and quality care within the state hospitals.

Additional Facility Updates

- CCCA is in the process of changing Joint Commission status as a Behavioral Health Facility to Acute Psychiatric Hospital. The following activities have been undertaken to accommodate the increased standards that must be met due to the change in status.
 - Clinical Oversight included:
 - Establishment of a Medical Executive Committee
 - Establishment of a Quality Control Committee (this included hiring a Quality Control Manager)
 - Review and revision of hospital policies and procedures
 - Refinement of clinical areas such a Treatment Planning, Suicide Risk Assessment/Treatment, COVID protocols
 - Development, implementation, and analysis of Performance Improvement Projects
 - Implementation of increased safety measures
 - Development and analysis of patient and parent/guardian surveys
 - Intensive efforts to hire and retain direct care staff
 - Environmental physical plant changes at CCCA were undertaken to improve safety and comply with Joint Commission Acute Psychiatric Hospital standards.

- In order to prepare for the survey for change in status from Behavioral Health Facility to Acute Psychiatric Hospital, CCCA will be scheduling a mock survey and anticipates applying for the change in status in third quarter of FY 2022.
- **Hiram Davis Medical Center (HDMC):**
 - Continues to maintain a 5-Star CMS rating.
 - Successfully completed two unannounced CMS surveys – cleared condition level findings to maintain CMS Certification of Acute Medical beds.
 - Added VitalStim Therapy as a modality to stimulate the muscles responsible for swallowing in resident’s undergoing speech therapy.
 - Added mobile x-ray, ultrasound, and vascular access to the services provided by Radiology department.
 - Successfully completed the HQIN Infection Control and Prevention Initiative with Health Quality Innovators on behalf of CMS.
- **Southeastern Virginia Training Center (SEVTC)**
 - Supported the closure of CVTC by successfully transitioning the remaining three Individuals.
 - Continues to pursue community placement for individuals to promote placements in the least restricted environments.
 - Two individuals were integrated in a community of their choice during FY 2021.
 - Successfully contracted with psychiatry and podiatrist professionals for onsite services, both of which have been challenging to fill for several years.
- **Virginia Center for Behavioral Rehabilitation**
 - Discharged 76 residents to conditional or unconditional release in FY 2021.
 - VCBR leads the nation in the number of individuals discharged from a SVP Civil Commitment facility.

Architecture and Engineering Services

- **COVID-19** – Construction progressed on numerous projects despite the constraints of COVID-19. Virginia has experienced delays with the delivery of materials and supplies. These delays included but were not limited to doors, hardware, and roofing materials in particular.
- **Expansion of VCBR** – An occupancy permit has been requested from the Department of General Services (DGS) for the Transition Building. Occupancy of buildings 7 and 8 is pending approval of the electrical and utility work in building 4. Final work is underway in buildings 4 and 5, with occupancy anticipated within the next 2 months. Delays are being experienced due to material delivery issues. Work is underway in the existing building, converting office space to new program and treatment space. Two buildings were completed over the past year, including a 48-bed transition unit and a warehouse.
- **Expansion of Western State Hospital** – Work is substantially complete, however the certificate of occupancy is delayed by lack of doors, air balancing issues, and approval of contractor-requested engineering judgements by DEB. An occupancy permit has been issued for the Game Room area, and a request submitted for occupancy of the office/staff areas in FY22.
- **Northern Virginia Mental Health Institute** – Projects are underway for replacement of the fire alarm system, anti-ligature improvements, and access control upgrades. Replacement of several rooftop air handling units, installation of a new emergency

generator and electrical improvements have been completed. DBHDS is doing some preliminary work with DGS to identify potential sites for a replacement facility.

- **Central State Hospital Rebuild** – DGS serves as the Project Manager for this capital project. 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.

Forensic Population and State Hospitals

- Since FY 2019, there have been 57 outpatient temporary custody orders. These efforts result in approximately 5,700 occupied state hospital bed days that were saved.
- Accommodations were made due to COVID-19 to allow the evaluator the option of conducting their evaluations via video conferencing for all commissioner-appointed not guilty by reason of insanity (NGRI) evaluations.
- There was a significant drop in new NGRI admissions in the last quarter of FY 2020 as a result of the pandemic, as courts ceased routine operations. However, by the end of the first quarter of FY 2021, the rate of new NGRI admissions returned to normal levels.
- Conditional releases of NGRIs were impacted by COVID-19. Many discharges were delayed until placements in the community opened for new admissions – group homes, assisted living facilities, etc. in many cases temporarily put a hold on new admissions due to the pandemic.
- There were 255 outpatient restoration cases, a reduction from FY 2020. This was likely due to COVID-19 and the impact on normal operations of the courts, jails, and CSBs.
- There were over 1,500 forensic admissions to state hospitals.
- Hospitals successfully managed the pending forensic admission list. The vast majority of were admitted within ten days despite the additional challenges from COVID-19.

Jail Diversion

- Provided oversight and support to 13 jail diversion programs.
- Provided oversight and support to nine forensic discharge planning programs at four regional jails, seven local jails, and in collaboration with 16 CSBs.
- Partially funded behavioral health dockets at Blue Ridge and Valley CSBs and added funding for Richmond Behavioral Health Authority and Arlington CSB.
- Collaborated with grantees during COVID-19 to ensure that they have the support and flexibility to provide services within the requirements of the grant.
- Provided oversight and support to the 38 CSBs and 40 crisis intervention teams (CIT) assessment sites.
- Created pilots for crisis receiving centers through the use of diligently appropriated grant funding; these are intended to provide de-escalation and treatment for clients experiencing crises; these programs in Highlands and New River Valley CSBs include medical, psychiatric, and clinical supports for those in crisis.

Sexually Violent Predator Program

- Continued 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.
- Continued 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.

Juvenile Competency Restoration and Evaluation

- At the close of FY 2021, the Juvenile Competency Restoration Program had 153 new court orders to provide juvenile restoration services across the Commonwealth. At no time was a hospital bed at CCCA used to provide juvenile restoration services.
- Restoration services are currently being provided in the community with appropriate social distancing.
- Court orders continue to remain manageable at this time. The Northern Virginia Region has been down significantly over the past year.
- “DJ and Alicia,” an interactive Court DVD, is also getting an upgrade so that it can be used through multiple platforms and on websites.

Public Relations

COVID-19 Response

- Created announcements for DBHDS staff, the Administration, General Assembly members, and key stakeholders for temporary admissions closures of DBHDS facilities due to COVID-19 outbreaks.
- Worked with multiple DBHDS offices to ensure DBHDS COVID-19 facility cases were reported on a frequency consistent with outbreaks. Worked with the Office of Emergency Management and the DBHDS web designer on a daily basis to accomplish this tracking.
- Vaccine Workgroup
 - Worked with reporters to update on vaccine clinics within state facilities.
 - Organized a roundup of photos from facility vaccine clinics that were used on the DBHDS social media, social media and other messaging, and shared by the Governor’s Office and VDH to show DBHDS staff doing their part to get vaccinated.
 - Supported through communications and technical support two successful vaccine webinars for DBHDS staff.

External Communication

- Media Relations
 - COVID-19 outbreaks and case numbers were by far the topic most engaged on with reporters. This required many hours of research, coordinating with offices and facilities, and preparing responses.
 - Worked with Central State Hospital to plan events, write speeches, post on social media and promote events surrounding the Central State Hospital 150th Anniversary,

- including an unmarked graves virtual commemoration and a dedication of a historical marker for the original site of Central State, both [resulting in coverage](#)
 - Issued four press releases, to include COVID-19 warmline extensions, new federal grant funds for the opioid crisis, and statewide alternative transportation.
 - Wrote and pitched an [OP/Ed from Commissioner Land](#) to the Richmond Times-Dispatch highlighting the efforts of the staff in our state facilities during COVID-19.
- Social Media
 - Created a new [YouTube](#) channel in FY 2021. The channel has seen tremendous growth this fiscal year, particular success with trainings and webinar recordings. The channel has gained 175 subscribers, 8,300 views and 1,500 hours of watch time.
 - Made over 500 posts to [Facebook](#) and expanded scope of posts. There was a 224,782 page reach (a 292 percent increase over the previous year).
 - Made 530 tweets and retweets on [Twitter](#).
- Developed 41 presentations and speeches throughout the fiscal year to external stakeholders, including General Assembly committees.
- [Curb the Crisis](#) is a website comprehensive resource for all Virginians in the fight against opioid misuse and overdose. During FY 2021, DBHDS worked with contractor Reingold to begin a paid media campaign started in late August 2020. The campaign started with Google search and display, followed by the launch of Facebook in September, and later YouTube, and finally Twitter. The site drove 170,254 page views. There were 1,848 uses of the resource locator. Facebook had 1.16 million clicks from 2.57 million impressions.
- Developed 31 messages to external stakeholders on important announcements.
- Completed 10 monthly updates during FY 2021 to inform key stakeholders and General Assembly members about major areas of effort and accomplishments throughout DBHDS.
- Completed a 40-page FY 2020 Annual Report (Item 310.J of the 2020 Appropriation Act).
- Planned, coordinated, and virtually hosted Virginia's annual Behavioral Health Symposium, which was attended by nearly 400 Virginia clinicians, providers and stakeholders. The event is supported by staff throughout DBHDS. This year's theme was "Embracing Equity: Strategies to advance equity and reduce disparities in Virginia's behavioral health system."

Internal Communication

- Launched a new agency-wide communications collaborative to discuss important communications and messaging issues on a monthly basis. Subgroups were formed for accessible communications (ADA compliance and language access) and social media.
- Wrote 50 weekly messages and 20 special announcements to communicate to central office and facility staff about major department and system updates and news of interest.
- Worked with IT to strengthen the content of the new DBHDS SharePoint Intranet and raise interest and engagement for the new site.

Constituent Services

Constituents reach out directly to the agency. Constituents range in age from children to adults and the elderly, and include various socioeconomic backgrounds and cultural identities. Individuals and loved ones are seeking services for DD, behavioral health and substance use disorders. Many have co-occurring conditions and complex needs that require coordination of

services. Constituents are clients in the community, or may be residing in facilities or preparing to discharge from acute hospital settings, and are sometimes incarcerated.

- Documented 621 requests varying in scope and complexity from multiple sources.
- Tracked an uptick in constituent requests related to COVID-19 beginning in late summer 2020 and resolving by March 2021. During this period, constituent requests related to COVID-19 accounted for 10 percent of all requests. Typically, COVID-19 related requests involved complaints about restricted visitation and/or health and safety concerns from loved ones of individuals residing in group homes licensed by DBHDS. Constituents also reached out about lack of day supports for individuals with DD and related lack of community supports due to the pandemic.
- Sources included requests made directly by constituents, and primary referrals came from the Governor’s Office, the Office of the Secretary of Health and Human Resources, and General Assembly offices. Other sources included the Substance Abuse and Mental Health Services Administration, the Office of the Attorney General and other state agencies.

Quality Assurance and Government Relations

Office of Licensing (OL)

- In response to COVID-19, 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. Licensing specialists returned to the field in April 2021 with enhanced safety precautions required for both specialists and providers.
- During the last six months of this fiscal year, OL focused much of its efforts on 1) developing internal protocols and external guidance to come into compliance with the DOJ Settlement Agreement; 2) completing all annual inspections ahead of schedule for licensed DD providers; and 3) developing reports to collect data to demonstrate providers’ compliance with key regulations tied to quality and risk management.
- OL was integrally involved in a number of regulatory actions and implementation of statewide initiatives. The 2020 General Assembly directed DBHDS to utilize emergency authority to promulgate licensing regulations that align with the American Society of Addiction Medicine (ASAM) Levels of Care Criteria “to ensure the provision of outcome-oriented and strengths-based care in the treatment of addiction.” In addition, a few regulatory changes were made to align the licensing regulations with Project BRAVO behavioral health enhancement services. The following emergency actions became effective as of February 20, 2021: amendments to align the children’s residential regulations with ASAM criteria; amendments to align the general regulations with ASAM criteria; and amendments to align general regulations with enhanced behavioral health services. This process involved relicensing over 500 services within a three month period.

- 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. In addition, there are a number of settlement agreement provisions and indicators that tie to the timely and accurate reporting of incidents. The IMU triaged 21,567 serious incidents and deaths. 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, OL rolled out a specialized Investigation Unit (SIU). The SIU’s initial responsibilities included conducting all 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, the expansion of the SIU to take on complaint investigations tied to providers of DD services was delayed until August of 2020. Between July 1, 2020 and June 30, 2021, the SIU completed 694 death 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 2021 Licensing Inspections and Visits Conducted by DBHDS	
Type of Visit	Number
Complaint Investigation	1,006
Consultation	1,823
DOJ Investigation or Complaint (no longer a category)	N/A
Health and Safety CAP visits	243
Unannounced Visits	3,421
SIR investigations – non DOJ	862
Death Investigations	1,143
Deaths of individuals with DD (now completed by a specialized unit)	695
Service Modification Visits	1,029
Other Types Of Visits	28
Total Licensing Inspections	10,250

Overview of Licensing Statistics in FY 2021							
Fiscal Year Change:	2012	2014	2016	2018	2019	2020	2021
Licensed Providers	744	917	1,041	1,071	1,176	1,290	1,359
Licensed Services	1,860	2,218	2,608	2,780	2,456	3,200	3,558
Licensed Locations	6,302	7,519	8,447	8,778	8,133	10,753	11,632

Total Providers by Service in FY 2021			
**Providers may be licensed for multiple services			
Residential Crisis Stabilization	26	Nonresidential Crisis Stabilization/crisis intervention	225
Inpatient Psychiatric Unit	44	Medically Monitored Intensive Inpatient Treatment	35
Substance Abuse Residential Services for Adults <ul style="list-style-type: none"> Clinically managed high intensity residential care Clinically managed low-intensity residential care Specific high intensity residential 	36	Substance Abuse Residential Services for Children: <ul style="list-style-type: none"> Clinically managed low-intensity residential care Clinically managed medium-intensity residential care 	3
DD Supportive In-Home Srv	133	MH Intensive In-Home Srv for children and adolescents	355
Supervised Living	42	Sponsored Residential	84
Brain Injury Residential Tx Service	2	MH correctional Facility RTC	4
MH skill building	495	Case Management	64
Psychiatric Residential Treatment Facility for children and adolescents	19	Therapeutic Group Home for Children and adolescents	35
Group Home Service and ICF/IID for adults	506	DD Children Group Home Residential Srv and ICF/IID	8
Substance abuse partial hospitalization	35	Mental health partial hospitalization	27
Substance abuse intensive outpatient	133	Mental health intensive outpatient	8
Substance abuse outpatient	96	Mental health outpatient	130
MH Psychosocial Rehabilitation	86	Therapeutic Afterschool MH Srv	82
DD Day Support	224	Respite (residential, in-home, centered based	27
ACT/ICT	32	Medication Assisted Opioid Treatment	41

Office of Human Rights (OHR)

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

Substantiated Abuse Follow Up

In order to assure a safe environment for individuals receiving services and to ensure follow-up on all substantiated abuse allegations, the OHR operationalized the A.I.M. Protocol: **A**ssessing and assuring safety for the identified individual, as well as other individuals receiving services; **I**nitiating the department’s complaint resolution process and **M**onitoring provider follow up through verification that the provider has completed an investigation and implemented appropriate corrective action(s). High priority cases, defined as any allegation of sexual assault, restraint with serious injuries, and physical abuse with serious injuries require an immediate advocate response to include a site visit within 24 hours of notification.

APS/CPS Crosswalk

All allegations of abuse reported to Adult Protective Services (APS) and Child Protective Services (CPS) involving DBHDS-licensed programs and state facilities should be reported in DBHDS’ web based reporting system, called “CHRIS.” In practice, providers do not always report incidents in a timely fashion. A joint protocol between the departments of Social Services and Aging and Rehabilitative Services now facilitates a process for localities to send APS or

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 for failure to report and all violations identified through the investigation/resolution process are recommended through the Office of Licensing.

Statewide Provider Training Strategy

In order to be proactive protectors of individuals’ assured rights and to promote provider literacy regarding their duties, OHR provided a series of virtual training opportunities. In all, OHR facilitated over 70 distinct training sessions attended by 1,399 licensed-provider and facility staff and administered over 940 continuing education units in FY 2021. Trainings included:

- Reporting in CHRIS: Abuse, Neglect, and Human Rights Complaints (*with a parallel training for DBHDS Facilities*)
- Restrictions, Behavioral Treatment Plans, & Restraints
- Investigating Abuse & Neglect: An Overview for Community Providers (*with a parallel training for DBHDS Facilities*)
- Human Rights Regulations: An Overview
- New Provider Orientation

Abuse/Neglect and Human Rights Complaint Statistics

In FY 2021, all individuals served by CSBs and thousands of others served by DBHDS-licensed private community providers were protected by the human rights regulations:

- There were 839 human rights complaints filed in community programs, and 103 complaints (12 percent of the total) resulted in the determination of a violation.
- There were 10,356 allegations of abuse, neglect, or exploitation filed, and 845 (8 percent of the total) were substantiated.

FY 2021 Human Rights Data Reported by Community Providers			
Total Number of Human Rights Complaints			839
Total Number of Complaints That Resulted in a Violation of Human Rights			103
Total Number of Allegations of Abuse, Neglect, or Exploitation			10,356
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation			845
Substantiated Allegations by Type		Exploitation	25
Physical Abuse	104	Neglect	573
Verbal Abuse	95	Neglect (Peer-to-Peer)	75
Sexual Abuse	6	Unauthorized use of Restraint	37
Resolution Levels for the 839 Human Rights Complaints and 10,356 Allegations of Abuse, Neglect, or Exploitation			
Director and Below	11,190	State Human Rights Committee	1
Local Human Rights Committee	5	DBHDS Commissioner	0

In FY 2021, 7,675 individuals received services in state hospitals and centers:

- There were 1,510 human rights complaints filed in state hospitals and centers, and 48 complaints (3 percent of the total) resulted in violations being determined.
- There were 2,681 allegations of abuse, neglect, or exploitation filed in state hospitals and centers, and 72 (3 percent of the total) were determined to be substantiated.

FY 2021 Human Rights Data Reported by State Hospitals and Centers			
Total Number of Human Rights Complaints			1510
Total Number of Complaints That Resulted in a Violation of Human Rights			48
Total Number of Allegations of Abuse, Neglect, or Exploitation			2681
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation			72
Substantiated Allegations by Type		Exploitation	4
Physical Abuse	18	Neglect	29
Verbal Abuse	18	Neglect (Peer-to-Peer)	0
Sexual Abuse	0	Unauthorized use of Restraint	6
Resolution Levels for the 1,510 Human Rights Complaints and 2,681 Allegations of Abuse, Neglect, or Exploitation			
Director and Below	4,175	State Human Rights Committee	13*
Local Human Rights Committee	3	DBHDS Commissioner	0

**11 cases reviewed by the SHRC Appeals Subcommittee per a variance allowing alternative procedures for complaints by individuals in maximum security at CSH and residents of VCBR, when the individual is not satisfied with the director's response.*

Conclusion

As demonstrated in this report, DBHDS and its community partners covered a tremendous amount of ground in FY 2021, despite major interruptions and adaptations as a result of COVID-19. The public behavioral health and developmental services system served a total of 216,271 unduplicated individuals in FY 2021, and private community providers served thousands more. There were 208,596 people who received services from CSBs, 7,675 who received services in DBHDS state hospitals and centers, and many received services from both. By the end of FY 2021, there were 1,359 DBHDS-licensed providers in 11,632 locations throughout Virginia.

At the end of the fiscal year, DBHDS had 4,999 full-time equivalent staff working in state facilities or Central Office locations. In addition, DBHDS state facilities received \$547 million from all sources to provide facility-based services individuals throughout the fiscal year. Virginia's 40 CSBs reported receiving more than \$1.39 billion from all sources to provide community-based services for individuals in FY 2021.

Development of initiatives and accomplishments throughout the year included fighting COVID-19, adding a new Diversity, Inclusion and Equity office, advancing STEP-VA and Project BRAVO, making progress in the ability to be in compliance with the DOJ Settlement Agreement, developing contracts surrounding state hospital census, and many more. Of note, at the end of the fiscal year, DBHDS facilities began experiencing extremely dangerous conditions as the state hospital census rose and staffing levels declined to a critical level. This crisis led to the temporary closure to temporary detention order admissions for five of Virginia's eight adult state hospitals in early July 2021. Through aggressive efforts, all hospitals were reopened by mid-September, but the crisis is expected to be a focus of FY 2022. However, throughout the majority of the behavioral health system, DBHDS is poised to make substantial progress on its many programs and initiatives in FY 2022 and remain responsive to Virginians with behavioral health disorders and developmental disabilities and their families.