



COMMONWEALTH of VIRGINIA

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COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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December 1, 2022

To: The Honorable Glenn A. Youngkin, Governor
The Honorable Janet D. Howell, Chair, Senate Finance & Appropriations Committee
The Honorable Barry K. Knight, Chair, House Appropriations Committee

Fr: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

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

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In accordance with these requirements, please find enclosed the fiscal year 2022 DBHDS annual report. Staff are available should you wish to discuss this request.

CC:

The Honorable John Littel

Susan Massart

Mike Tweedy



Fiscal Year 2022 Annual Report (Item 310.J)

December 1, 2022

DBHDS Vision: A Life of Possibilities for All Virginians

DBHDS Fiscal Year 2020 Annual Report

Preface

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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 (CSBs).

In FY 2022, a total of 210,947 unduplicated individuals received services in the public behavioral health and developmental services system: 210,078 received services from CSBs, 5,856 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 2022 from the public system, along with services and staffing capabilities, and funds received and expenditures by CSBs and DBHDS. The report also provides DBHDS' major initiatives and key accomplishments during FY 2022.

Background

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:

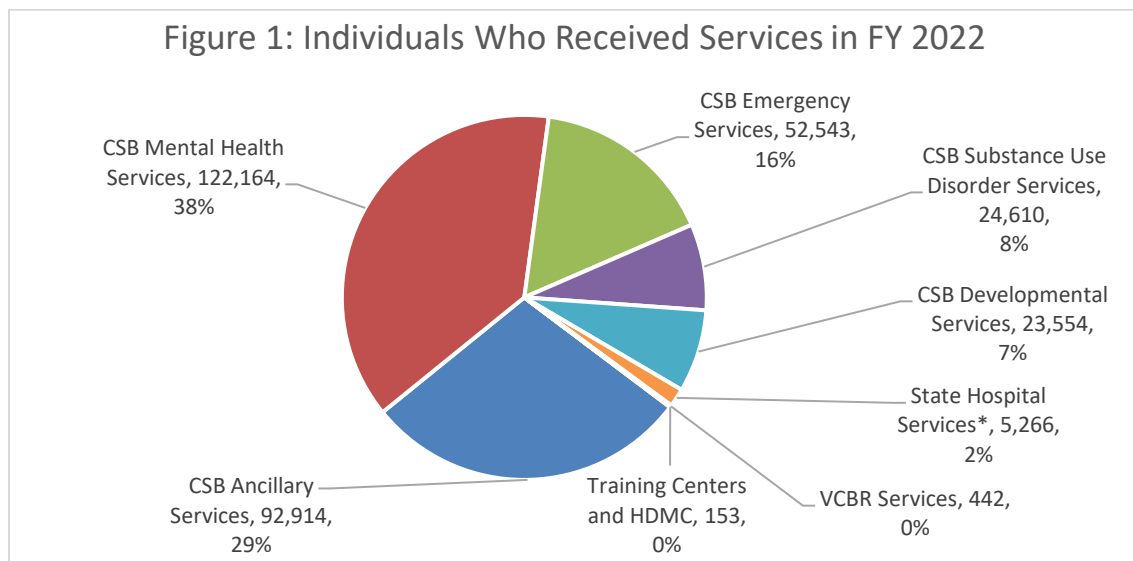
- **State Hospitals** – DBHDS operates eight state hospitals for adults: Catawba Hospital (CH) in Salem, Central State Hospital (CSH) in Petersburg, Eastern State Hospital (ESH) in Williamsburg, Northern Virginia Mental Health Institute (NVMHI) in Falls Church, Piedmont Geriatric Hospital (PGH) in Burkeville, 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.

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 210,947 individuals because many received services in multiple areas.

Figure 2, below, shows the 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 (DD), and substance use disorder (SUD) services program areas, and the total numbers of individuals receiving a core service across the three program areas.

Figure 2: Individuals Who Received CSB or State Facility Services in FY 2022				
Total Emergency Services	52,543	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, 4,478 individuals participated in these services.		
Motivational Treatment Services	2,281			
Consumer Monitoring Services	16,061			
Early Intervention Services	1,997			
Assessment and Evaluation Services	81,183			
Total Ancillary Services¹	94,898			
Services Available in Program Areas¹	MH	DD	SUD	Total²
Training Center ICF/ID Services		72		72
State Hospital ICF/Geriatric Services	405			405
CSB MH or SUD Inpatient Services (LIPOS)	882		54	993
CSB SUD Inpatient Medical Detox Services			432	432
State Hospital Acute Psychiatric Inpatient Services	3,384			3,384
State Hospital Extended Rehabilitation Services	1,439			1,439
State Hospital Forensic Services	998			998
HDMC ³				81
VCBR ³				442
Total CSB Inpatient Services¹	3,384		432	3,816
Total State Facility Inpatient Services^{1,4}	5,789	72		5,856
Outpatient Services	54,657	77	17,392	69,544
Medical Services	76,445	134	2,277	78,362
Intensive Outpatient Services			3,160	3,160
Medication Assisted Treatment			4,725	4,725
Assertive Community Treatment	2,632			2,632
Total Outpatient Services¹	105,346	211	21,709	119,372
Total Case Management Services	59,365	21,687	8,175	87,335
Day Treatment or Partial Hospitalization	993		133	1,126
Ambulatory Crisis Stabilization Services	27		1	27
Rehabilitation or Habilitation	2,671	1,946		4,613
Total Day Support Services¹	3,686	1,946	134	5,761
Sheltered Employment	9	349		357
Individual Supported Employment	1,049	974	33	2,051
Group Supported Employment	4	355		359
Total Employment Services¹	1,062	1,610	33	2,699
Highly Intensive Residential Services	82	257	1,155	1,494
Residential Crisis Stabilization Services	2,518	271	61	2,821
Intensive Residential Services	213	569	1,191	1,971
Supervised Residential Services	1,121	473	405	1,996
Supportive Residential Services	3,043	544	50	3,618
Total Residential Services¹	6,698	2,063	2,364	10,918

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.

Figure 3, below, shows the ages of people served by CSBs in FY 2022.

Ages	MH Services	DD Services	SUD Services	Emergency	Ancillary
0 – 12	12,933	1,729	3	2,538	9,935
13 – 17	17,438	1,500	235	7,110	14,006
18 – 64	83,125	18,603	23,603	38,877	65,114
65+	8,664	1,722	766	3,980	3,836
Unknown	4	-	3	38	23
Total	122,164	23,554	24,610	52,543	92,914

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

Female	99,066	Unknown	429
Male	110,583	Not Collected	0

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

Race	Total	Race	Total
Alaska Native	50	American Indian or Alaska Native & White	268
American Indian	391	Asian and White	530
Pacific Islander	0	Black or African American and White	4,761
Black or African American	56,421	American Indian or Alaska Native & Black	181
White	120,249	Other Multi-Race	3,339
Other	11,793	Unknown	7,807
Asian	4,090	Not Collected	0
Pacific Islander	198	Total Unduplicated Individuals	210,078

Figure 6, below, contains data about CSB services for adults who have serious mental illness (SMI) or children/adolescents who have or are at risk of serious emotional disturbance (SED).

Adults 18-64 with SMI	54,342
Adults 65+ with SMI	6,392
Children with or At-Risk of SED	25,004

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

Program Area	All Services	MH Services	DV Services
Individuals With ASD	16,046	7,215	7,164

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

Employment Status	MH	DD	SUD	Emergency	Ancillary	Undupl. ¹
<i>Total Adults (18+) Who Received Services</i>	91,789	20,325	24,369	4,2857	68,950	164,125
Employed Full Time (35+ hr./wk.)	12,914	250	6,481	4,303	11,904	22,612

Employed Part Time(<35 hr./wk.)	9,638	1,509	2,645	2,708	6,765	14,758
In Supported Employment	433	1,165	42	92	457	1,504
In Sheltered Employment	206	516	34	53	201	611
Total Adults Employed	23,191	3,440	9,202	7,156	19,327	39,485
Unemployed	15,815	1,846	7,001	6,476	13,109	26,528
Not In Labor Force: Homemaker	1,462	24	306	334	792	1,922
Not In Labor Force: Student/Job Training	5,987	2,777	312	2,202	5,042	11,680
Not In Labor Force: Retired	2,190	272	313	963	1,310	3,456
Not In Labor Force: Disabled	26,325	6,775	2,718	6,338	11,174	35,246
Not In Labor Force: Institution or inmate	3,038	994	815	3,534	4,045	8,217
Not In Labor Force: Other	9,043	3,429	2,284	2,967	6,112	15,168
Unknown	2,112	154	850	2,472	1,956	5,443
Not Collected	2,626	614	568	10,415	6,083	16,980
Total Adults Unemployed	68,598	16,885	15,167	3,5701	49,623	124,640

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, DD or substance use disorder services.

Armed Forces on Active Duty	390
Armed Forces Reserve	141
National Guard	167
Armed Forces or National Guard Retired	606
Armed Forces or National Guard Discharged	2,373
Armed Forces or National Guard Dependent Family Member	1,726
Not Applicable	142,191
Unknown	1,716
Not Collected	9,322
Total Unduplicated Military Individuals Receiving CSB Services	154,794

Figure 10, below, shows unduplicated individuals who received services in DBHDS-funded initiatives.

Mental Health Mandatory Outpatient Treatment (MOT) Orders	246
Discharge Assistance Program (DAP)	1,448
Mental Health Child and Adolescent Services Initiative	2,911
Mental Health Services for Children in Juvenile Detention Centers	1,809
Program of Assertive Community Treatment (PACT)	2,652
Projects for Assistance in Transition from Homelessness (PATH)	1,428
Medicaid Developmental Disability (DD) Waiver Services	16,139
Developmental Enhanced Case Management (ECM) Services	7,168
Substance Use Disorder Medication Assisted Treatment (MAT)	3,276
Project Remote	11
Substance Use Disorder Recovery Support Services	814
Project LINK	948

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

Services:	MH Services	DV Services	SUD Services	Emergency	Ancillary
<i>Total Individuals</i>	122,164	23,554	24,610	52,543	92,914
On Medicaid	94,065	22,292	17,785	29,417	60,488
Other Insurance	17,727	750	2,509	6,973	13,544
Uninsured	10,194	501	4,232	15,822	18331

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

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

Residence Status	MH	DV	SA
Private Residence/Household	10,1065	16,241	20,148
Shelter	820	20	254
Boarding Home	529	110	130
Foster Home/Family sponsor	923	738	17
Licensed Home for Adults (CSB or non-CSB)	2,274	827	26
Community Residential	2,075	3,780	155
Residential Treatment/ Alcohol and Drug Rehabilitation	515	141	263
Adult Transition Home	103	3	81
Other Residential Status	444	71	147
Nursing Home/Physical Rehabilitation	289	117	1
Inpatient Care	297	34	12
Local Jail/Correctional Facility	1,708	13	800
State Correctional Facility	289	117	1
Other Institutional Setting	239	219	51
Juvenile Detention Center	386	3	23
Homeless/homeless shelter	2,870	45	1,131
Veterans Health Administration	1	0	1
Unknown	10,917	1308	2,637
Not Collected	6,772	1110	1,024
Total Unduplicated Individuals	122,164	23,554	24,610

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

Diagnosis	Individuals Served	Diagnosis	Individuals Served
Adults 18 - 64	4300	Older Adults 65+	695
Other Dementias	10	Other Dementias	79
Alzheimer's	57	Alzheimer's	104
Dementia	23	Dementia	22
Unduplicated Total	83	Unduplicated Total	171
Percent of 18 - 64	2%	Percent of 65+	25%

Note: In FY 2022, SEVTC served only one individual with dementia, HDMC served two, and VCBR served two.

Service Capacities of CSBs and State Facilities

Figure 14 displays full time equivalent (FTE), bed, or slot service capacities for each core service.

Figure 14: Service Capacities of CSBs and State Hospitals and Centers in FY 2022			
Emergency Services	588 FTEs	Early Intervention Services	22 FTEs
Motivational Treatment Services	18 FTEs	Assessment and Evaluation	284 FTEs
Consumer Monitoring Services	109 FTEs	Total Ancillary Services FTEs	434 FTEs
Services in Program Areas	MH	DV	SUD
CSB MH or SUD Inpatient Services	86 Beds		1 Bed
CSB SUD Inpatient Medical Detox			20 Beds
Total CSB Inpatient Services	86 Beds		21 Beds
Training Center ICF/ID Services		75 Beds	
State Hospital Adult	1,047 Beds		
State Hospital Children	24 Beds		
HDMC ²	50 Beds		
VCBR ³	484 Beds		
Total State Facility Inpatient Services¹	1,605 Beds	75 Beds	
Outpatient Services	626 FTEs	1 FTEs	281 FTEs
Medical Services	383 FTEs	2 FTEs	6 FTEs
Intensive Outpatient Services			101 FTEs
Medication Assisted Treatment			113 FTEs
Assertive Community Treatment	317 FTEs		
Total Outpatient Services	1,326 FTEs	3 FTEs	501 FTEs
Case Management Services	1,194 FTEs	693 FTEs	119 FTEs
Day Treatment/ Partial Hospitalization	460 Slots		19 Slots
Rehabilitation/Habilitation	1,616 Slots	1,911 Slots	
Total Day Support Services	2,076 Slots	1,911 Slots	19 Slots
Sheltered Employment	11 Slots	273 Slots	
Group Supported Employment	4 Slots	343 Slots	
Total Employment Slots	15 Slots	616 Slots	
Individual Supported Employment	24 FTEs	37 FTEs	2 FTEs
Highly Intensive Residential Services	32 Beds	265 Beds	54 Beds
Residential Crisis Stabilization	113 Beds	42 Beds	2 Beds
Intensive Residential Services	178 Beds	568 Beds	191 Beds
Supervised Residential Services	875 Beds	444 Beds	79 Beds
Total Residential Beds	1,199 Beds	1,319 Beds	328 Beds
Supportive Residential Services	188 FTEs	105 FTEs	5 FTEs
Prevention Services	19 FTEs		166 FTEs

¹ State facility beds are as of June 30, 2022 and reflected staffed beds only

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 2022 CSB, State Hospital and Center, and DBHDS Central Office Staffing (FTEs)	Direct Care Staff	Peer Staff	Support Staff	Total Staff
DBHDS Staff				
DBHDS Central Office (CO)	22	2	497	521
State Hospitals	1,994	6	1,494	3,495
Training Centers	194	0	93	286
HDMC	119	1	31	150
VCBR	328	108	24	460
Total State Hospital and Center and CO 2022	2,656	116	2,138	4,912
CSB Staff				
CSB Mental Health Services	4,316	137	770	5,223
CSB Developmental Services	3,276	2	405	3,683
CSB Substance Use Disorder Service	1,180	127	293	1,600
CSB Emergency & Ancillary Service	1,077	48	144	1,269
CSB Administration	0	0	1,622	1,622
Total CSB 2022	9,849	314	3,235	13,397

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. DBHDS submits a report on Part C services to the General Assembly.

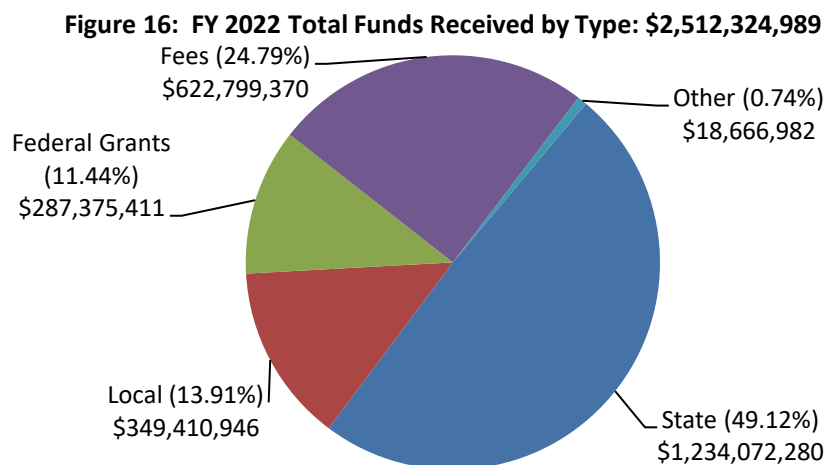
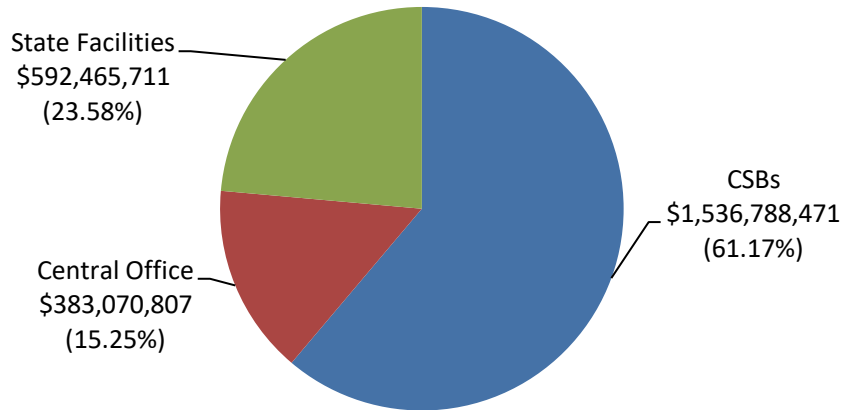


Figure 17, below, depicts funds in the publicly operated behavioral health and developmental services system for CSBs, state facilities, and the central office and the respective percentages.

Figure 17: FY 2022 Total Funds in the Public Behavioral Health & Developmental Services System: \$2,512,324,989



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 2022 CSB Funds Received by Program Area

Funding Source	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Funds	Percent of Total
State Funds	\$388,947,392	\$48,218,630	\$65,718,028	\$502,884,050	32.72%
Local Funds	\$185,363,052	\$116,113,485	\$47,934,409	\$349,410,946	22.74%
Medicaid Fees	\$203,428,129	\$218,101,817	\$24,497,504	\$446,027,450	29.02%
Other Fees	\$46,455,013	\$14,918,737	\$8,685,568	\$70,059,318	4.56%
Federal Funds	\$48,785,352	\$1,707,592	\$100,068,250	\$150,561,194	9.80%
Other Funds	\$9,657,472	\$3,244,090	\$4,943,951	\$17,845,513	1.16%
Total Funds	\$882,636,410	\$402,304,351	\$251,847,710	\$1,536,788,471	100.00%
Percent of Total	57.43%	26.18%	16.39%	100.00%	

Figure 19: FY 2022 State Facility Funds Received by Type of State Facility

Funding Source	State Hospitals	Other State Facilities ¹	Training Center	Total Revenues	Percent of Total
State General Funds	\$420,363,310	\$58,096,188	\$6,346,081	\$484,805,579	80%
Federal Funds	\$27,197,331	\$5,526,128	\$1,840,547	\$34,564,006	6%
Medicaid	\$10,339,175	\$20,988,209	\$28,696,605	\$60,023,989	10%
Medicare	\$11,869,912	\$494,174	\$0	\$12,364,086	2%
Commercial Insurance	\$8,688,888	\$25,480	\$0	\$8,714,368	1%
Private Payments	\$2,907,261	\$301,502	\$621,992	\$3,830,755	1%
Other Revenues	\$45,868	\$6,673	\$169	\$52,710	0%
Total Revenues	\$481,411,745	\$85,438,354	\$37,505,394	\$604,355,493	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. About 65 percent of central office funds are spent on contracts for community services.

	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Expenditures ¹
CSB Services	\$727,588,569	\$379,460,458	\$202,294,444	\$1,309,343,471
Percent of Total	55.57%	28.98%	15.45%	100.00%

¹This figure includes \$167,988,614 for CSB administrative expenses, 12.83 percent of the total CSB expenditures.

	Expenses	Percent of Total
State Hospitals	\$480,079,527	63%
Other State Facilities ¹	\$80,764,979	11%
Training Centers	\$30,932,844	4%
Central Office	\$172,484,241	22%
Total Expenditures	\$764,261,591	100%

¹ Other State Facilities are HDMC and VCBB.

Major New Initiatives and Accomplishments

In December 2021, Governor Youngkin named Nelson Smith Commissioner of DBHDS. Commissioner Smith began a strategic planning process for DBHDS in January 2022. The main objectives for the plan, called the North Star Plan, were determined in FY 2022. The North Star Plan is intended to help DBHDS successfully move forward in today’s rapidly evolving healthcare environment to better serve the people and providers who depend on Virginia’s behavioral health and developmental services system, and to advance the Governor’s vision to make Virginia the best place to live, work and raise a family. The North Star Plan focuses on three main objectives to accomplish before the end of 2025.

1. **Strengthen workforce systemwide** – Develop a robust, strong, well-trained, and sustainable workforce.
2. **Expand the comprehensive system of care** – Increase access, grow capacity, and ensure quality of care in the most integrated setting across a comprehensive continuum of care for individuals with mental health disorders, substance use disorders, and developmental disabilities.

3. **Modernize systems and processes** – Modernize Systems and processes that leverage best practices to drive and sustain high-quality service outcomes.

In early FY 2023, Commissioner Smith announced additional key results associated with the North Star Plan along with a new DBHDS Central Office organizational structure to fortify the department's position for transformational success, improve internal operations, better support staff, and achieve a strong customer service focus on both an internal and external basis.

The following sections describe major new initiatives and accomplishments accomplished throughout DBHDS Central Office and facilities during FY 2022.

Administrative Services

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, 670 certificates have been awarded, and 213 employees have completed two certificate programs.
- 44 participants attended the five-day Virginia Public Sector Leadership Certificate (VPSL I) program, bringing the cumulative total of DBHDS employees completing this program to 396. The VPSL I training opportunity enhances leadership and supervision competencies for front line or recently promoted managers in DBHDS. This program also nurtures high potential employees and builds on retention and succession planning activities.
- 23 people participated in the five-day March 2022 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, 207 people have participated.
- The VPSL III program continued in 2022 with another 23 DBHDS executive participants participating in the program, bringing the cumulative total of DBHDS executives participating in this program to 98. Participants in this VPSL level are agency executives nominated by the DBHDS senior leadership team. VPSL III uses the same core learning areas as levels I & II but explore topics in a higher-level method.
- There were 23 employees who started SystemLEAD in FY 2022. 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, 203 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 (sign on

bonuses, referral bonuses and retention bonuses) increased alternate pay bands, increased shift differentials, and continuing the use of loan repayment programs were used.

- Following General Assembly action, 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. Increased starting rate of DSAs, LPNs, RNs, Security to the mean salary of Mercer Data (50 percent).
- Continued critical shift pay for emergent situations to properly compensate staff during critical staff shortages.

Information Technology/Security

DBHDS Information Technology made significant progress during FY 2022 on key initiatives to accomplish two key strategic goals to modernize IT systems and utilize enterprise-wide solutions whenever possible.

- Implemented 163 enhancements to the Millennium Electronic Health Record (EHR) application.
- We were the Commonwealth pilot agency for software-defined wide area network (SD-WAN) implementation for more reliable network redundancy. SC-WAN is a virtualized service that connects and extends enterprise networks over large geographical distances.
- Completed the implementation of the virtual visitation platform enabling all 12 facilities to allow family members and friends the ability to visit with those in our facilities remotely.
- Reduced the IT Portfolio from 400+ application down to 150.
- Enabled access for all facilities to use the Virginia Court System's virtual platform and attend hearings remotely.
- Migrated the DOJ library website to allow for the ability to streamline updates and modify content quickly.
- Implemented new IT solutions for the Office of Licensing (CONNECT), 988 call center (Crisis Call Center) and Office of Early Intervention Program (TRAC-IT).
- Migrated to a single Business Intelligence tool (Power BI) and removed Tableau.
- Implemented external MS Teams for collaboration with the community.
- Refined the Information Technology in Business (ITIB) process to ensure alignment with agency strategic goals.
- Standardized code storage and version control using Microsoft Azure DevOps to ensure continuity of operations.
- Implemented enterprise-wide continuous cybersecurity awareness training by conducting on-going simulated email phishing campaigns.

Internal Audit

- Completed four facility audits, primarily on the administrative areas, including Human Resources, Payroll, Procurement, Accounts Payable, Financial Reconciliation and Fixed Assets. These audit reviews are based on the DBHDS policy requirements, facility policies & procedures and state requirements including DHRM, APSPM and CAPP manual. All facilities were selected primarily based on the Auditor of Public Accounts (APA) audit cycle. Some of the work was completed virtually, however in-person visits were conducted to

complete audit work on employee documentation and any other areas that required in-person interaction.

- Completed five CSB audits. There were portions of these audits that were completed virtually, however the audit staff made onsite visits to primarily conduct audit work on patient data in the CSB’s Electronic Health Records. Each audit consists of 17 areas of programmatic and administrative review, largely tied to expectations outlined in the Performance Contract.
- Completed the IT general security controls audit, two IT system security audits, two facility physical security control audits and a physical security control audit of Central Office.
- Completed three 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. 27 of 42 (64 percent) findings reviewed have been corrected and corresponding recommendations were implemented.
- Investigated and issued reports on 12 cases from the Office of the State Inspector General’s Fraud, Waste, and Abuse Hotline.
- The following tables depict the audit and investigation results during FY 2022:

FY 2022 Facility Audit Summary Results	
Number of Findings	70
Number of Recommendations for Improvement	194
Number of Commendations Written	1
FY 2022 CSB Audit Summary Results	
Number of Findings	33
Number of Recommendations for Improvement	47
Number of Commendations Written	33
FY 2022 Follow up Review Results	
Number of findings reviewed	48
F Y2022 Information Technology Audit Summary Results	
Number of Findings	39
Number of Recommendations for Improvement	54
Number of Commendations Written	3
Other Results	
OSIG Fraud, Waste, and Abuse Hotline Reports Issued	12
Leave Verification Reports	46

Procurement and Administrative Services

- Executed and managed 235 contracts totaling more than \$164 million of contractual obligations on behalf of DBHDS.
- Participated in user testing and led effort to for staff training in anticipation of conversion to the new eVA procurement platform.
- Helped consolidate and manage office space to utilize two fewer floors in the Jefferson Building while accommodating return to office plans.

Diversity Equity Inclusion (DEI)

The DBHDS DEI Office implemented multiple initiatives successfully, while operating with an unfunded budget in FY 2022. Accomplishments include:

- In December 2021, the first DBHDS DEI Strategic plan for FY 2021-2025 was approved as guidance for all DEI procedures, protocols and initiatives for the agency, in compliance

with House Bill 1993 § 2.2-602. Per this Code of Virginia, § 2.2-602 states “The heads of state agencies shall establish and maintain a comprehensive diversity, equity, and inclusion strategic plan. The plan shall integrate the diversity, equity, and inclusion goals into the agency mission, operations, programs, and infrastructure to enhance equitable opportunities for the populations served by the agency and to foster an increasingly diverse, equitable, and inclusive workplace environment.” Strategic plan implementation began upon approval.

- In partnership with Petersburg School District and the Claude Moore Scholars program, the VA Health Sciences Highway youth apprentice program, DBHDS DEI developed new workforce roles for the program launch in FY 2022. The goal of creating Work-Based Learning Coordinators was to create a new career pathways exemplar role for existing staff seeking advancement opportunities, as well as enhance recruitment opportunities for those looking to with youth in behavioral healthcare career readiness. Future potential funding will go to increasing this internal career ladder workforce program across all 12 state hospitals, to include certifications for staff and students.
- Partnered with the Human Rights Campaign Foundation (HRCF), as part of a cohort of nationwide organizational leaders, collaborated on an equality index examining on-boarding and workforce policies for the 200,000 Virginians in the LGBTQ+ community. This group convened as part of a pilot program, to support and co-create the development of an LGBTQ+ organizational assessment originated by the HRCF.
- Partnered with Virginia Commonwealth University’s (VCU) Metropolitan Educational Research Consortium (MERC) to complete the agency equity review, a three-phase, multi-method analysis, open to all workforce members for participation (5,500+ participants). The study collected data, for the purpose of creating evidence-based logic models to advance equitable workforce development policies, implement strategies for addressing the needs of a diverse workforce, such as pay equity, representative leadership, inclusive policies, as well as enhancing public service delivery for the economically disinvested and historically marginalized communities served by DBHDS.

Clinical Services

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

Since the start of the COVID-19 pandemic, DBHDS mobilized resources across the agency to respond to the COVID-19 pandemic including 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 impacts of COVID-19.

Project Behavioral Health Redesign for Access, Value, and Outcomes (formerly Medicaid Behavioral Health Enhancement)

This effort is a partnership by DBHDS and the Department of Medical Assistance Services. These services are critical in the overall system of care and aid in addressing the critical need to step-down or divert individuals from acute inpatient psychiatric hospitalization, including those placed in state mental health institutions.

- During FY 2022, the following services were implemented:
 - July 1, 2021 – Assertive Community Treatment (ACT), Partial Hospitalization Programs (PHP), Intensive Outpatient Programs (IOP).
 - December 1, 2021 – Multisystemic Therapy (MST), Functional Family Therapy (FFT) 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 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 and Community Quality Improvement

- Quality Management System Improvements
 - Revised the CSB data request process, requiring DBHDS central office and CSB collaboration prior to filling new CSB data requests (issued from DBHDS) aiding in streamlining data requests made of CSBs.
 - Developed and provided training to DBHDS staff in QI tools, practices and principles.
 - Developed a reporting schedule to ensure the regular surveillance of data that examines how well the developmental services system is ensuring individual safety and freedom from harm and other outcomes.
- Developmental Disabilities (DD) Quality Management System
 - Developed, established, and implemented a formal consultation and technical assistance program (piloted with DBHDS licensed service providers) designed to establish an effective and efficient process for providing technical assistance and consultation. The objective of the project was to introduce and demonstrate Quality Improvement (QI) tools and concepts to providers that they could implement to help them move towards compliance with licensing regulation 12VAC35-105-620 C.2.
 - Developed and implemented over 20 statewide and regional quality improvement initiatives.
 - Tracked and analyzed data for over 30 performance measure indicators designed to measure health, safety, well-being and community inclusion and integration of

- individuals receiving DD waiver services, as well as DD service provider competency and capacity.
- Aimed to decrease administrative burden on providers, developed a Master Document List that lists over 100 documents that are typically requested by review entities such as DBHDS Licensure, DMAS, and third party quality and compliance reviewers.
 - National Core indicators is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety.
 - DBHDS partnered with VCU Project Living Well to conduct over 700 interviews with individuals receiving DD waiver services
 - Participated in the staff stability survey. Virginia was 1 of 27 states where providers were surveyed regarding employment and separations as well as the impact of COVID on the workforce.
 - Quality Service Reviews (QSRs) evaluate 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. In FY 2022, The QSR vendor conducted its 3rd round of reviews which included 614 eligible licensed DD providers and CSBs and 1,200 individuals receiving services.
 - Support Coordinator Quality Reviews (SCQR) Look Behind
 - Completed 100, onsite retrospective reviews (designed to validate the findings of the CSB case management supervisory reviews and subsequently facilitate the provision of technical assistance to the case managers and supervisors to address any needed improvements) and 50 inter-rater reliability reviews (designed to ensure consistency in reviewer comprehension and rating between DBHDS reviewers).

Mortality Review Office

- Developmental Disabilities Mortality Review Committee
 - Reviewed 408 deaths that occurred during FY 2021. This is a 15.3 percent increase from the 354 deaths from the previous year.
- State Facility Mortality Review
 - Collaborated with VDH to establish an electronic (non-paper copy) process for the sending and receipt of relevant documents.
 - Continued performance improvement of DI 315 Reporting and Reviewing Deaths establishes the Central Office process for oversight of facility mortality reviews.

Data Quality and Visualization

- Revised and implemented methodology for the Support Coordination Quality Review (SCQR). This includes the measurement of ten compliance indicators, comprehensive technical guidance to support reliable completion, sampling framework, a look behind review process, and interrater reliability. Produced CSB-specific reports for technical assistance, an annual compliance report, and tracked CSB completion on an online dashboard.
- Created the agency's first online versions of the Mental Health Statistics Improvement

Program (MHSIP) and Youth Services Survey for Families (YSS-F). Coordinated with the Division of Community Services and Old Dominion University to distribute the online version and track responses.

- Provided all analytics for the Mortality Review Committee including timeliness of review monitoring (90-day goal), facility deaths, ad hoc requests and the Annual Mortality Report.

Pharmacy Services

Pharmacy services provides clinical support across multiple programs of DBHDS to enhance clinical cost effectiveness, access to necessary therapeutics, and clinical decision support tools to improve standardization and utilization of medical and psychiatric drugs. Support for the state facilities includes serving as a central contract author/administrator for Medicare Part D Pharmacy Benefit Management (PBM) Companies (CVS Health/Caremark, RxAdvance (Walgreens), Express Scripts (Cigna), OptumRx (UnitedHealth Group) and Humana (Walmart)). Also manages additional contracts for pharmacy services, and conducts community outreach and provides technical assistance; for example, in FY 2022, pharmacy participated in Remote Area Medical Clinics to provide Revive Training and Naloxone nasal spray to participants, and established and gained approval for two pilot projects through the Board of Pharmacy to increase medication access in crisis receiving centers through the use of automatic dispensing devices

Community Services

Behavioral Health Community Services

System Transformation Excellence and Performance (STEP-VA)

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. A full annual report on STEP-VA implementation is provided to the General Assembly each November.

Implementation follows a three-phase approach, with phase one representing the initial stage and phase three representing full implementation:

STEP	Phase 1 CSBs	Phase 2 CSBs	Phase 3 CSBs
Same Day Access	0	0	40
Primary Care Screening	0	0	40
Outpatient Services	0	0	40
SMVF (Veterans)	0	40	0
Peer and Family Supports	0	40	0
Case Management	40*	0	0
Psychiatric Rehabilitation	40*	0	0
Care Coordination	40*	0	0

**most CSBs provide these services, but implementation has not yet been measured in a standardized way because funding only began July 1, 2022.*

Community Adult Behavioral Health Services

- Coordinated Specialty Care (CSC) – Three new CSC programs were added to Virginia’s behavioral healthcare system, bringing the total number of CSBs offering this service to 10. 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.
- Assertive Community Treatment (ACT) – In FY 2022, reported the following findings from a two-year pre/post study for ACT:
 - The average cost per individual served by ACT teams across Virginia in FY 2021 was \$14,458, representing a consistent trend with the previous fiscal year.
 - State hospitalization usage for all ACT served individuals admitted in FY 2019 was reduced by 51 percent, representing a cost avoidance of \$14,294,084 for this population.
 - All new FY 2019 ACT served individuals accounted for 29,669 state hospital bed days in the two years prior to their ACT admission, and just 14,499 in the two years after their ACT admission.
 - Across the FY 2016, FY 2017, FY 2018, and FY 2019 cohorts, the ACT program contributed to an overall cost avoidance of \$43,580,170 in state hospital costs in the two years following initiation of ACT services.
 - Local psychiatric hospitalization use for all ACT served individuals admitted in FY 2019 had a 51 percent reduction, which represents a cost avoidance of \$3,945,553 related to this population.
 - All new FY 2019 ACT served individuals accounted for 9,904 local hospital psychiatric bed days in the two years prior to ACT admission, and just 4,886 in the two years post ACT admission.
 - Incarceration of all ACT served individuals admitted in FY 2019 was reduced by 52 percent and represents a cost avoidance of \$411,212 related to this population.
 - In the two years prior to admission to ACT, all new FY 2019 individuals served 7,829 days in confinement compared to only 3,730 days in the two years post entering ACT.
 - Across the FY 2016, FY 2017, FY 2018, and FY 2019 cohorts, the ACT program contributed to an overall cost avoidance of \$2,929,363 in jail costs in the two years post initiation of ACT services.

Community Child and Family Behavioral Health Services

- The Virginia Mental Health Access Program (VMAP) has launched and has fully staffed all 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, West, and Southwest). For the first time, VMAP was able to connect PCPs treating children and adolescents to local child and adolescent psychiatrists available for consultation 40 hours a week, scaling up from the previously part-time and state-wide line.
 - Published the *VMAP Guide for Promoting Child and Adolescent Behavioral and Mental Health in Primary Care (v1.0)* which is a compilation of evidence-based

- practices, up-to-date resources, and practical knowledge specifically geared towards pediatric and adolescent health care providers.
- Launched Care Navigation Advisory Committees in the first two regions (North and East). These committees, comprised of diverse professionals and community members, help to facilitate regional communication between community behavioral health services and VMAP regional hub teams. VMAP's goal is to have a Care Navigation Advisory Committee in every region by 2023.
 - Served a total number of 1,422 unique patients in FY 2022, and had a total number of 1,664 consult calls, and registered 315 new providers.
 - PCPs called the VMAP line for a variety of reasons in FY 2022; however, however, 82 percent of the calls were for medication consultation, 13 percent were for diagnostic consultation and 13 percent were for therapy/behavioral consultation.
 - Served 21,048 infants and toddlers in FY 2021 through Early Intervention/Part C. The number of infants and toddlers served exceeds pre-pandemic numbers. Early Intervention Part C implemented a new data system and hosted a statewide conference for early intervention providers.
 - Awarded school based mental health grants through the Consolidated Appropriations Act and the American Rescue Plan Act to 12 CSBs. The CSBs are providing school based mental health services to children and adolescents with serious emotional disturbance.
 - Completed two children's mobile crisis train-the-trainer cohorts with the curriculum developer Brilljent, LLC. Those that completed the train-the-trainer are now mobile crisis instructors who are able to provide training on the children's mobile crisis curriculum throughout the Commonwealth.
 - Awarded a contract to develop training facilitation tool-kits for all mobile crisis trainers. The tool kits include content on Best Practices, Mentoring, and Master Training.
 - Funded ten CSBs to develop adolescent-focused substance use disorder services.
 - Continued funding for sustainability of the evidence-based practice Advanced Clinical Research Award (ACRA) for adolescent substance use treatment and expanded peer recovery specialists for adolescents/young adults at existing ACRA grant sites.
 - Hosted an annual adolescent and young adult substance use symposium- *Adolescent & Young Adult Substance Use Symposium: Pathways to Compassion, Healing & Recovery* for 400 physicians and clinicians in the state.

Behavioral Health Wellness and Suicide Prevention

- Lock and Talk Virginia Lethal Means Safety Initiative expanded to all 40 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 alone, over 18,000 medication safety devices and over 17,500 gun locks were distributed with education.
- Applied Suicide Intervention Skills Training (ASIST) – Trained 138 individuals in ASIST as of June 2022, bringing the total trained to 3,983. ASIST is designed to help caregivers recognize risk for suicide, intervene to prevent immediate harm and link persons at risk to

the next level of care. (Note: This training is only offered in-person. Numbers have been lower than expected due to limitations imposed by COVID-19 guidelines.)

- SafeTALK (Suicide Alertness for Everyone) – Trained 205 individuals in safeTALK as of June 2022, bringing the total trained to 2,744. SafeTALK helps participants become alert to suicide, and they are better prepared to connect persons with thoughts of suicide to appropriate resources. (Note: This training is only offered in-person. Numbers have been lower than expected due to limitations imposed by COVID-19 guidelines.)

- Mental Health First Aid (MHFA) – Trained 86,152 individuals in the 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, youth serving and public safety sectors. Additionally, this training is available in-person and virtually.
- Behavioral Health Equity – With the VCU Center on Society and Health, refined the behavioral health index using the all claims payer database to determine the prevalence of SMI, SED, and SUD by zip code. Conducted trainings on seven topics during FY 2022. Awarded \$250,000 in behavioral health equity grants for the 2022 cycle to 13 CSBs and 13 community organizations.
- Virginia Refugee Healing Partnership – This partnership, made possible by a grant awarded from the Department of Social Services, held behavioral health interpreter training attended by 125 behavioral health interpreters, 22 of them are trainers. The Behavioral Health Interpreting Curriculum was published in June 2022, and new curriculum was developed on a interpreting course for “Lay Persons and Pathways to Wellness.” This initiative also held a training on trauma-informed care for 167 and provided nine mini-grants for youth substance use prevention training. Finally, this initiative conducted a statewide needs analysis survey on refugees. Survey results were shared to nine refugee resettlement agencies, 47 VRHP stakeholders, and 32 organizations across the state.
- 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. Collaborations are underway with VDH, the Virginia Lottery, Va. Department of Agriculture and Consumer Services Charitable Gaming unit, the VA Council on Problem Gambling, and Virginia Health Information. Data was collected by DBHDS and all CSBs as part of a needs assessment:
 - Over 5,100 young adult surveys were collected;
 - Over 1,200 scans of the environment were completed;
 - All 40 CSBs are conducting Community Readiness Assessments.

In addition, the DBHDS Office of Recovery established a steering committee of Peer Recovery Specialists with lived experiences to offer expert opinion on to how grow problem gambling awareness and recovery skills with the PRS workforce. The office developed a contract with VCU to include a treatment provider network within local communities, peer recovery network focused on gaming and gambling; continuing education and training on evidence- based practices for providers.

Substance Use Disorders

DBHDS continually received a federal State Opioid Response (SOR) grant beginning October 2018 through September 2023 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 and 2022, 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. Currently, all 40 CSBs either offer on-site MAT services or partner with an MAT provider.
 - An average of 1,553 clients per quarter received MAT services.
 - An average of 2,253 clients per quarter received non-MAT services, including counseling, psychiatry, contingency management, and other therapeutic support.
 - Many treatment clients 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.
 - 30,736 SOR-funded naloxone kits were distributed to local health departments, community members, CSBs, and first responders.
- Recovery SOR grant accomplishments included:
 - 37,835 individuals received SOR-funded recovery services.
 - 35 hospitals offer peer recovery services in emergency departments.

- Eight Virginia colleges and universities offer SOR-funded on-campus collegiate recovery communities as well as peer support services.
- 21 regional jails are providing SOR-funded MAT and/or recovery services.
- Hosted quarterly recovery roundtable discussions and peer support webinars with evaluation partner OMNI Institute to collaborate 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. Presented BARC-10 pilot findings at three national level conferences.
- Assessed changes in recovery outcomes, including substance use, housing, education, employment, health, and social connectedness. Most (98 percent) 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 2022 included:
 - Eliminated the issue of REVIVE! kits awaiting replenishment by developing an inventory system. The system afforded CSB and all other REVIVE! trainers the security of having REVIVE! kits available and on demand for all trainings to distribute to participants.
 - Continued training and related services during the pandemic by implementing virtual “Rapid REVIVE!” for individuals at the highest risk of experiencing or encountering opioid overdoses.
 - REVIVE! Training of Trainers (TOT) training sessions were also offered on a biweekly basis, to begin the development of more Master Trainers.
 - Due to the decrease in COVID-19 restrictions, the demand for in-person trainings increased significantly. In-person training requisitions, across the Commonwealth, were accommodated by the DBHDS REVIVE! team, when requested.
 - During the 1st quarter of 2021 there were 31 individuals trained as Non-First Responder Master Trainers. During the same time, approximately 1,500 individuals were trained via Lay Rescuer and Training of Trainers (TOT).
 - DBHDS partners with 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 percent of overall distribution.
 - 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.
- 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 46

OTPs during the pandemic. All 46 OTPs have the ability to become naloxone only distribution sites. This allows them the capability to give each client a naloxone kit.

- 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 51,061 individuals.
 - Adverse Childhood Experiences (ACEs) – All 40 CSBs have been trained to bring awareness to their communities around the connection between 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.
 - Synar – The federal Synar Amendment requires states to have laws prohibiting the sale and distribution of tobacco products to minors. Virginia’s Synar rate remained at 16.8 percent for FY 2022 as retailer compliance checks were suspended due to COVID-19. This rate continues to reiterate the need for sustained, ongoing retail violation enforcement checks.
 - Disposal and Storage – CSBs implemented strategies to reduce access to opioids through proper disposal and storage, including distribution of Over 16,000 drug deactivation packets, lockboxes, and smart pill bottles.
 - Drug Take Back Events – Over 50,000 people engaged in events this year.
 - “Activate Your Wellness” – This SOR II-funded statewide media campaign invites Virginians to learn, reflect and take steps to improve individual and community wellness. The project is a collaborative effort including DBHDS, OMNI Institute, Rigaud Global Company and 20+ CSBs. The campaign used multiple media channels including radio, digital video streaming, Instagram, Facebook and YouTube--with more than 5 million impressions during July-August 2022. Traffic to the website landing page topped 1,100 views in the first month of the campaign and the average time spent on the page was over four minutes.
 - Message Reach – All 40 CSBs were SOR-funded; they developed prevention messaging with input from coalitions and community partners. Many used multiple platforms to customize information. CSBs and coalitions make data-driven decisions to customize messages and formats for different audiences. This year, 2.9 million individuals targeted with media outlets, over 260,000 items of educational material distributed, nearly 162,000 individuals reached at community events with opioid education and resources.
 - Curb the Crisis – is a website comprehensive resource and media campaign for all Virginians in the fight against opioid misuse and overdose. During FY 2022, DBHDS worked with contractor Reingold to begin a paid media campaign started in late August 2020. The site drove 170,254 page views. There were 2,757 uses of the resource locator. Facebook had 1.16 million clicks from 2.57 million impressions.

Office of Recovery Support Services (ORS)

- Workforce Development – Trained and certified peer recovery (CPRS) workforce. There are currently 863 individuals in active CPRS status and 413 of those are RCPRS-Registered with the Board of Counseling. In addition:
 - 862 people took the DBHDS 72-hour peer recovery specialist training in FY 2022.
 - 3,945 people have been trained since January 2017.
 - 70 people completed the online, on demand supervisor training in FY 2022.
- Recovery Community Organizations (RCOs) – Funded additional RCOs throughout the Commonwealth: McShin Foundation located in Richmond, Robin’s Hope located in Chesterfield County, Strength in Peers located in Harrisonburg, Chris Atwood Foundation located in Reston, and Family Support Partners of Virginia, which is specific to supporting parents and caregivers, is located Mechanicsville.
- Recovery Residences – Fund collaborative efforts to ensure Virginia’s most vulnerable SUD populations have safe and supportive housing choices. Virginia Association of Recovery Residencies (VARR) and Oxford House have expanded its coverage area to encompass the rural southwest regions of Virginia. Oxford Houses of Virginia provide over 3,000 beds and VARR almost 1,100 in the state.
- Peer Support House – In collaboration with the Mount Rogers CSB, DBHDS funded the development of Virginia’s first Peer Support House which will serve as a voluntary alternative for individuals at-risk for or experiencing a mental health crisis needing additional support but have not yet reached a need for traditional psychiatric hospitalization. The program will be open 24/7 with Peer Support Specialist available to address guests’ immediate needs. Given the rural nature of the catchment area and chronic housing crisis, the Peer Support House will be available for guest to stay up to 14 days. During this time, Peers will engage in peer-centered, recovery-oriented support, assist with the development of Wellness and Recovery Action Plans, and link guests to community resources to continue working towards recovery.

Community Cross-Disability Services

DBHDS 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.

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 statewide crisis data platform was initiated to gather data about crisis services across the Commonwealth from both private and public providers of crisis services. The vendor has built out the intake and mobile crisis portion of the platform and is working on developing a new bed registry.
- 988 launched in Virginia on July 16, 2022. DBHDS proactively prepared for this initiative through partnering with National Suicide Prevention Lifeline Providers in the

Commonwealth to operationalize Virginia's call center. Through this process Virginia increased its in state answer rate from 55 percent to 85 percent.

- Expanded two existing crisis intervention team assessment center (CITAC) sites and opened two new crisis receiving centers (CRCs) 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.
- The child Regional Education Assessment Crisis Services Habilitation (REACH) program received 1,389 referrals. The adult REACH program received 1,973 referrals.

Community Housing

- Invested \$34 million to establish and sustain 25 permanent supportive housing (PSH) providers across the state to serve more than 2,000 individuals with SMI.
- Contracted with three non-profit housing providers to work with owners of Low Income Housing Tax Credit properties to provide on-site services to tenants with SMI or I/DD.
- Invested \$1.6 million to serve 75 households with a pregnant or parenting woman with substance use disorder.
- Allocated \$1.5 million in federal Projects for Assistance in Transition from Homelessness (PATH) funds to 14 CSBs to provide outreach and case management services to people with SMI experiencing homelessness. Virginia PATH providers engaged more than 2,000 homeless individuals through street outreach and shelter in-reach.
- By the end of the fiscal year, nearly nine percent of adults in the Settlement Agreement population were living independently. Their housing opportunities were provided primarily through DBHDS's State Rental Assistance Program funding and through 227 housing choice vouchers committed through housing authority preferences. Since these housing efforts were initiated, 1,806 individuals have been assisted to live independently.
- DBHDS's State SOAR Coordinator provided targeted Supplemental Security Income/Disability Insurance (SSI/DI) Outreach, Access, and Recovery (SOAR) training to state hospital staff, jail discharge planners, and community homeless services providers. Virginia's SOAR approval rate for disability applications exceeded the national average.

Developmental Community Services

U.S. Department of Justice Settlement Agreement

Virginia is in the 11th year of a Settlement Agreement with the U.S. Department of Justice 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.

- On May 23, 2022, the federal court submitted an order extending the anticipated end of the Consent Decree to December 31, 2023.
- The results of the Independent Reviewer (IR) June 2022 report highlighted 155 of 317 total compliance indicators reviewed during 20th review period for a total of 183 compliance

indicators met or 58 percent. Of these, 100 are in sustained compliance or have been met during two consecutive review periods.

- Virginia was relieved of 34 provisions in Section IV (Discharge Planning and Transition from Training Centers) and VI.D. In addition, the Commonwealth is in sustained compliance with an additional 45 provisions: 35 in Section III (Serving Individuals in the Most Integrated Settings) and 10 in Section V (Quality and Risk Management System). This puts the Commonwealth in sustained compliance with 79 of the 122 provisions in the Settlement Agreement or 65 percent as of the end of FY 2022.
- Additionally, there are 20 provisions where Virginia is in compliance with 60 percent or more of the indicators tied to those provisions. This compliance is dependent on asserting the reliability and validity of the data.

Integrated Day/Supported Employment Services

Virginia 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, the data is starting to rebound. The percent of individuals being employed increased from a low of 17 percent up to 20 percent in FY 2022.

Medicaid Waiver Services for Individuals with Developmental Disabilities (DD)

The Medicaid Home and Community-Based Services (HCBS) waivers prescribe the types of services Virginia may offer based on Virginia’s approved applications to the U.S. Centers for Medicare & Medicaid Services (CMS). 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 August 1, 2022, there were 16,507 individuals on assigned a waiver slot. The total wait list was 13,943 and included:
 - Priority One (services needed within one year): 3,074;
 - Priority Two (services needed in 1-5 years): 5,995; and
 - Priority Three (services needed in 5+ years): 4,874
- 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. As of FY 2022, DBHDS and DMAS have created approximately 40 percent of the reviews.
- 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.

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 contract with DBHDS to conduct the assessment.

- SIS vendors completed a total of 1,260 SIS assessments.
- DBHDS began collecting SIS satisfaction surveys in July 2020. From July 2020 – July 2022, an overall satisfaction rating of 93 percent favorable responses has been maintained, and the overall satisfaction rate was 96 percent for FY 2022.
- In coordination with DMAS, DBHDS hosted the annual meeting of the SIS Stakeholders Workgroup on April 20, 2022.

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. In FY 2022, the DD Waiver customized rate program helped individuals successfully live in the community and avoid unnecessary hospitalization or involvement with the criminal justice system by providing funding for additional staffing supports. In FY 2022, 209 applications were approved.

Integrated Health

The Office of Integrated Health (OIH) improves access to gaps in services to improve quality of life and overall health. The Health Support Network (HSN), is under the umbrella of OIH.

- Performed 8,643 repairs to 6,535 pieces of durable medical equipment and assistive technology items (such as wheelchairs). Also completed 79 custom adaptations.
- Facilitated 599 regional community nursing meetings with a combined 1,074 attendees.
- Presented 77 educational trainings with 4,115 attendees on topics addressing challenges in health and safety and reducing risk of injury or fatal outcomes.
- Circulated 26 monthly newsletters and health and safety alerts promoting best practices in the health care and promoting safety interventions that can mitigate risk.
- At the end of FY 2022 the dental team was serving 1559 individuals with DD without using restraints or general anesthesia through the Health Support Network program.
- 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 818 evaluations for individuals who were referred to or seeking admission to nursing homes.

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 2,041 representatives to share updates, initiatives, and obtain stakeholder feedback.

- Continued the implementation of a support coordination quality review process and established a process of monitoring CSB performance with the Case Management Steering Committee.
- Established a Data Quality Support process to support CSBs in identifying and resolving issues with data reliability and validity
- Processed 574 regional support team (RST) referrals to review informed choice and increase consideration of more integrated service options statewide.
- Modified the Jump-Start funding initiative to include funding for children’s sponsored residential, skilled nursing, and behavioral therapeutic consultation to incentivize provider development in areas of need.
- Initiated a contract with the Arc of Virginia to implement a Peer Mentor process and launch a project focused on the sharing of online personal stories by people with DD about their experiences having more integration and more choice and control.
- Awarded \$104,385 to create integrated service options in underserved areas.
- Updated the centralized Individual Support Plan to further align with the Settlement Agreement and enhance the collection of critical health information and history.

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. There was a significant technical issue with the program’s data portal in FY 2020. In FY 2022, the system experienced another significant technical issue; however, DBHDS was able to release funding. DBHDS will no longer use this data portal. In the meantime, IFSP continued to support Virginians with DD and their families in FY 2022 through:

- Distributed \$4,008,000 to applicants for supports through the funding program.
- Worked with the WaMS vendor to create a new IFSP portal.
- On September 10, 2021, sent the funding announcement to 21,058 people, including families, people on the FY 2022 Waiver Waiting List, and to DD providers.

Waiver Management System (WaMS)

WaMS is the DBHDS waiver management system. FY 2022 updates included:

- Update to ISP (version 3.3) to enhance 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.
- Finalized regional support team development in WaMS to automate this process and data.

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.

- 47 Virginians were screened for ICF/IID placement (28 adults and 19 children).

- The Children’s ICF initiative mainly focuses on Holiday House of Portsmouth and St. Mary’s Home. DBHDS conducts annual level of care reviews for all residents, educates families on more integrated options, and participates in discharge planning efforts.
 - 217 Community Transition Guides were emailed/mailed. Additional guides were provided per request.
 - 34 families were linked to VCU Family to Family Network
 - Participated in the transition/discharge planning process for children at Holiday House and St. Mary’s Home.

Facility Services

COVID -19 Response

The pandemic and critical staffing shortages greatly affected all 12 of the DBHDS-operated facilities in FY 2022. Implementation of limited visitation, infection control protocols, use of personal protective equipment, testing and vaccination/booster strategies, as well as ongoing consultation with the Virginia Department of Health (VDH) were critical to continuing facility operations. Admissions and visitation at the state facilities continued to be impacted. For much of the past fiscal year, all civil admissions were required to have a negative COVID-19 test prior to admission to a state facility. 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 DBHDS guidelines based on U.S. Centers for Disease Control & Prevention and VDH guidance. All facilities had continued COVID-19 outbreaks during the fiscal year and continued to implement quarantine units as needed. DBHDS facilities worked closely with VDH to implement plans to manage each of these outbreaks.

State Mental Health Hospital Staffing Crisis

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 2022, state hospitals experienced one of the most challenging periods in recent years with critical census and staffing levels across the system.

- Five state hospitals temporarily closed to civil admissions in July 2021 in an effort to bring patient to staff ratios to a safer level to reduce serious incidents and injuries.
- All closed hospitals were re-opened by early September; however, beds were re-opened at the capacity at which they could be safely staffed. Additional beds were added at each hospital as staffing levels improved. By the end of the fiscal year, 139 beds had been reopened across the state hospital system.
- Direct care staffing vacancies reached up to 69 percent in several state hospitals.
- DBHDS utilized ARPA dollars to secure direct care contract staffing (DSA, LPN, RN) to maintain hospital operations in seven of nine state hospitals during FY 2022.
- 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 2022.

- By the end of FY 2022, direct care staffing levels were not sufficient to maintain safe operations and quality care within the state hospitals and all facilities were operating at a limited capacity of 50 percent to 96 percent across the system.

Architecture and Engineering Services

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 – With the exception of a six bed female unit, VCBR has occupied all new living units (six total). This includes the transitional unit and four "standard" living units. One additional living unit is being used for temporary office space as construction progresses. Construction is continuing in support areas (vocational, treatment areas, office spaces) and in living units that were part of the existing facility. The expansion project includes renovation of the pre-existing units to add medical/treatment areas on the living units. One of the original three housing buildings (four units) is undergoing renovation at this time. Two additional housing buildings need to undergo renovations. When renovations occur, the entire building (four living units) is closed. The anticipated date for completion of all construction/renovation is March 2023. This project has experienced multiple delays due to material and service delivery delays.
- 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 – The 2019 session of the General Assembly provided funding for the replacement of Central State Hospital. The Department of General Services serves as the project manager for this capital project. The architectural/engineering firm of Einhorn Yaffee Prescott was selected to design the new facility and Gilbane Construction was chosen as the construction manager.

Community Integration Services (CIS)

CIS provides development and oversight of 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, along with other funding sources that support community integration.

- Alternative Transportation Services – The alternative transportation program provides a person-centered and trauma-informed transportation services, versus traditional law enforcement transport during the temporary detention order (TDO) process. DBHDS contracts with Allied Universal to provide this service. During FY 2022, the alternative transportation program:
 - Navigated a buyout from the original contractor, G4S, to Allied Universal.
 - Continued operations under Allied Universal to complete 1,925 transports during FY 2022 bringing the program to just under 5,000 transports since the beginning.

- Negotiated a corrective action process with Allied Universal in order to determine whether to move forward with contract renewal and, as a result, renewed the contract with Allied for a one year term.
- Implemented a pilot program for discharge transportation from Western State and Catawba Hospitals with plans to expand to all state facilities in FY 2023.
- Implemented a pilot program to develop memorandums of agreement with local law enforcement agencies to assist with the costs of maintaining custody of individuals awaiting a state facility bed.
- DAP – 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.
 - Oversaw the use of \$62.4 million in DAP funds.
 - In FY 2022, DAP funds served 1,637 individuals, of which approximately 619 were new discharges from state hospitals.
 - Served 1,337 individuals with individual DAP plans/funding
- LIPOS – Transitioned to a reimbursement model with the CSBs in which we reimburse for what is spent instead of a pre-determined annual allocation. This allows DBHDS to adjust where LIPOS is being sent throughout the year, so the amounts the regions receive more closely match their current needs.
- Extraordinary Barriers to Discharge List (EBL) – Individuals on the EBL have been clinically ready to leave the hospital for at least seven days, but cannot be discharged safely due to non-clinical barriers. The average number of individuals on the EBL grew from 153 in FY 2015 to a high of 219 in FY 2020. In FY2021 the average number of individuals on the EBL was 209, and it was 199 in FY 2022.
- Community Integration Projects
 - Supported 145 assisted living facility beds in three locations.
 - Supported 110 transitional group home beds in locations throughout the state. All of these beds are used exclusively for individuals discharging from state hospitals.
 - Served 130 individuals in transitional group homes.
 - Served 170 individuals in assisted living facilities.
 - Added an additional transitional group for adolescents discharging from CCCA.
 - Partnered with Mount Rogers CSB and Valley Healthcare in Chilhowie to continue to operate a specialized behavioral health unit at the Valley facility for individuals discharging from state hospitals. In FY 2022, the program served 50 individuals needing nursing home level of care who discharged from state facilities.
 - Partnered with Western Tidewater CSB and Waverly Nursing Home to create a similar program in eastern Virginia. In FY 2022, this program served 20 individuals.
 - Funded two new programs focusing on assisting individuals with dementia who have been hospitalized at or are at risk of state hospitalization, and their families and caregivers, including an expansion of the Northern Virginia RAFT (Regional Older Adults Facilities Mental Health Support Team) to include a component that specifically focuses on individuals with dementia, as well as a facility in Southwest Virginia that will focus on serving individuals with dementia who have lost their housing or are unable to continue to live in their family home.

- Assisted Western Tidewater CSB in developing a new community and residential program that focuses on serving individuals with traumatic brain injury who are at risk of hospitalization at state hospitals or are discharging from a state hospital.

Facility Milestones

- Catawba Hospital achieved Joint Commission deemed status as a Behavioral Health Hospital during FY 2022.
- The Commonwealth Center for Children and Adolescents achieved Joint Commission accreditation as a Behavioral Health Hospital in June 2022.
- The Virginia Center for Behavioral Rehabilitation continues to lead the nation in the number of individuals successfully discharged from a sexually violent predator civil commitment facility.
- Eastern State Hospital received the Malcolm Baldrige Quality Award. The Malcolm Baldrige National Quality Award (MBNQA) is an award established by the U.S. Congress in 1987 to raise awareness of quality management and recognize U.S. companies that have implemented successful quality management systems. The award is the nation's highest presidential honor for performance excellence.

Forensic Population and State Hospitals

- There were 1,928 forensic admissions to state hospitals.
- There were 355 outpatient restoration cases paid.
- Since FY 2019, there have been 85 outpatient temporary custody orders. These efforts result in approximately 25,075 occupied state hospital bed days that were saved. In FY 2022, there were 27 outpatient temporary custody orders, resulting in 3,969 occupied state hospital bed days 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.
- Hospitals successfully managed the pending forensic admission list. The vast majority of were admitted within ten days despite the additional challenges from COVID-19 and the growing number of court orders.

Jail Diversion

- Provided oversight and support to 12 jail diversion programs.
- Provided oversight and support to nine forensic discharge planning programs at five regional jails, eight local jails, and in collaboration with 16 CSBs.
- Partially funded behavioral health dockets at Arlington, Blue Ridge, Richmond, and Valley CSBs.
- Provided oversight and support to the 38 CSBs and 38 crisis intervention teams (CIT) assessment sites.

Juvenile Competency Restoration and Evaluation

- At the close of FY 2022, the Juvenile Competency Restoration Program had 155 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, and as allowed by community facilities.
- “DJ and Alicia,” an interactive Court DVD, was upgraded and is satisfactory.

Millennium Electronic Health Record (EHR) Implementation

During FY 2022, adoption of Millennium continued as enhancements and modifications improved user workflow and to provided opportunities to improve quality care, services, and end user performance moving forward.

Sexually Violent Predator (SVP) 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.

Licensing and Human Rights

Licensing

- CONNECT – On November 3, 2021, the Office of Licensing (OL) went live with a new online-based licensing system, CONNECT. The goal of the CONNECT system is to provide a web portal that will increase efficiency for providers. The portal allows providers to submit electronically all required paperwork such as initial applications, license renewal applications, service modifications, corrective action plans and variances. CONNECT is automated with workflows to streamline licensing processes and improve transparency of data and communication with licensing staff, providing real-time information exchange and 24/7 account access. OL spent hundreds of hours transitioning providers to the new system and providing technical support on utilizing the new functions of the system.
- Regulatory Changes – 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.” Changes were also made to align the licensing regulations with Project BRAVO behavioral health enhancement services. The proposed stage drafts were published and public comment periods were held during FY 2022 for the following actions: Amendments to align with ASAM criteria, Amendments to align with enhanced behavioral health services, Amendments to align with ASAM criteria in children's residential facilities. Lastly, the emergency regulations to align the Children’s Residential Regulations with the Family First Prevention Service Act (FFPSA) became effective January 10, 2022.
- Incident Management Unit (IMU) – The 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 provides regular training and technical assistance to providers, and monitors data including specific individual, provider, and system trends related to serious incidents and deaths. The IMU triaged 22,424 serious incidents and deaths in FY 2022.

- Specialized Investigation Unit (SIU) – The SIU was developed to supplement the efforts of licensing specialists in conducting investigations to protect the health and safety of individuals with DD; and to ultimately improve the overall quality of services and supports. During FY 2022, the SIU completed 700 death investigations for individuals with developmental disabilities. The Office of Licensing also completed an additional 608 complaint/serious incident investigations during the year.
- During FY 2022, the OL processed 815 complaints.
- Licensing specialists processed 1,509 application modifications during FY 2022 and completed 2,023 total unannounced inspections.
- In Fall of 2021, began to prioritize application reviews for needed services within the Commonwealth. There is currently no waiting list for applications of prioritized services.
- Based on provider feedback, streamlined the process for sponsored residential service providers to add new locations.
- Disseminated updated training and tools to assist providers with compliance with regulations for implementing risk management and quality improvement programs.

Overview of Licensing Statistics in FY 2022*								
Fiscal Year Change:	2012	2014	2016	2018	2019	2020	2021	2022
Licensed Providers	744	917	1,041	1,071	1,176	1,290	1,359	1,434
Licensed Services	1,860	2,218	2,608	2,780	2,456	3,200	3,558	3,664
Licensed Locations	6,302	7,519	8,447	8,778	8,133	10,753	11,632	11,660

*FY2022 data includes data from the previous licensing system (OLIS) and the new system (CONNECT) and may be impacted by the conversion of data and difference in categorization of information.

Services in FY 2022 **Providers may be licensed for multiple services			
Residential Crisis Stabilization	26	Nonresidential Crisis Stabilization/crisis intervention	261
Inpatient Psychiatric Unit (41 adults/14 children)	55	Medically Monitored Intensive Inpatient Treatment	34
Substance Abuse Adult Residential Services • Clinically managed high intensity residential • Clinically managed low-intensity residential • Specific high intensity residential	49	Substance Abuse Children Residential Services • Clinically managed low-intensity residential • Clinically managed medium-intensity residential	2
DD Supportive In-Home	152	MH Intensive In-Home children/adolescents	346
Supervised Living	47	Sponsored Residential	110
Brain Injury Residential Tx Service	2	MH correctional Facility RTC	3
MH skill building	498	Case Management	192
Psychiatric Residential Treatment Facility children/adolescents	26	Therapeutic Group Home children/adolescents	75
Group Home Service and ICF/IID for adults	563	DD Children Group Home Residential and ICF/IID	23
Substance abuse partial hospitalization	46	Mental health partial hospitalization	36
Substance abuse intensive outpatient	169	Mental health intensive outpatient	41
Substance abuse outpatient	133	Mental health outpatient	131

MH Psychosocial Rehabilitation	85	Therapeutic Day Treatment	107
DD Day Support	341	Respite (residential, in-home, centered based	24
ACT/ICT	39	Medication Assisted Opioid Treatment	45

Human Rights

Human Rights is a Code-mandated internal advocacy system for DBHDS but external to programs operated, funded, or licensed by DBHDS. OHR provides direct advocacy services to individuals receiving services from programs operated, funded and licensed by DBHDS. Staff facilitate due process for individuals who allege human rights violations, examine conditions that impact individual’s rights and monitor state operated facility and provider compliance with the Regulations. Staff also monitor individuals discharged from training centers and conduct onsite reviews of newly licensed Waiver providers to assess compliance with the Home and Community Based Settings (HCBS) Settings Rule. Significant activities in FY 2022 included:

- Completed 480 AIM (assess safety, initiate process, monitor compliance) reviews to ensure the safety of individuals receiving services following substantiated cases of serious abuse involving sexual assault, restraint with serious injury, and physical abuse with injury.
- Collaborated with APS and CPS to validate accurate reporting of allegations of abuse and neglect to identify 160 allegations of abuse and neglect that had not been reported, which resulted in 25 citations for substantiated abuse and neglect.
- Revised peer-to-peer reporting requirements in state facilities to address over reporting of these events, and updated guidance to determine when these incidents should be reported and investigated as allegations of neglect. Expectations were also established regarding the initial review and documentation of these incidents, in accordance with DI 401.
- Provided over 40 distinct consultation and training sessions attended by 91 licensed-provider and facility staff.
- Facilitated 21 statewide training seminars to approximately 1,865 licensed-provider & facility staff participant, and administered roughly 1,337 continuing education units/credits.
- A critical function of the OHR is due process via the Local and State Human Rights Committees. It is notable that of the 12, 505 total complaints (including those alleging abuse, neglect and exploitation) the State Committee heard a total of 22 complaints on appeal. This is less than 1% and an indicator of resolution to individual complaints at the lowest/earliest level of the process.
- Community Human Rights Complaints – In FY 2022, there were 941 human rights complaints involving licensed community programs, including CSBs with 11 percent of the total (108), resulting in a violation. Of the 10,237 total allegations of abuse, neglect, or exploitation reported, 10 percent (1,049) were substantiated following the provider investigation and staff review. There was an overall increase in allegations and identified violations (2 percent) for FY 2022. While neglect is routinely the largest category of alleged and substantiated violations, it is notable that the number of substantiated allegations resulting from peer-on-peer aggression increased from 75 to 125, and there are double digit increases for both alleged and substantiated reports of verbal abuse and unauthorized restraint. These increases may be the natural upswing of more intentioned reporting now that providers are slowly beginning to recover from staffing shortages, following a slight dip in reporting during the COVID-19 emergency health crisis. More details are found below:

Abuse/Neglect and Human Rights Complaint Statistics (July 1, 2021 – June 30, 2022)

FY 2022 Human Rights Data Reported by Community Providers			
Total Number of Human Rights Complaints			941
Total Number of Complaints That Resulted in a Violation of Human Rights			108
Total Number of Allegations of Abuse, Neglect, or Exploitation			10,237
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation			1,049
<i>Substantiated Allegations by Type</i>		Exploitation	21
Physical Abuse	100	Neglect	743
Verbal Abuse	83	Neglect (Peer-to-Peer)	125
Sexual Abuse	11	Unauthorized use of Restraint	52
Resolution Levels for the 941 Human Rights Complaints and 10,237 Allegations of Abuse, Neglect, or Exploitation			
Director and Below	12,169	State Human Rights Committee	5
Local Human Rights Committee	9	DBHDS Commissioner	0

- State Hospital and Center Human Rights Complaints – In FY 2022 there were 790 human rights complaints involving state operated hospitals and centers with 11 percent (94), resulting in a violation. There were 537 allegations of abuse, neglect or exploitation, wherein 16 percent (85) determined a violation based on the facility investigation and OHR review. When compared to FY21, there was a marked decrease in the number of reported allegations, specifically neglect peer-on-peer (P2P), which can be attributed to the revised guidance concerning reporting and investigating peer aggression. In FY 2021, there were a total of 2,681 allegations reported, of these 2,219 alleged neglect P2P. In FY 2022, however, there were 115 reports of neglect P2P which after investigation and review by OHR, resulted in two violations (compared to zero in FY 202). More details are found below:

FY 2022 Human Rights Data Reported by State Hospitals and Centers			
Total Number of Human Rights Complaints			790
Total Number of Complaints That Resulted in a Violation of Human Rights			94
Total Number of Allegations of Abuse, Neglect, or Exploitation			537
Total Number of Substantiated Allegations of Abuse, Neglect, or Exploitation			85
<i>Substantiated Allegations by Type</i>		Exploitation	3
Physical Abuse	25	Neglect	25
Verbal Abuse	22	Neglect (Peer-to-Peer)	2
Sexual Abuse	2	Unauthorized use of Restraint	8
Resolution Levels for the 790 Human Rights Complaints and 537 Allegations of Abuse, Neglect, or Exploitation			
Director and Below	1,310	State Human Rights Committee	17*
Local Human Rights Committee	3	DBHDS Commissioner	1

**14 of the 17 complaints resolved at the SHRC level were reviewed by the SHRC Appeals Subcommittee per a variance allowing alternative procedures for addressing complaints by individuals in maximum security at CSH and residents of VCBB, when the individual is not satisfied with the director's response.*