



**CREATING OPPORTUNITIES:  
A PLAN FOR ADVANCING COMMUNITY-  
FOCUSED SERVICES IN VIRGINIA**

**Virginia Department of Behavioral Health and  
Developmental Services**

**June 25, 2010**



# CREATING OPPORTUNITIES: A PLAN FOR ADVANCING COMMUNITY-FOCUSED SERVICES IN VIRGINIA

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# CREATING OPPORTUNITIES: A PLAN FOR ADVANCING COMMUNITY-FOCUSED SERVICES IN VIRGINIA

## EXECUTIVE SUMMARY

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To fulfill its responsibility to establish a strategic agenda and related initiatives for Virginia's behavioral health and developmental services system, the Department of Behavioral Health and Developmental Services (DBHDS) has developed *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia*. The plan identifies behavioral health and developmental services strategic initiatives and major DBHDS activities to be addressed over the next three and a half years. These initiatives and activities are intended to:

- Continue progress in advancing the DBHDS vision of a system of behavioral health and developmental services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation by individuals receiving services in all aspects of community life;
- Support the Governor's expressed intentions to achieve a Commonwealth of Opportunity for all Virginians, including individuals receiving behavioral health or developmental services; and
- Assure that the services system is efficient and well-managed and that its core functions are performed in a manner that is effective and responsive to the needs of individuals receiving services and their families.

The Creating Opportunities Plan, which was presented to and endorsed by the State Board of Behavioral Health and Developmental Services on June 25, 2010, is built on previous planning efforts; enabling the DBHDS to structure an accelerated and condensed planning process that will allow implementation of the following initiatives to begin quickly. For each strategic initiative, an implementation action team will be established to develop detailed implementation plans that will include specific action steps, outcomes, and timelines. The DBHDS and System Leadership Council will monitor the implementation of each initiative.

### **Behavioral Health Services Strategic Initiatives**

1. Strengthen the responsiveness of the emergency response system and maximize the consistency, availability, and accessibility of services for individuals in crisis across Virginia.
2. Develop infrastructure to increase peers in direct service roles and expand recovery support services.
3. Address housing needs for individuals with mental health or substance use disorders through involvement in the Governor's initiative to reduce homelessness and expand affordable housing.
4. Create employment opportunities for individuals with mental health or substance use disorders through coordination with the Governor's Economic Development and Job Creation Commission.
5. Enhance access to a consistent array of substance abuse treatment services across Virginia.
6. Review and develop strategies to enhance the effectiveness and efficiency of state hospital services.

7. Strengthen the capability of the case management system to support individuals with long term mental health or substance use disorders and children with serious emotional disturbance.
8. Develop and implement a comprehensive plan for child and adolescent mental health services.

### **Developmental Services Strategic Initiatives**

1. Build community services and supports capacity that will enable individuals who need developmental services and supports, including those with multiple disabilities, to live a life that is fully integrated in the community.
2. Address housing needs of individuals receiving developmental services and supports through involvement in the Governor's initiative to reduce homelessness and expand affordable housing.
3. Create employment opportunities for individuals receiving developmental services and supports through coordination with the Governor's Economic Development and Job Creation Commission.
4. Provide leadership and participate in interagency planning currently underway to identify responsibility at the state level for coordinating and providing services to individuals with development disabilities including autism spectrum disorders.
5. Strengthen the capability of the case management and support coordination system to support individuals receiving developmental services and supports.

### **DBHDS Major Activities:**

In addition to implementing the above behavioral health and developmental services initiatives, DBHDS will be engaged in the following major activities:

1. Participate in the work of the Secretary of Health and Human Resources' Office of Health Care Reform and develop strategies to strengthen collaboration between the preventive and primary health care and the behavioral health and developmental services systems;
2. Address sexually violent predator (SVP) service capacity issues, including obtaining necessary resources to safely operate the Virginia Center for Behavioral Rehabilitation and provide appropriate SVP rehabilitation and treatment services; and
3. Develop information technology initiatives to implement electronic health records (EHR) and health information exchange (HIE) with state facilities, CSBs, other pertinent healthcare and provider agencies, facilitate quality management, and perform quality management and outcomes oversight.

In conclusion, the Creating Opportunities Plan affirms the DBHDS vision and builds on the foundation established in previous planning efforts, including the Integrated Strategic Plan. Successful implementation of these initiatives and major activities will continue progress toward achieving a community-focused system of behavioral health and developmental services and supports that increases opportunities for and enriches the lives of individuals receiving services.

# CREATING OPPORTUNITIES: A PLAN FOR ADVANCING COMMUNITY-FOCUSED SERVICES IN VIRGINIA

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## I. Introduction

### A. Purpose

To fulfill its responsibility to establish a strategic agenda and related initiatives for Virginia's behavioral health and developmental services system, the Department of Behavioral Health and Developmental Services (DBHDS) has developed *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia*. This plan identifies behavioral health and developmental services strategic initiatives and major DBHDS activities to be addressed over the next three and a half years to:

- Continue progress in advancing the DBHDS vision of system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of participation in all aspects of community life for individuals with mental health or substance use disorders or intellectual disability; and
- Support the Governor's expressed intention to achieve a Commonwealth of Opportunity for all Virginians, including individuals receiving behavioral health or developmental services; and
- Assure that the services system is efficient and well-managed and that its core functions are performed in a manner that is effective and responsive to the needs of individuals receiving services and their families.

Because the DBHDS and services system stakeholders have been planning together for years, there was no need to spend months rearticulating strategic directions that continue to have broad-based support. The *Creating Opportunities* plan is built on previous planning efforts, allowing the DBHDS to structure an accelerated and condensed planning process so that implementation can begin quickly. Completing the plan process by June 2010 will enable DBHDS to:

- Communicate its strategic agenda and priority initiatives to the Administration, General Assembly, individuals receiving services and their families, public and private providers, advocates, and other interested stakeholders;
- Focus DBHDS resources on implementing targeted initiatives and activities that advance community-focused services in Virginia; and
- Develop initiative proposals in collaboration with key services system stakeholders for consideration during the biennium budget development process.

### B. Plan Development Process

The DBHDS set the framework for the *Creating Opportunities* planning process in February 2010, by identifying accomplishments, mandates, system change recommendations, and challenges and opportunities for behavioral health services and developmental services strategic actions.

In March, the DBHDS briefed the System Leadership Council on the *Creating Opportunities* planning process. The System Leadership Council, which includes representatives of community services boards (CSBs), state facilities, local governments, local hospitals, private providers, individuals receiving services and family members, advocacy organizations, regional jails, the State Board of Behavioral Health and Developmental Services, the Inspector General, and Department of Medical Assistance Services (DMAS), is uniquely positioned to provide consultation and feedback to the DBHDS as strategic initiative proposals for behavioral health services and developmental services were developed.

The Creating Opportunities planning effort used separate processes for behavioral health services and developmental services. The DBHDS established two planning teams, one for behavioral health services and the second for developmental services. Each team was comprised of individuals whose involvement with the services system as advocates, individuals receiving services and family members, public and private services providers, and state health and human resources agency staff offered perspectives, expertise, and experiences that enriched the process of identifying priority directions for the services system. Each team's membership is listed in Appendix A. The teams met three times, twice in April and once in May, to identify services system core functions and services and supports gaps; review services system effectiveness, efficiency, and enhancement opportunities; and recommend possible strategic initiatives and implementation actions to the DBHDS. The DBHDS considered these recommendations in its selection of strategic initiatives and identification of focus areas for each initiative's implementation. The Creating Opportunities plan was presented to and endorsed by the State Board of Behavioral Health and Developmental Services on June 25, 2010.

For each selected strategic initiative, an implementation action team will be established to work with the DBHDS over the next several months to develop detailed implementation plans that will include:

- Assignments of responsible parties to assure implementation happens;
- Detailed action steps with timelines;
- Organizations and individuals that will be involved in implementation;
- Performance outcomes with timelines and milestones required to monitor implementation.

Specific implementation actions recommended by the behavioral health services and developmental services planning teams will be provided to the applicable implementation action team for its consideration as it develops detailed action steps. The DBHDS and System Leadership Council will monitor the implementation of each initiative.

## **II. Commitment to Advancing Community-Focused Services**

### **A. Building on the Foundation Established in the Integrated Strategic Plan**

In 2006, the then Department of Mental Health, Mental Retardation and Substance Abuse Services adopted *Envision the Possibilities: An Integrated Strategic Plan for Virginia's Mental Health, Mental Retardation, and Substance Abuse Services System (ISP)* to provide a strategic blueprint for transforming Virginia's publicly-funded services system. The ISP includes values, critical success factors, and implementation action steps that are essential building blocks for the realization of the vision of a "consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of consumer participation in all aspects of community life including work, school, family and other meaningful relationships" (State Board Policy 1036 (SYS) 05-3).

The ISP affirms that individuals with mental health or substance use disorders or intellectual disability are members of the community in which they live and should enjoy the same opportunities for quality of life. The overarching goal of the services system is to provide or assist individuals in obtaining services and supports based on informed choice that would enable them to

- Attain their highest achievable level of health and wellness;
- Live as independently as possible, with children living with their families;
- Engage in meaningful activities, including school attendance or work in jobs that they have chosen; and
- Participate in community, social, recreational, and educational activities.

The ISP includes values for the design and operation of the behavioral health and developmental services system that provide the foundation for this plan:

- Services and supports are person-centered, with the specific needs of each individual at the center of service planning and care coordination. Regardless of where an individual or family lives in Virginia, there is access to a broad array of services and supports that promote independence and enable individuals to live in their own homes wherever possible. Services and supports are flexible, allow for the greatest amount of individual choice possible, and provide an array of acceptable options to meet a range of individual needs.
- A consistent minimum level of services and supports is available across the system, with timely access to needed services. Services and supports are available and delivered as close as possible to the individual's home community in the least restrictive setting possible, are culturally and age sensitive and appropriate, and are fully integrated and coordinated with other community services. Services are universally and equally accessible regardless of the individual's payment source.
- The services system is designed to intervene early to minimize crises through early screening and assessment, appropriate interventions that keep individuals receiving services connected to their families and natural supports, and seamless access to services. Prevention, early intervention, and family support services are critical components of the services system. Crisis access and response is available 24 hours per day and seven days a week.
- Funding follows the individual to the extent possible and not a specific provider or service. Integrated funding reduces complexity and provides flexibility to create choices among services and supports that address an individual's unique needs.
- Adults and children requiring services and supports from multiple agencies are provided care that is coordinated across agencies.
- Services are of the highest possible quality and are based upon best and promising practices where they exist. Emphasis is placed on continuous quality improvement, workforce training and development, and use of technologies that promote efficiency and cost effectiveness at the provider and system levels.

## **B. Achieving the Promise of a Commonwealth of Opportunity**

In his Inaugural and State of the Commonwealth addresses, Governor McDonnell pledged to create "A Commonwealth of Opportunity" for all Virginians. For individuals with mental health or substance use disorders or intellectual disability, achieving the promise of the Commonwealth of Opportunity means that they are able to live full and productive lives. For the behavioral health and developmental services system this means:

- Promoting the creation or expansion of opportunities for individuals receiving services to live full and productive lives by overcoming stigma and misperceptions regarding their abilities;
- Providing an array of community-focused services and supports that are person-centered, support recovery and self-determination, and prevent or reduce the use of more intensive interventions such as hospitalization or public safety involvement;
- Assuring case management and care coordination practices support creation and expansion of opportunities for individuals; and
- Establishing clear outcome expectations for stable housing and employment.

### **C. Identifying and Implementing Services System Efficiencies**

A priority initiative for the Administration is finding new ways to deliver government services more efficiently and effectively. The strategic agenda for the behavioral health and developmental services system must challenge current thinking about how services are delivered and funded and pursue opportunities to realize savings. Potential efficiency and effectiveness enhancements include:

- Reducing unnecessary variability in the availability of service across Virginia;
- Breaking down or reducing funding silos and examining opportunities to leverage and realign funding to correspond to what people need to live their lives productively;
- Improving assessment and matching of services and supports to the needs of individuals to ensure only the needed level of the most appropriate services is provided;
- Pursuing opportunities to achieve economies of scale through regional services and supports and consolidated workforce development and training activities where appropriate;
- Simplifying record keeping and reporting requirements and assuring that requirements provide added value for costs incurred;
- Assuring that regulatory requirements are consistent wherever possible within (e.g., DBHDS licensing and human rights) and across (e.g., DBHDS licensing and Medicaid) agencies; and
- Enhancing partnership opportunities to address employment, housing, and transportation needs and access aging, social services, health, and early childhood resources.

### **III. Behavioral Health Services and Supports**

#### **A. Individualized Services and Supports for Identified Populations**

A core function of the behavioral health services system is providing individualized services and supports that are tailored to meet the particular needs of individuals in the following groups:

- Persons of all ages with mental health or substance abuse problems or co-occurring mental health and substance use disorders who are in severe distress or crisis, at risk of causing or suffering serious harm, or at risk of arrest and who need urgent or emergency services;
- Adults, including older adults, with serious mental illness or adults, including older adults, with co-occurring mental health and substance use disorders who need long-term treatment, rehabilitative services, and related supports to promote recovery;
- Adults, including older adults, with substance use disorders, including substance abuse and dependence, who need long-term treatment and related supports to promote recovery; and
- Children and adolescents who have mental health or substance use problems or co-occurring mental health and substance use disorders who are at risk of involvement or are being served in the juvenile justice system or other out-of-home placement, who are at risk of being or have been expelled from school, or who require long-term community mental health or substance abuse treatment and other supports.

Behavioral health services and supports that are needed by these individuals are listed in Appendix B.



## **B. Behavioral Health Services Strategic Initiatives**

Strategic initiatives selected by the DBHDS from recommendations provided by the Behavioral Health Services Planning Team follow.

1. STRENGTHEN THE RESPONSIVENESS OF THE EMERGENCY RESPONSE SYSTEM AND MAXIMIZE THE CONSISTENCY, AVAILABILITY, AND ACCESSIBILITY OF SERVICES FOR INDIVIDUALS IN CRISIS ACROSS VIRGINIA.

### Implementation Focus Areas

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- Align funding incentives that support desired emergency response outcomes, including increased voluntary treatment, reduction of restraint or treatment over objection, more in-home interventions, reduction of hospitalization, and diversion from police or criminal justice contact.
- Involve the Virginia Hospital and Healthcare Association, state hospitals, CSBs, and local hospitals in discussions regarding the future need for inpatient psychiatric services and the roles of public and private hospitals in meeting the needs of individuals, including those with forensic involvement, who require acute or intermediate inpatient care.
- Minimize use of the most intensive interventions through improved management of state hospital and local inpatient purchase of services (LIPOS) resources statewide.
- Pursue opportunities to increase access to an adequate and more consistent continuum of emergency, crisis response, and jail diversion services across Virginia, including crisis stabilization and local reception or drop-off centers.

2. DEVELOP INFRASTRUCTURE TO INCREASE PEERS IN DIRECT SERVICE ROLES AND EXPAND RECOVERY SUPPORT SERVICES.

### Implementation Focus Areas

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- Implement a wide range of peer-provided services and supports through hiring peers in various roles, including peer support, at CSBs, in state and private facilities, and through contracts with independent peer-provided service programs.
- Address funding and administrative barriers to peer-provided services and supports.
- Develop and implement a peer specialist training program in the Commonwealth.
- Establish peer support as a discrete Medicaid service.

3. ADDRESS HOUSING NEEDS FOR INDIVIDUALS WITH MENTAL HEALTH OR SUBSTANCE USE DISORDERS THROUGH INVOLVEMENT IN THE GOVERNOR'S INITIATIVE TO REDUCE HOMELESSNESS AND EXPAND AFFORDABLE HOUSING.

### Implementation Focus Areas

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- Participate with the Governor's Senior Economic Advisor, the Secretary of Commerce and Trade, the Director of the Department of Housing and Community Development (DHCD), the Executive Director of the Virginia Housing Development Authority (VHDA), and other Secretariats and agencies to implement the housing policy established in Executive Order 10 (2010) and create a range of housing opportunities for individuals with mental health, substance use, or co-occurring disorders.
- Establish clear outcome expectations for stable housing to include specific goals and state and local strategies for leveraging housing resources for individuals receiving publicly-funded behavioral health services.

- Communicate the updated State Board of Behavioral Health and Developmental Services Policy 4023 (CSB) 86-24 Housing Supports to affected stakeholders. This policy encourages CSBs to assist individuals whom they serve to obtain or retain housing in their home communities within resources available and to expand partnerships and work collaboratively with federal and state housing agencies. The updated policy will be considered for adoption by the State Board in September 2010. (This language was altered on July 2, 2010 to more accurately reflect the status of the proposed State Board policy.)
- Survey CSBs about resources they spend solely on providing housing, including rent subsidies, that might be reprogrammed for treatment services if other housing resources could be accessed.

4. CREATE EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS WITH MENTAL HEALTH OR SUBSTANCE USE DISORDERS THROUGH COORDINATION WITH THE GOVERNOR'S ECONOMIC DEVELOPMENT AND JOB CREATION COMMISSION.

Implementation Focus Areas

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- Coordinate with the Governor's Economic Development and Job Creation Commission established under Executive Order 1 (2010) to create economic and workforce development and job creation opportunities for individuals with mental health, substance use, or co-occurring disorders.
- Establish clear outcome expectations for employment to include specific goals and state and local strategies for addressing barriers to employment experienced by individuals receiving CSB behavioral health services.
- Develop employment services and supports strategies in partnership with the Department of Rehabilitative Services (DRS) and DMAS that are specifically designed to meet the needs of individuals with mental health, substance use, or co-occurring disorders.
- Realign the orientation of day support services to focus on establishing and sustaining real work opportunities for individuals with mental health, substance use, or co-occurring disorders.

5. ENHANCE ACCESS TO A CONSISTENT ARRAY OF SUBSTANCE ABUSE TREATMENT SERVICES ACROSS VIRGINIA.

Implementation Focus Areas

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- Assess and identify gaps in the array of evidence-based substance abuse treatment services and develop proposals for addressing them.
- Assess the extent to which CSBs have the capability to provide integrated substance abuse and mental health assessment and treatment for individuals with co-occurring mental health and substance use disorders and provide technical assistance and training to enhance that capability.
- Expand partnerships with the criminal justice system to include substance abuse treatment in jails and in re-entry programs for offenders.

6. REVIEW AND DEVELOP STRATEGIES TO ENHANCE THE EFFECTIVENESS AND EFFICIENCY OF STATE HOSPITAL SERVICES.

Implementation Focus Areas

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- Develop an annual internal administrative and programmatic review and audit process; and
- Review and recommend enhancements in state hospital quality improvement activities.

7. STRENGTHEN THE CAPABILITY OF THE CASE MANAGEMENT SYSTEM TO SUPPORT INDIVIDUALS WITH LONG TERM MENTAL HEALTH OR SUBSTANCE USE DISORDERS AND CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE.

Implementation Focus Area

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- Implement the recommendations of the case management and support coordination capacity workgroup.

8. DEVELOP AND IMPLEMENT A COMPREHENSIVE PLAN FOR CHILD AND ADOLESCENT MENTAL HEALTH SERVICES.

Implementation Focus Area

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- Implement the recommendations of the comprehensive plan for child and adolescent mental health services required by Item 304.M of the 2010 Appropriation Act.

## **IV. Developmental Services and Supports**

### **A. Individualized Services and Supports for Identified Populations**

A core function of the developmental services system is providing individualized services and supports that are tailored to meet the particular needs of individuals in the following groups:

1. Individuals with intellectual disability, which originates before the age of 18 years and is characterized concurrently by (i) significantly subaverage intellectual functioning as demonstrated by performance on a standardized measure of intellectual functioning, administered in conformity with accepted professional practice, that is at least two standard deviations below the mean and (ii) significant limitations in adaptive behavior as expressed in conceptual, social, and practical adaptive skills (Code of Virginia definition). This includes individuals who may have one or a combination of the following conditions:
  - a. Individuals whose level of intellectual disability is so severe that they require extensive supports;
  - b. Individuals who are medically fragile or have one or more chronic physical health or sensory conditions;
  - c. Individuals who have behavioral challenges, including involvement in the criminal justice system or a co-occurring disorder or disability such as a mental illness or autism spectrum disorder;
  - d. Individuals with specialized supports needs related to their age, i.e., older adults; or
  - e. Individuals who need intermittent or limited supports or assistance.
2. Infants and toddlers, from birth to three years of age, who have been diagnosed with developmental delay, atypical development, or a physical or mental condition that has a high probability of resulting in developmental delay.

Developmental health services and supports that are needed by these individuals are listed in Appendix B.

### **B. Developmental Services Strategic Initiatives**

Strategic initiatives selected by the DBHDS from recommendations provided by the Developmental Services Planning Team follow.

1. BUILD COMMUNITY SERVICES AND SUPPORTS CAPACITY THAT WILL ENABLE INDIVIDUALS WHO NEED DEVELOPMENTAL SERVICES AND SUPPORTS, INCLUDING THOSE WITH MULTIPLE DISABILITIES, TO LIVE A LIFE THAT IS FULLY INTEGRATED IN THE COMMUNITY.

Implementation Focus Areas

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- Improve and expand Medicaid waiver services and supports.
  - Improve and expand current intellectual disability (ID) waiver services and supports capacity; and
  - Develop a plan and timeframe for redesigning the current ID and developmental disability (DD) waivers.
- Provide services and supports for individuals who need intermittent or limited supports but are not eligible for waiver services.
  - Develop a budget initiative to expand services system capacity to provide flexible supports for families and transition services; and
  - Enhance linkages with the Department of Education to improve the transition process for individuals and families.
- Provide access to dental, health, and behavioral supports and other specialized services and supports in communities where individuals live.
  - Develop a comprehensive emergency response system of services;
  - Enhance partnerships to access aging, social services, health, and early childhood services and resources; and
  - Develop a mechanism for providers to pool resources regionally to access specialized services.
- Develop avenues to assist individuals in training centers transition to appropriate settings through investments in community supports and prudent investment in infrastructure.
  - Respond to recommendations of the U.S. Department of Justice; and
  - Implement the Southeastern Virginia Training Center (SEVTC) and Central Virginia Training Center (CVTC) downsizing projects.

2. ADDRESS HOUSING NEEDS OF INDIVIDUALS RECEIVING DEVELOPMENTAL SERVICES AND SUPPORTS THROUGH INVOLVEMENT IN THE GOVERNOR'S INITIATIVE TO REDUCE HOMELESSNESS AND EXPAND AFFORDABLE HOUSING.

Implementation Focus Areas

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- Participate with the Governor's Senior Economic Advisor, the Secretary of Commerce and Trade, the Director of DHCD, the Executive Director of the VHDA, and other Secretariats and agencies to implement housing policy established in Executive Order 10 (2010) and create a range of housing opportunities for individuals receiving developmental services and supports.
- Communicate the updated State Board of Behavioral Health and Developmental Services Policy 4023 (CSB) 86-24 Housing Supports to affected stakeholders when it is adopted by the State Board in September. (This language was altered on July 2, 2010 to more accurately reflect the status of the proposed State Board policy.)
- Develop housing options that are separate or decoupled from provision of traditional residential services and provide greater mobility and flexibility for individuals. [Housing Study (2009)]
- Participate with the VHDA, DHCD, and Virginia Board for People with Disabilities (VBPD) in the development of a state housing policy and plan to expand access to critically needed

person-centered community housing options for individuals receiving developmental services and supports. [Housing Study (2009)]

- Establish state strategic investment priorities with VHDA, DHCD, and DMAS to organize and align federal, state, local, and private housing investment resources with the state housing policy and plan, provide the framework for increasing the development of integrated community housing, maximize public-private partnerships, and develop innovative housing and financing models for individuals receiving developmental services and supports. [Housing Study (2009)]
- Educate the public about the housing needs of individuals receiving developmental services and supports and establish a permanent education and training resource for CSBs and others to continually connect housing and the needs of individuals receiving developmental services and supports. [Housing Study (2009)]

3. CREATE EMPLOYMENT OPPORTUNITIES FOR INDIVIDUALS RECEIVING DEVELOPMENTAL SERVICES AND SUPPORTS THROUGH COORDINATION WITH THE GOVERNOR'S ECONOMIC DEVELOPMENT AND JOB CREATION COMMISSION.

Implementation Focus Areas

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- Coordinate with the Governor's Economic Development and Job Creation Commission established under Executive Order 1 (2010) to create economic and workforce development and job creation opportunities for individuals receiving developmental services and supports.
- Use the State Employment Leadership Network as a resource for developing employment supports models and options and create opportunities for people who are providing employment supports to come together to share information about creating employment opportunities for individuals receiving developmental services and supports.
- Expand employment supports models that are specifically designed to keep individuals employed over the long-term using follow-along and employer support.
- Expand school to work transition programs that expose students to job opportunities and enable them to graduate with jobs in place.
- Partner with the DRS to provide employment supports that are tailored to the needs of individuals with intellectual disability.
- Create a model to provide support for individuals interested in developing their own businesses.

4. PROVIDE LEADERSHIP AND PARTICIPATE IN INTERAGENCY PLANNING CURRENTLY UNDERWAY TO IDENTIFY RESPONSIBILITY AT THE STATE LEVEL FOR COORDINATING AND PROVIDING SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES INCLUDING AUTISM SPECTRUM DISORDERS.

Implementation Focus Areas

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- Implement the recommendations of the interagency plan to promote state-level accountability and coordination of services for individuals with developmental disabilities, including autism spectrum disorders.

5. STRENGTHEN THE CAPABILITY OF THE CASE MANAGEMENT AND SUPPORT COORDINATION SYSTEM TO SUPPORT INDIVIDUALS RECEIVING DEVELOPMENTAL SERVICES AND SUPPORTS.

Implementation Focus Areas

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- Implement the recommendations of the case management and support coordination capacity workgroup.

## **V. Department of Behavioral Health and Developmental Services Major Activities**

In addition to implementing the behavioral health and developmental services initiatives, the DBHDS will be engaged in the following major activities:

1. Participate in the work of the Secretary of Health and Human Resources' Office of Health Care Reform and develop strategies to strengthen collaboration between the preventive and primary health care and the behavioral health and developmental services systems;
2. Address sexually violent predator (SVP) service capacity issues, including obtaining necessary resources to safely operate the Virginia Center for Behavioral Rehabilitation and provide appropriate SVP rehabilitation and treatment services; and
3. Develop information technology initiatives to implement electronic health records (EHR) and health information exchange (HIE) with state facilities, CSBs, other pertinent healthcare and provider agencies, facilitate quality management, and perform quality management and outcomes oversight.

## **VI. Conclusion**

The Creating Opportunities Plan affirms the DBHDS vision and builds on the foundation established in previous planning efforts, including the Integrated Strategic Plan. To enhance the ability of the behavioral health and developmental services system to perform its core function of providing individualized services and supports that are tailored to meet the particular needs of individuals, the plan identifies a number of strategic initiatives and major activities that will guide the work of the DBHDS over the next three and a half years. Successful implementation of these initiatives and major activities will continue progress toward achieving a community-focused system of behavioral health and developmental services and supports that increases opportunities for and enriches the lives of individuals receiving services.

## **Appendix A**

### **Behavioral Health Services Planning Team and Developmental Services Planning Team Membership**

#### **Behavioral Health Services Planning Team**

Paul Gilding, Convener, DBHDS  
Jack Barber, Western State Hospital  
Mark Blackwell, Substance Abuse and Addiction Recovery Alliance  
Kathy Drumwright, Virginia Beach CSB  
Steve Herrick, Piedmont Geriatric Hospital  
Karen Lawson, DMAS  
Betty Long, Virginia Hospital and Health Care Association  
Dan Longo, Colonial CSB  
Janet Lung, DBHDS  
Jim Martinez, DBHDS  
Lisa Moore, Mount Rogers CSB  
John Morgan, Voices for Virginia's Children  
Mike O'Connor, Henrico Area Mental Health and Developmental Services  
Mellie Randall, DBHDS  
Michael Shank, DBHDS  
Mira Signer, NAMI Virginia  
Becky Sterling, Mental Health Planning Council Chair, Peer Provider/Advocate  
Gina Wilburn, Blue Ridge Behavioral Healthcare

#### **Developmental Services Planning Team**

Heidi Dix, Convener, DBHDS  
Paul Babcock, Arc of the Peninsula  
Teri Barker-Morgan, Virginia Board for People with Disabilities  
Pat Bennett, PAIR  
Ron Branscome, Rappahannock Area CSB  
Debbie Burcham, Chesterfield CSB  
Howard Cullum, Arc of Virginia  
Mary Ann Discenza, DBHS  
Jennifer Fidura, Virginia Network of Private Providers  
Terry Smith, DMAS  
Janet Lung, DBHDS  
Lynn McCrobie, VACSB ID Council (Middle Peninsula-Northern Neck CSB)  
Cindy Gwinn, DBHDS  
Lisa Poe, Virginia Network of Private Providers  
Lee Price, DBHDS  
Betty Thompson, Parent  
Natalie Ward, VACSB ID Council (Hampton-Newport News CSB)  
Dale Woods, Southwestern Virginia Training Center  
Alan Wooten, VACSB ID Council (Fairfax-Falls Church CSB)  
Dawn Machonis, Partnership for People with Disabilities

## Appendix B

### Individualized Behavioral Health and Developmental Services and Supports

The following lists of identified populations and behavioral health and developmental services and supports were developed in consultation with the Behavioral Health Services and Developmental Services Planning Teams. Definitions of the identified populations are not eligibility criteria for receipt of services.

#### Behavioral Health

Individualized wrap-around packages of services and supports to meet the particular needs of individuals in the following groups served by the behavioral health services system may include the following services and supports.

- Persons of all ages with mental health or substance abuse problems or co-occurring mental health and substance use disorders who are:
  - ◆ in severe distress or crisis,
  - ◆ at risk of causing or suffering serious harm, or
  - ◆ at risk of arrest andwho need urgent or emergency services:
  - Telephone counseling and referral
  - Emergency assessment, evaluation, or preadmission screening
  - Mobile (outreach) crisis intervention, including in-home crisis care
  - Psychiatric consultation and medication
  - Peer support services
  - Residential crisis stabilization
  - Detoxification services in a variety of settings
  - Acute, short-term (i.e., up to two weeks) inpatient psychiatric or substance abuse hospitalization
- Adults, including older adults, with serious mental illness or adults, including older adults, with co-occurring mental health and substance use disorders who need long-term treatment, rehabilitative services, and related supports to promote recovery:
  - Assessment and evaluation
  - Case management
  - Outpatient counseling
  - Intensive outpatient services
  - Medication and medication education
  - Assertive community treatment (PACT and ICT)
  - Psychiatric rehabilitation and day treatment
  - Peer support services
  - Wellness management
  - Homeless outreach and transition to services
  - Detoxification services in a variety of settings
  - Residential services with a wide range of supports
  - Housing support
  - Employment supports
  - Benefits acquisition
  - Intermediate inpatient psychiatric hospitalization for individuals who no longer need acute inpatient hospitalization but still require highly structured and intensive psychiatric inpatient services to address complex needs, including behavioral challenges



- Adults, including older adults, with substance use disorders, including substance abuse and dependence, who need long-term treatment and related supports to promote recovery
  - Assessment and evaluation
  - Case management
  - Detoxification services in a variety of settings
  - Outpatient counseling (individual and group)
  - Wellness management
  - Intensive outpatient services
  - Medication-assisted treatment
  - Day treatment
  - Residential services with a wide range of supports
  - Housing supports
  - Employment supports
  - Peer support services
  
- Children and adolescents who have mental health or substance use problems or co-occurring mental health and substance use disorders and who are at risk of involvement or are being served in the juvenile justice system or other out-of-home placement, who are at risk of being or have been expelled from school, or who require long term community mental health or substance abuse treatment and other supports.
  - Assessment and evaluation, including CSA
  - Case management
  - Intensive Care Coordination (limited caseload, intensive case management funded by CSA)
  - Outpatient services
    - Individual, family, and group therapy (office-based)
    - Psychiatric evaluation, including tele-psychiatry
    - Medication management and support
    - Intensive outpatient services
    - Intensive in-home services
    - Educational support for families and skills training
  - Day treatment (school-based)
  - Respite services
  - Supportive residential services for children in therapeutic foster care and group homes

### **Developmental Services**

Individualized wrap-around packages of services and supports to meet the particular needs of individuals in the following groups served by the developmental services system may include the following services and supports:

1. For individuals with intellectual disability:
  - A. Whose level of intellectual disability is so severe that they require extensive supports:
    - Services and supports needs will likely be met through the Medicaid ID Waiver, but capacity is limited;
    - Case management and support coordination;
    - Services and supports gaps include:
      - Employment support to keep the individual employed over the long term using follow-along and employer support,
      - Therapeutic services (OT, PT, speech-language, audiology, psychology),

- Guardianship,
  - Dental services,
  - Urgent care center services (rather than emergency rooms), and
  - Transportation;
- B. Who are medically fragile or have one or more chronic physical health or sensory conditions:
- Basic services and supports needs will likely be met through the Medicaid ID Waiver, but capacity is limited;
  - Medical needs will likely be met through Medicaid;
  - Case management and support coordination;
  - Services and supports gaps include:
    - Dental services,
    - Medical practitioners with specialized training in meeting the health needs of individuals with intellectual disability,
    - Skilled nursing liaison with medical practitioners and oversight,
    - Therapeutic services (OT, PT, speech-language, audiology, psychology),
    - Direct care staff with skills to monitor health conditions,
    - Adaptive equipment and assisted technology,
    - Respite services,
    - Guardianship, and
    - Specialized skilled nursing services in rehabilitation facilities (nursing homes);
- C. Who have behavioral challenges, including involvement in the criminal justice system or a co-occurring disorder or disability such as a mental illness or autism spectrum disorder:
- For those individuals who are eligible, basic services and supports needs will likely be met through the Medicaid ID Waiver, but capacity is limited;
  - Case management and support coordination;
  - Services and supports gaps include:
    - Full crisis care system that includes crisis intervention, psychiatric consultation, acute psychiatric hospitalization (not an option for individuals with intellectual disability), crisis stabilization, and behavioral supports and in-home interventions,
    - Guardianship,
    - Dental services, and
    - Transportation;
- D. Who have specialized supports needs related to their age, i.e., older adults:
- For those individuals who are eligible, basic services and supports needs will likely be met through the Medicaid ID Waiver, but capacity is limited;
  - Case management and support coordination;
  - Services and supports gaps include:
    - Appropriate day services and supports for individuals who do not have stamina – need flexibility for these individuals to age in place,
    - Skilled nursing services,
    - Therapeutic services (OT, PT, speech-language, audiology, psychology),
    - Guardianship,
    - Dental services, and
    - Transportation; or
- E. Who need intermittent or limited supports or assistance:
- Employment supports,
  - Affordable housing and housing supports,

- Afterschool and summer programs for children and adolescents, and
  - Transition services from school to adult services and teacher training.
2. For infants and toddlers, from birth to three years of age, who have been diagnosed with developmental delay, atypical development, or a physical or mental condition that has a high probability of resulting in developmental delay:
- Child care,
  - Service coordination,
  - Respite services,
  - Therapeutic services (OT, PT, speech-language, audiology, psychology),
  - Educational services,
  - Assistive technology,
  - Transportation, and
  - Transition to schools and community resources.

## Appendix C

### Background Paper: Where the Behavioral Health Services System Is Headed

The following background paper was developed by the DBHDS to inform the work of the Behavioral Health Services Planning Team.

#### **Accomplishments and Progress on Plan Initiatives and Recommendations**

##### **Successful implementation of recovery-oriented, person-centered, and integrated system of services and supports**

- Developed a Vision Statement for the system - *a consumer-driven system of services and supports that promotes self-determination, empowerment, recovery, resilience, health, and the highest possible level of consumer participation in all aspects of community life.*
- Adopted State Board Policy 1040 affirming consumer and family member involvement in the development, operation, and evaluation of Virginia's public behavioral health and developmental services system.
- Supported public education about mental illness and recovery through production of the *Voices of Hope and Recovery* film and sponsorship of National Alliance on Mental Illness (NAMI) *In Our Own Voice* project.
- The DBHDS established a policy to eliminate use of prone restraint.
- Implemented a seclusion and restraint reduction program in all state hospitals and established assertive training programs at CSH and CCCA to support staff in decreasing the use of seclusion and restraint.
- Instituted annual self assessments of recovery orientation in CSBs (ROSI) and state facilities. Results are incorporated into CSB quality improvement and state hospital Recovery Plans.
- In FY 2009, 43 Wellness Recovery Action Planning (WRAP) facilitators trained by the VOCAL REACH program led 159 WRAP groups that resulted in 926 people with mental illness completing their own individual WRAP plans. To date, 130 WRAP facilitators have been certified through the REACH program.
- Increased financial support to statewide consumer support networks, peer-run service providers, and family support organizations, including VOCAL, Substance Abuse and Addiction Recovery Alliance of Virginia (SAARA), NAMI-VA, Mental Health America-Virginia, and Federation of Families for grassroots recovery-oriented supports for individuals receiving services and families for direct peer support services, consumer and family education, leadership development, and public education and awareness.
- Amended Virginia's *Health Care Decisions Act* to allow psychiatric advance directives, enabling individuals receiving services to have a voice in treatment provided to them when they are incapacitated.
- Supported the organization of the Virginia Peer Specialist Coalition, which includes approximately 120 direct service peer providers who are working in the publicly funded behavioral health services system. They include PACT team members, peer counselors, drop-in center support staff, and state hospital recovery coaches.
- In FY 2009, employed 84 peers in CSBs and 89 peers in state hospitals to provide direct services to peers (preliminary counts) and established *Peers Employed by the CSB* as a DBHDS Web Accountability measure.

## **Core array of available and accessible services across the Commonwealth**

- Implemented three Regional Reinvestment Projects that:
  - Closed inpatient units at Central State Hospital, Western State Hospital, and Eastern State Hospital, and
  - Transferred state hospital resources to expand community-based local inpatient purchase of services (LIPOS) and crisis stabilization services for individuals who would otherwise require state hospital resources.
- Implemented System Transformation and MH Law Reform and related budget initiatives for systemwide capacity-building throughout the crisis service and community support continuum for adults and youth, including:

### ***Adults with long-term serious mental illness***

- Added Programs of Assertive Community Treatment (PACT), now totaling 19 statewide, including monitoring of key outcome indicators for housing, employment, criminal justice involvement, local hospitalization;
- Expanded LIPOS, emergency services, and case management and related services;
- Enhanced the emergency services continuum to enable CSBs to strengthen preadmission screening, attend all commitment hearings, and manage all mandatory outpatient treatment (MOT) orders and services;
- Enhanced jail diversion direct services in 10 high impact localities;
- Established one adult mental health court; and
- Implemented specialized services and supports for older adults, in HPR II and HPR V

### ***Individuals in Crisis***

- Established 14 residential crisis stabilization units.

### ***Adults with Substance Dependence***

- Established seven Recovery Support Programs for people with substance use and co-occurring disorders;
- Added Oxford houses, self-governing residences for people in various stages of recovery supported through contract with Oxford House, Inc. Currently 90 in operation;
- Enhanced jail diversion direct services in 10 high-impact localities, with most CSBs offering basic services;
- Supported six adult and eight youth drug courts; and
- Funded medication-assisted treatment (methadone, Suboxone) for persons dependent on opiate-based prescription pain medication in 14 CSBs.

### ***Children and Adolescents***

- Established on-site CSB mental health and substance abuse services at each juvenile detention facility statewide; and
- Implemented intensive care coordination in all CSBs and enhanced day treatment services in schools, case management, and intensive in-home services

## **Funding incentives and practices that support and sustain quality care, promote innovation, and assure efficiency and cost effectiveness**

- New CSA state and local match ratios create financial incentives that favor community care.
- Annual financial incentives awarded to 18 Projects for Assistance in Transition from Homelessness (PATH) sites are based on key performance measures.
- “Housing First” project in Richmond area for homeless individuals with mental health and substance use disorders used \$450,000 in federal mental health block grant funds as seed

- Implemented pharmacy utilization management tools at CSBs, including uniform eligibility requirements, prescription monitoring, cost reporting, and feedback to prescribers on prescribing practices.
- Expanded Medicaid coverage to allow eligible persons with substance use disorders to receive Medicaid-reimbursable services.

### **Appropriate and efficient state facility and community infrastructure and technology**

- Initiated the \$3.2 million GE Centricity Project for a new pharmacy replacement system. This project will serve as building block for an electronic health record (EHR).
- Implemented an automated CSB data reporting system (CCS 3) to eliminate manual reporting of CSB data about services and individuals receiving services.
- New facilities under construction at ESH and WSH will provide safer and more appropriate treatment environments in more efficient physical plants.

### **Competent and well-trained workforce**

- CSBs adopted evidence-based practices, which include PACT, Multisystemic Therapy, Therapeutic Foster Care, Functional Family Therapy, Integrated Treatment for Co-Occurring Disorders.
- In partnership with the OAG and ILPPP, provided 12 annual training sessions for juvenile and adult forensic evaluators to qualify to provide competency to stand trial, mental status at the time of the offense, and other evaluations required by the court.
- Established certification requirements and e-learning curriculum for CSB emergency evaluators and court-appointed independent examiners, including academic qualifications, completion of a 25-module curriculum, and supervisory approval. Currently used by 2000+ enrollees through the DBHDS “External Users” portal.
- Provided 40-hour CIT training to over 1,000 officers in 22 localities to improve law enforcement and mental health system response to mental health emergencies, reduce incarceration, and increase safety for officers, individuals, and communities.
- Trained 80 mental health peer specialists to qualify as Medicaid paraprofessional providers.
- Partnered with Region Ten CSB, Piedmont Community College, and DRS to support the Virginia Human Services Training academy (VHST) for up to 15 consumers each year to learn to work as peer providers in CSBs and other human service settings.
- Conducted a Virginia Service Integration Program (VASIP) Workforce Survey in all state hospitals to assess co-occurring treatment capability.

### **Effective service delivery (partnerships and consistent practices) and utilization management**

- Enhanced utilization management of intensive services:
  - Intensive care coordination for children's services,
  - Regional acute inpatient services and crisis stabilization for adults, and
  - Discharge planning that links all CSBs and state facility treatment teams in a secure web-based platform.
- Established state, regional, and local partnerships in policy and service delivery:
  - Increased access to behavioral health and brain injury services and other supports for veterans through the Virginia Wounded Warriors Program;

- Implemented statutory and policy reforms as a partner in the Commission on Mental Health Law Reform; and
- Strengthened suicide prevention planning and coordination of resources and training in partnership with the Virginia Department of Health (VDH), VDH Office of the Chief Medical Examiner, Department for the Aging, Department of Veterans Services, CSBs, and the statewide Suicide Prevention Coalition.

### **Services meet highest standards of quality and accountability**

- Implemented performance measures regarding timely telephone and face-to-face response by CSBs in emergencies.
- Amended the Performance Contract to require CSBs to conduct COMPASS self-assessments of capability to provide integrated treatment for individuals with co-occurring disorders.
- Implemented web-based performance and accountability measures on the DBHDS web site.

### **Challenges and Opportunities**

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#### **Challenges:**

- There continues to be a need for strong central office, state facility, and CSB leadership to enhance person-centered and recovery-oriented practice, integrated services, trauma-informed care, and reduction of seclusion and restraint and involuntary treatment.
- Virginia needs to define a "core array" of community-focused services and supports and establish adequate capacity that assures equitable access at the state and local levels.
- There is no statewide workforce development and training strategy or funding that assures dissemination of best practice and supports provider organizations to adopt and sustain best practices, workforce training, and provider certification.
- The current State Medicaid Plan does not reflect contemporary recovery-oriented best practices, including wellness management, WRAP, peer support, and integrated co-occurring treatment.
- The implementation target date (2014) for electronic health records implementation is shorter than the required three to five year development timeframe and the DBHDS workforce is largely unprepared to adopt and utilize electronic health records technology.
- The behavioral health services system is highly complex, with partner agencies that may have competing priorities for limited resources.
- Across the services system, accountability means different things to different people.

#### **Opportunities:**

- Services system stakeholders support Virginia's vision for the system and are looking for leadership that supports and advances the vision.
- The Governor's focus on economic opportunity and jobs could be leveraged to expand employment supports and related community integration initiatives.
- The current environment creates opportunity to integrate funding and services in ways that can enhance service effectiveness and create innovation and efficiency to increase desired outcomes with existing resources.
- The current environment creates opportunity to advance evidence-based and best practices, improve statewide access to a "core array of behavioral health services," and enhance provider competencies.

- There is well-developed knowledge about how to manage and support adoption of evidence-based and best practices and current system change initiatives such as VASIP provide a model for adopting best practices more widely.
- Initial steps such as the DBHDS web-based performance and accountability measures and improved DBHDS and CSB data infrastructure provide a foundation to further enhance services system accountability and transparency.

## **What's Left to Be Done**

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- Increase the capacity of the community behavioral health services system to respond to the needs of individuals with a full range of challenges and to engage and support individuals in their recovery.
- Implement a minimum core array of CSB adult and children's services to assure statewide access to those services and enable individuals receiving services to have more choice based on their own preferences, not based on where they live.
- Increase opportunities to engage individuals and family members at all levels and in all aspects of service development, implementation, and oversight and to expand the peer workforce.
- Increase the capacity of the services system to treat individuals in welcoming environments and with person-centered practices that promote the highest possible level of individual choice and participation in all aspects of community life, including work, school, family, and other meaningful relationships.
- Develop and implement a statewide, comprehensive (community and state facility) workforce improvement program that reflects state-of-the-art learning mechanisms, such as:
  - Learning centers where CSB, state facility, and private provider staff can learn best practices in delivery of services and supports and effective leadership development and program management practices. Learning centers could provide curriculum development, teaching, consulting and mentoring services, and certification for certain providers, including case managers and emergency services providers; and
  - Training of managers and clinical supervisors as change agents to implement best practices.
- Achieve the most effective and efficient use of Medicaid and state resources, including leveraging state funding and other revenues, where possible, at the state and CSB levels, to build system capacity and integrating state funding for state facilities and CSBs into a single behavioral health resource pool to enhance flexibility and encourage innovation and efficiency.
- Expand the responsiveness of the services system to provide trauma-informed care to individuals who are in crisis.
- Strengthen DBHDS oversight of behavioral health services and supports to enhance their quality, effectiveness, and efficiency.
- Implement electronic health records.
- Improve relationships with private hospitals, hospital emergency rooms, courts, and law enforcement to provide more effective treatment and utilization management procedures.
- Expand and strengthen the quality, effectiveness, and consistency of case management and care coordination services.



## Appendix D

### Background Paper: Where the Developmental Services System Is Headed

The following background paper was developed by the DBHDS to inform the work of the Developmental Services Planning Team.

#### **Accomplishments and Progress on Plan Initiatives and Recommendations**

##### **Successful implementation of person-centered system of services and supports**

- Incorporated person-centered planning (PCP) practices in the Medicaid Intellectual Disability (ID) and Day Support (DS) Waivers and Intermediate Care Facilities for Persons with Mental Retardation (ICFs/MR), including state training centers, through the following:
  - Developed, in collaboration with multiple agencies and stakeholders, a uniform person-centered planning format and process to be used in developing individual support plans for individuals in community and training center environments;
  - Trained more than 3,544 case managers and waiver providers and key staff in all five training centers on the new person-centered individual support plan.
  - Implemented “The Learning Community,” an internationally recognized PCT (Person Centered Thinking) training curriculum, with 16 professionals receiving endorsement and 5 current applicants enrolled in the process of becoming endorsed as PCT trainers.
  - Developed PCT Mentoring capacity in Virginia, with three professionals, including one from the DBHDS, in the final stages of receiving endorsement as the first PCT Mentors in Virginia. With completion of this process by April 30, 2010, these professionals will be able to train trainers in “The Learning Community” curriculum.
  - Trained 1,618 providers and case managers in the 2-day PCT training.
- Incorporated person-centered language into the 2009 ID Waiver three-year renewal application for the first time and in the approved emergency regulations related to the ID Waiver renewal. Revisions to the final Waiver regulations and accompanying MR/ID Community Services Manual are now in progress.
- Initiated the State Employment Leadership Network (SELN) project, promoting “employment first” awareness and policy changes with an emphasis on person-centered planning.
- Launched a three-year rollout of the *Supports Intensity Scale™* (SIS™), one of the first person-centered individual needs assessments for persons with developmental disabilities, across the Medicaid-funded services system in community services and training centers. Trained 1,943 SIS administrators and interviewers.

##### **Core array of available and accessible services across the Commonwealth**

- Trained 129 individuals in the Positive Behavioral Supports curriculum and endorsed 44 of those trained as qualified to bill for Medicaid reimbursable services as behavior consultants through a collaborative effort with the Partnership for People With Disabilities.
- Promoted use of the sponsored residential model of service, previously used almost exclusively in southwestern Virginia by approximately 10 providers, resulting in expansion to 27 providers operating statewide.
- Initiated the Day Support Waiver in FY 2006 with 300 slots to offer Day Support, Prevocational, and Supported Employment services to individuals on the Waiver urgent and non-urgent waiting lists according to date of need.

##### **Funding incentives and practices that support and sustain quality care, promote innovation, and assure efficiency and cost effectiveness**

- Added 2,450 ID Waiver slots since FY 2004 with start-up funds accompanying each slot to help increase the capacity of the community to provide adequate supports. The number of total available slots is now 8,162.
- Increased the supported employment reimbursement rate in the Medicaid ID and DD Waivers to make them competitive with the DRS individual supported employment rate.
- Increased the ID Waiver rate for the first time in 15 years with a 10% increase in the congregate residential rate and a 5% increase in all other services followed by a 15% northern Virginia differential for all waiver services the following year.
- Used the Medicaid *Money Follows the Person* demonstration to move eight individuals from nursing homes and 60 individuals from training centers and community ICFs/MR into more homelike community settings.
- Demonstrated the conversion of Medicaid dollars supporting individuals in training centers to ID Waiver slot funding to enable transition of 30 individuals from SEVTC to community settings.
- Expanded Medicaid support for early intervention services by adding coverage for additional services and increasing the reimbursement rate for previously-covered services.

#### **Appropriate and efficient state facility and community infrastructure and technology**

- Appropriated capital funds for the first time in many years to construct community homes for individuals leaving SEVTC and CVTC
- Initiated replacement of SEVTC with a new facility of no more than 75 beds.
- Designed an electronic system for enrollment and pre-authorization of Medicaid ID and DS Waiver services, management of the statewide waiting list, and management of information required for reporting to the Centers for Medicaid and Medicare (CMS) regarding the 17 Quality Assurances scheduled to be phased in beginning in September, 2010.

#### **Competent and well-trained workforce**

- Enrolled over 4,000 community staff employed in 49 different agencies in the College of Direct Supports during the three year period that DBHDS has sponsored it.
- Trained 208 case managers since December 2008 through a web-based case management training program.
- Implemented a certification process for early intervention practitioners. As of March 15<sup>th</sup>, there were 1,036 individuals certified as early intervention practitioners affiliated with 91 public and private provider agencies.

#### **Effective service delivery (partnerships and consistent practices) and utilization management**

- Provided support to 271 individuals with intellectual disability under the Public Guardianship Program through a partnership agreement between the DBHDS and Virginia Department for the Aging.
- Developed the Systems Transformation Grant, funded by CMS, through a partnership with the DMAS, DBHDS, Department of Social Services, and other agencies that has led to the establishment of cross-systems person-centered training, design of new electronic systems for managing information, and improved methods of delivering necessary information to families in need of service.
- Progress continues in the five regions of the state toward more efficient and appropriate use of state operated and community resources as critical needs emerge through the development of Regional Utilization Management Agreements.
- Established collaborative relationships with various departments, offices, agencies, and stakeholders have produced *House Document 76*, a blueprint for the design of the future role of

training centers as support to individuals living in the community, the MR System Study, and the Housing Study for persons with developmental disabilities.

- Decreased the average daily census of the training centers over the past five years from 1,524 to 1,276 by diverting long term admissions and discharging many persons ready for discharge.

### **Services meet highest standards of quality and accountability**

- Regularly scheduled quarterly meetings are held between the DBHDS Office of Developmental Services and Long-term Services staff at DMAS to review quality measures and outcomes for reporting to CMS on compliance with the 17 Quality Assurances.
- Established a team of DBHDS central office, CSB, and Virginia Office of Protection and Advocacy staff to ensure admission and discharge practices are consistent among all state training centers.

## **Challenges and Opportunities**

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### **Challenges:**

- Quality varies greatly among providers of Medicaid Waiver services and many providers are not aware of best practices.
- The current ID Waiver does not provide the level of supports and reimbursement rates for targeted services that would make it a truly effective alternative for individuals with needs for high intensity services.
- Waiver reimbursement rates do not consistently promote services with the highest social value (e.g., employment), the most person-centered outcomes (e.g., smaller residential options and community-based day support), or the most effective means of supporting individuals with extensive medical or behavioral needs.
- There is a continuing need to develop administrative capacity to provide oversight, training, and technical support to ensure compliance with regulations and quality care standards to support individuals with developmental disabilities in a rapidly growing community services system.
- State and partner agency training resources are limited generally, including DBHDS central office training and technical support capacity for new providers and to improve staff competencies across the spectrum of support service delivery.
- Sustainability of early intervention services is jeopardized by limited federal, state, and local funding, especially when federal (ARRA) stimulus funds are no longer available.
- A variety of agencies serve as local lead agencies for Part C, which increases the complexity of the program.
- Individuals in training centers could be served in the community if adequate supports, including targeted medical and behavioral interventions, were available to them

### **Opportunities:**

- A general recognition among stakeholders, providers, and individuals and their families that changes are needed in the services system to better support those with needs presents an opportunity for greater collaboration to build efficiencies and expand services and supports capacity
- There are increased opportunities to work collaboratively with DMAS on improving Consumer-Directed Services Facilitation services.
- Existing partnerships at the local, regional, and state levels support strategic planning and system improvement.

- Improvements have been made in gathering and sharing available data regarding training center and community utilization for easy and quick reference by all who need it.
- The DBHDS more effectively supports case managers and support coordinators.
- Collaborative efforts are underway to define responsibilities and strengthen relationships among the various agencies that support individuals with developmental disabilities.
- The potential exists to efficiently combine the Medicaid DD and ID Waivers, while working out the differences related to case management and support coordination provision and slot assignment from differently managed waiting lists.

### **What's Left to Be Done**

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- Increase the capacity of the developmental services system for individuals with a full range of challenges in order to meet the needs of individuals who are currently residing in the community and those in training centers who are waiting for discharge.
- Implement applicable recommendations of the interagency planning currently underway to identify responsibility at the state level for coordinating and providing services go individuals with developmental disabilities.
- Strengthen the capacity of the services system to provide medical, dental, and behavioral supports in the community as close to individuals' homes as possible.
- Increase the capacity of the services system to treat individuals in welcoming environments and with person-centered practices that promote the highest possible level of individual choice and participation in all aspects of community life, including work, school, family, and other meaningful relationships.
- Achieve the most effective and efficient use of Medicaid resources.
- Expand the responsiveness of the services system to provide trauma-informed care to individuals who are in crisis that allows them to remain in or quickly return to their home communities.
- Expand and strengthen the quality and effectiveness of case management and services coordination.
- Strengthen DBHDS oversight of developmental services and supports to enhance their quality, effectiveness, and efficiency.

## Appendix E

### Department of Behavioral Health and Developmental Services Statutory Authority

#### State Statutes

- Article 16 (§ 2.2-2648 et seq.) of Chapter 26 of Title 2.2 of the Code of Virginia establishes the State Executive Council for Comprehensive Services and requires the Commissioner of the Department of Behavioral Health and Developmental Services to be a member of it.
- Article 22 (§ 2.2-2664 et seq.) of Chapter 26 of Title 2.2 of the Code of Virginia establishes the Virginia Interagency Coordinating Council, as required by Part C of the Individuals with Disabilities Education Act (20 U.S.C. § 1431 et seq.), and requires the Commissioner of the Department of Behavioral Health and Developmental Services to appoint a representative to serve on it.
- Article 31 (§ 2.2-2696 et seq.) of Chapter 26 of Title 2.2 of the Code of Virginia establishes the Substance Abuse Services Council to advise the Governor, the General Assembly, and the State Board of Behavioral Health and Developmental Services on broad policies and coordinate the Commonwealth's public and private efforts to control substance abuse. This article requires the Office of Substance Abuse Services in the Department to provide staff assistance to the Council and prepare an annual report and an annual Comprehensive Interagency State Plan that includes program outcomes by agency (subsection G of § 2.2-2696 and § 2.2-2697).
- Chapter 53 (§ 2.2-5300 et seq.) of Title 2.2 of the Code of Virginia establishes the Early Intervention Services System to implement Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.) and describes the lead agency's responsibilities. The Department is the lead agency (§ 2.2-5304).
- Article 13 (§ 9.1-187.A.) of Chapter 1 of Title 9.1 of the Code of Virginia requires the Department of Criminal Justice Services and DBHDS to support the development and establishment of crisis intervention team programs in areas throughout the Commonwealth.
- Article 16 (§16.1-335 et seq.) of Chapter 11 (§ 16.1-241 et seq.) of Title 16.1 of the Code of Virginia sets out the Psychiatric Inpatient Treatment of Minors Act, authorizing the Department to conduct evaluations of the competency of juvenile defendants to stand trial. These sections also require the Commissioner to approve the training for and qualifications of individuals authorized to conduct juvenile competency evaluations and provide all juvenile courts with a list of guidelines to use in qualifying individuals as experts in matters relating to juvenile competency and restoration. The courts also may refer juveniles to a state hospital for an inpatient evaluation of competency under certain circumstances. The DBHDS has responsibility for the provision of restoration to competency to stand trial services to juveniles after a finding of incompetency, evaluation of post-restoration competency, and the commitment of unrestorably incompetent juveniles, if they need inpatient treatment and meet commitment standards, or their certification to training centers.
- Article 8 (§16.1-275) of Chapter 11 (§ 16.1-241 et seq.) of Title 16.1 of the Code of Virginia requires the DBHDS to provide inpatient 10-day mental and physical examinations and treatment at state hospitals. § 16.1-280 contains language enabling the courts to commit juveniles in need of services, or delinquents to state hospitals, including adult state hospital programs for juveniles who have been transferred to circuit court.
- Chapters 11 (§19.2-167 et seq.) and 11.1 (§19.2-182.2 et seq.) of Title 19.2 of the Code of Virginia authorize the Department to provide forensic services to individuals in the criminal justice system, including evaluations of competency, determinations of sanity, restoration to competency services, and treatment services for individuals adjudicated not guilty by reason of insanity. These Code sections also provide that the DBHDS Commissioner approve specialized training for expert

evaluations related to all mental health, sex offending (§19.2-300 & 301), death sentence mitigation (§19.2-264.3:1.1), and determination of mental retardation in capital cases (§19.2-264.3:1.1) matters in which a mental health evaluation is provided as part of the proceedings. The Commissioner can be required by the courts to admit any defendant in these categories to a state hospital for these evaluations. Also, §19.2-264.3:1.1B(1) requires that the Commissioner maintain an exclusive list of standardized measures of intellectual functioning generally accepted by the field of psychological testing, to be used for assessing mental retardation in capital cases.

- Section 53.1-40.9 of the Code of Virginia defines a procedure for civil commitment of parolees leaving prisons.
- Chapter 2 (§§ 37.2-200 to 37.2-204) of Title 37.2 of the Code of Virginia establishes the State Board of Behavioral Health and Developmental Services and outlines its duties and powers, which include developing programmatic and fiscal policies governing the operation of state hospitals, training centers, community services boards, and behavioral health authorities.
- Chapter 3 (§§ 37.2-300 to 37.2-319) of Title 37.2 of the Code of Virginia establishes the Department of Behavioral Health and Developmental Services under the supervision and management of the Commissioner. This chapter outlines duties and powers of the Commissioner, including supervising and managing the Department and its state facilities, which provide care and treatment of individuals with mental health disorders and treatment, training, or habilitation of individuals with intellectual disability (mental retardation). State facilities also provide inpatient pharmacy services, geriatric services for older adults, inpatient medical services, inpatient forensic services, education and training programs for school-age individuals, and facility administrative and support services. This chapter also lists other responsibilities of the Department, including the development of a six-year comprehensive plan, the administration, planning, and regulation of substance abuse services in the Commonwealth, and the administration of the Behavioral Health and Developmental Services Trust Fund.
- Chapter 4 (§§ 37.2-400 to 37.2-440) of Title 37.2 of the Code of Virginia describes the protections available to individuals receiving behavioral health and developmental services, including their human rights and the Department's licensing of providers, and establishes the Office of the Inspector General for Behavioral Health and Developmental Services.
- Chapter 5 (§§ 37.2-500 to 37.2-512) of Title 37.2 of the Code of Virginia authorizes the establishment by local governments and operation of community services boards (CSBs) to provide community behavioral health and developmental services and requires the Department to develop and initiate negotiation of performance contracts with CSBs and to fund CSBs. This chapter requires the Department to establish minimum qualifications and salary ranges for CSB executive directors and to approve the selection of operating CSB executive directors for adherence to those qualifications and the salary range. This chapter requires CSBs to provide emergency services and, subject to the availability of funds appropriated for them, case management services and to provide preadmission screening and discharge planning services.
- Chapter 6 (§§ 37.2-600 to 37.2-615) of Title 37.2 of the Code of Virginia authorizes the establishment by a specified county or city and operation of a behavioral health authority (BHA) to provide community behavioral health and developmental services and requires the Department to develop and initiate negotiation of performance contracts with the BHA and to fund the BHA. This chapter requires the Department to establish minimum qualifications and salary ranges for a BHA chief executive officer and to approve the selection of a BHA chief executive officer for adherence to those qualifications and the salary range. This chapter requires a BHA to provide emergency services and, subject to the availability of funds appropriated for them, case management services and to provide preadmission screening and discharge planning services.

- Chapter 7 (§§ 37.2-700 to 37.2-721) of Title 37.2 of the Code of Virginia authorizes the Department to perform certain functions related to the operation of state hospitals and training centers (state facilities) that serve individuals with mental health disorders or intellectual disability respectively.
- Chapter 8 (§§ 37.2-800 to 37.2-847) of Title 37.2 of the Code of Virginia addresses admissions to and discharges from state hospitals and training centers, voluntary admission, involuntary commitment, and admissions to private facilities. This chapter requires certification of CSB preadmission screening evaluators and independent examiners by the Department.
- Chapter 9 (§§ 37.2-900 to 37.2-920) of Title 37.2 of the Code of Virginia authorizes the civil commitment of sexually violent predators, requires the Department to operate or contract for a secure confinement facility to provide behavioral rehabilitation services to them, and requires the Department to implement conditional release orders. This chapter also establishes the Office of Sexually Violent Predator Services in the Department to administer the duties of the Department under this chapter.

### **Federal Statutes and Regulations**

- Public Law 102-321 authorizes the federal Substance Abuse and Mental Health Services Administration to provide federal funds to the Department for community mental health services. This law requires the establishment of a Mental Health Planning Council and an annual application and implementation reports and establishes data reporting requirements, restrictions on expenditures, and maintenance of effort requirements.
- The Nursing Home Reform provisions of the Omnibus Budget Reconciliation Act of 1987 requires Pre-admission Screening and Resident Review of all prospective nursing facility admissions and individual residents who experience a change of condition and who may require specialized services for mental illness, intellectual disability, or related conditions.
- Part C of the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.) and 34 CFR 303.303.11-325 under the Individuals with Disabilities Education Act authorize the state to implement a statewide, comprehensive, coordinated, multidisciplinary, interagency system of early intervention services for infants and toddlers with disabilities and their families. The Individuals with Disabilities Education Act also defines who receives special education services in state facilities.
- Sections 1921-1954 of the Public Health Services Act authorize the federal Substance Abuse Treatment and Prevention (SAPT) Block Grant, providing federal funds to the Department for community substance abuse treatment and prevention services.
- The federal Centers for Medicaid and Medicare (CMS) establishes certification requirements for all ICF/MR beds in training centers operated by the Department and acute care beds and skilled nursing beds at the CVTC.