

CREATING OPPORTUNITIES

*a plan for advancing
community-focused services
in Virginia*



Creating Opportunities

*A Plan for Advancing Community-
Focused Services in Virginia*

IMPLEMENTATION PLAN

Identifying the priorities and actions needed

July 25, 2011

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



COMMONWEALTH of VIRGINIA

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TO: Interested Parties
FROM: James W. Stewart, III, Commissioner
DATE: July 25, 2011
RE: *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia*
Implementation Plan

I am pleased to share with you the attached Implementation Plan for strategic initiatives included in the Department of Behavioral Health and Developmental Services' (DBHDS) *Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia*. This report identifies the priorities and actions needed to successfully advance initiatives that will enable DBHDS to 1) build on and continue progress in advancing the DBHDS vision, 2) support the Governor's expressed intentions to achieve a Commonwealth of Opportunity for all Virginians, and 3) promote services system efficiencies in a manner that is effective and responsive to the needs of individuals receiving services and their families.

In spring 2010, planning teams were appointed to assist DBHDS in identifying strategic initiatives for the Commonwealth's behavioral health and developmental services system. Twelve initiatives were selected that focus on the following areas:

- Behavioral Health Emergency Response Services
- Peer Services and Supports
- Substance Abuse Treatment Services
- Effectiveness/Efficiency of State Hospital Services
- Child and Adolescent Mental Health Services
- Developmental Services and Supports Community Capacity
- Autism Spectrum Disorders/ Developmental Disabilities
- Housing
- Employment
- Case Management
- DBHDS Electronic Health Record (EHR) and Health Information Exchange (HIE)
- Sexually Violent Predator (SVP) Service Capacity

Implementation teams were formed to help develop achievable and impactful objectives and priority actions needed to accomplish the initiatives. Over 200 individuals have been involved in this effort including representatives from DBHDS central office, state hospitals and training centers, community services boards, private providers, consumers, various departments of state government and other stakeholders. Reports with background and recommendations are being completed for several of the strategic initiatives. If not already online, reports will soon be available at www.dbhds.virginia.gov/CreatingOpportunities.htm. DBHDS will use existing resources for many of the needed actions, while recommendations that call for expansion of targeted services will require additional resources.

I am grateful to the many individuals who lent their time and talents to this important work. Thanks to their efforts, the outcomes achieved by implementation of *Creating Opportunities* will lead to a more effective and efficient system of services and supports that provides the greatest opportunity for those with mental illness, substance-use disorders, or developmental disabilities and their families across the Commonwealth.

Creating Opportunities: A Plan for Advancing Community-Focused Services in Virginia

Creating Opportunities Implementation Plan

Identifying the priorities and actions needed

In early 2010, DBHDS began work on "**CREATING OPPORTUNITIES**," a strategic plan with the goal of improving services and supports for Virginians with mental illness, substance-use disorders and developmental disabilities. Work groups, including representatives from the DBHDS central office, state hospitals and training centers, community services boards, private providers, consumers and other stakeholders, identified achievable and objectives, along with priorities and resources needed to accomplish those objectives in the following areas:

- Behavioral Health Emergency Response Services
- Peer Services and Supports
- Substance Abuse Treatment Services
- Effectiveness and Efficiency of State Hospital Services
- Child and Adolescent Mental Health Services Plan
- Developmental Services and Supports Community Capacity
- Autism Spectrum Disorders/ Developmental Disabilities
- Housing
- Employment
- Case Management
- DBHDS Electronic Health Record (EHR) and Health Information Exchange (HIE)
- Sexually Violent Predator (SVP) Service Capacity

Strengthen the responsiveness of **BEHAVIORAL HEALTH EMERGENCY RESPONSE SERVICES** and maximize the consistency, availability, and accessibility of services for individuals in crisis

The Need

Even with recent initiatives to establish crisis stabilization services, many Virginians do not have access to a basic array of emergency and crisis response services. As a result, high numbers of individuals with behavioral health disorders continue to be involuntarily hospitalized and incarcerated, the most restrictive and costly options available. This could be reduced by increasing access to emergency and crisis response and diversion services, implementing recovery-oriented crisis response practices, and managing intensive services more consistently.

Objectives

- Enhance statewide emergency response and crisis prevention and diversion services capacity.
- Increase the quantity and quality of peer support in the crisis continuum.
- Enhance the Commonwealth's capacity to safely and effectively intervene to prevent or reduce the involvement of individuals with mental health and substance use disorders in the criminal justice system.

Priorities

1. Expand statewide capacity and fill identified gaps in emergency and crisis response services and expand services that prevent or reduce the need for crisis response services. Based on a statewide assessment, additional resources are needed to expand Crisis Intervention Teams (CIT) and PACT programs, establish police reception and drop off centers and emergency critical time intervention services, and increase purchase of local inpatient psychiatric services.
2. Train services providers on recovery-based emergency and crisis response best practices to increase peer support workers employed in emergency response services and use of psychiatric advance directives and wellness recovery plans.
3. Expand the Cross-System Mapping process to more communities to enable community behavioral health and public safety systems to better understand the consumer's experience, identify service gaps, explore opportunities for diversion or system improvement, and develop local action plans.

4. Participate as an active partner in interagency suicide prevention initiatives.
5. Participate in a Joint NAMI-Virginia CIT Coalition conference to be held in September 2011.

Report

A report detailing the work of the emergency response services implementation team will be found on the DBHDS website in the near future at www.dbhds.virginia.gov/CreatingOpportunities.htm.

Increase **PEER SERVICES AND SUPPORTS** by expanding peer support specialists in direct service roles and recovery support services

The Need

Peer support and recovery support are enormously helpful for many individuals with mental health, substance use, or co-occurring disorders. However, only 32% of CSBs reported access to peers for persons in crisis. Also, Virginia's DBHDS does not have an office, section, or division for "consumer affairs" that can provide leadership for peer and recovery services as is available in many other states.

Objectives

- Establish an Office of Peer Services and Recovery Supports in the Department's central office.
- Increase the quantity and quality of peer support providers.

Priorities

1. Establish a DBHDS Office of Peer Services and Recovery Supports to promote collaboration and information exchange with the peer community, CSBs, and state facilities and support peer services and recovery supports development across Virginia.
 2. Work with DMAS to expand peer support services by changing the state Medicaid plan to add peer support as a distinct service. Providers of this new peer support service would need to demonstrate that they meet competency requirements through a state certification program for peer support specialists.
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Increase the statewide availability of **SUBSTANCE ABUSE TREATMENT SERVICES**

The Need

Untreated substance-use disorders cost the Commonwealth millions of dollars in cost-shifting to the criminal justice system, the health care system, and lost productivity, not to mention the human suffering and effects on family and friends.

Objective

- Enhance access to a consistent array of substance abuse services across Virginia.

Priorities

1. Expand statewide capacity and fill identified gaps in the substance abuse services. Based on a statewide assessment, additional investment of resources is needed in medication assisted treatment, detoxification services, uniform screening and assessment for substance abuse, intensive outpatient services, substance abuse case management, community diversion services for young non-violent offenders, peer support services, DRS employment counselors, intensive coordinated care for pregnant and post-partum women who are using drugs, supportive living capability, and residential services for pregnant women and women with children in Southwest Virginia.
2. Implement a substance abuse services workforce development initiative. Additional resources are needed for this initiative.

Enhance the **EFFECTIVENESS AND EFFICIENCY OF STATE HOSPITAL SERVICES**

The Need

There are considerable differences in hospital staffing patterns, facility organizational structures, staff allocations, services, populations, policies, procedures, and practices that may limit state hospitals from operating as efficiently and effectively as possible. In addition, there is significant pressure on hospital civil beds for services that can be provided safely and effectively in the community. For example, over 38% of state hospital beds are currently devoted to treating forensic patients and Virginia has more state psychiatric beds (representing 30% of total bed capacity) for elderly persons than all but four other states.

Objectives

- Improve state hospital service delivery and standardize hospital procedures, as appropriate.
- Safely reduce or divert forensic admissions from state hospitals and increase conditional releases and discharges to the community.
- Define the future roles, core functions, and future demand for services provided by state hospitals.

Priorities

1. Implement a new state facility quality review process with annual consultative audits by peer facilities and central office staff.
2. Expand outpatient restoration services and enhance outpatient forensic evaluations to decrease forensic pressures on state hospital admissions and return individuals to the community safely and quickly. An additional investment of resources is needed to accomplish this expansion.
3. Expand Discharge Assistance Project (DAP) resources to facilitate discharge of additional long-stay state hospital patients.
4. Improve hospital forensic procedures and management of forensic patients.
5. Continue to develop community-based forensic capability through community forensic training and recommended forensic evaluation oversight statutory changes.
6. Study the future roles of state facilities as services system transformation further increases community capacity, particularly services alternative for forensic and older adult populations.

Develop a **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES PLAN** to enhance access to the full comprehensive array of child and adolescent behavioral health services as the goal and standard in every community

The Need

Virginia's behavioral health services for children faces multiple challenges including an incomplete, inconsistent array of services, inadequate early intervention services, a need for workforce development and inadequate oversight and quality assurance. As a first step, the General Assembly directed DBHDS to develop and submit a plan to "identify concrete steps to provide children's mental health services, both inpatient and community-based, as close to children's homes as possible" for consideration during its 2012 session.

Objective

- Increase the statewide availability of a consistent basic array of child and adolescent mental health services.

Priorities

1. Establish a Comprehensive Service Array as a guide for children's behavioral health service development.

2. Expand the following child and adolescent behavioral health services statewide to fill identified gaps in base services. Based on a statewide assessment, this would include regional crisis stabilization units for children and mobile child crisis response units, psychiatric services and case management. Additional resources are needed for this initiative.
3. Continue the current role of the Commonwealth Center for Children and Adolescents for the foreseeable future.
4. Implement a children's behavioral health workforce initiative. Additional resources are needed for this initiative.
5. Improve DBHDS quality management and quality assurance and oversight capacity for child and adolescent behavioral health services. Additional resources are needed for this initiative.

Report

The interim DBHDS plan for children and adolescent mental health services was submitted to the General Assembly on October 1, 2010 and the final plan is due November 1, 2011. The interim report can be found at www.dbhds.virginia.gov/documents/CFS/cfs-Community-Based-BH-Plan.pdf.

Build **DEVELOPMENTAL SERVICES AND SUPPORTS COMMUNITY CAPACITY** that will enable individuals who need such services and supports, including those with multiple disabilities, to live a life fully integrated in the community

The Need

Virginia has a waiting list of over 5,000-persons for the ID and the Families with Developmental Disabilities Supports (IFDDS) waivers. The Department of Justice's (DOJ) report on the Central Virginia Training Center says that Virginia needs to ensure that community services are available as alternatives to institutional placements and that greater service capacity is available for those living in the community.

Objective

- Transform to a community-based system of developmental services and supports.

Priorities

1. Participate under the direction of HHR in negotiations of the settlement agreement with the DOJ. Additional resources are needed for this initiative.
 2. Implement the initial DD crisis response programs for which \$5 million has been appropriated.
 3. Collaborate with DMAS in expanding waiver capacity, modifying existing or creating new waivers, and addressing waiver rate structures. Additional resources are needed for this initiative.
 4. Develop implementation strategies for the \$30 million appropriated to the DBHDS Trust Fund to address DOJ findings based on agreed upon plans.
 5. Improve DBHDS quality assurance and oversight capacity to identify deficiencies, allow electronic client-level tracking of incidents and systemic analyses of trends and patterns, and follow-up to assure corrective action plans are implemented. Additional resources are needed for this initiative.
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Incorporate services and supports for individuals with **AUTISM SPECTRUM DISORDERS (ASD) OR DEVELOPMENTAL DISABILITIES (DD)** in Virginia's developmental services delivery system

The Need

There is currently little to no coordination and funding of ASD and DD services in Virginia. As a first step, the recently completed "Assessment of Services for Virginians with Autism Spectrum Disorders" provides a detailed action plan to provide improved ASD and DD services.

Objectives

- Define and coordinate developmental services system responsibilities for ASD and DD supports and services.
- Enhance statewide ASD and DD services and supports capacity.

Priorities

1. Collaborate with DMAS to expand waiver capacity, modify existing or create new waivers, and address waiver rate structures. Additional resources are needed for this initiative.
2. Develop memoranda of agreement for DD/ASD service coordination with DBHDS and the Departments of Education, Rehabilitative Services, Health, Social Services, and Criminal Justice Services.

Address the **HOUSING** needs for individuals with mental health and substance use disorders and those with developmental disabilities

The Need

Safe, decent, and affordable housing is essential to recovery, and housing stability is correlated to lower rates of incarceration and costly hospital utilization. Generally, individuals should not spend more than 30% of their income on housing. Monthly Supplemental Security Income (SSI) payments are \$674 in Virginia while the average fair market rent for a one-bedroom unit is \$887. Auxiliary grants subsidize housing for individuals receiving SSI, but are limited to assisted living facilities and adult foster care homes and cannot be used for other housing arrangements. Medicaid does not pay for housing, only services.

Objective

- Expand housing and supports options for individuals with mental health or substance use disorders or developmental disabilities.

Priorities

1. Continue to participate in cross-secretarial and interagency activities to leverage housing resources and create affordable housing options for individuals receiving behavioral health and developmental services, including:
 - a) Governor's Housing Initiative recommendations to create a range of housing opportunities.
 - b) Governor's Homeless Outcomes Workgroup activities to increase access to substance abuse and mental health treatment, peer recovery programs, and Housing First Projects.
 - c) Housing Study (2009) recommendations to establish interagency "person-centered" community-based housing options for individuals with developmental disabilities.
2. Provide training and consultation to services providers to increase affordable housing and appropriate supports by leveraging housing resources and implementing supportive housing models.
3. Explore options to "decouple" developmental services and supports provision and housing.
4. Work with DMAS to assess the potential benefits of expanding Virginia's CMS Money Follows the Person (MFP) program to individuals transitioning from state hospitals.
5. Include housing stability of individuals receiving CSB behavioral health or developmental services as a Performance Contract goal and responsibility and track outcomes on a regular basis.

Create **EMPLOYMENT** opportunities for individuals with mental health or substance use disorders and those with developmental disabilities

The Need

People who are employed contribute to the economy and improve their sense of self worth. Certain interventions are proven to help adults with serious mental illness (SMI) transition from income subsidies to successful competitive employment. Today, CSBs report full or part-time employment rates for service recipients of only 14% among adults with SMI, 32% among adults with substance use disorder, and 16% among adult developmental disabilities.

Objectives

- Establish and implement “Employment First” as the policy of the Commonwealth.
- Expand employment opportunities for individuals with mental health or substance use disorders or developmental disabilities.

Priorities

1. Work with public and private services providers and employers to implement an “Employment First” policy that emphasizes integrated and supported employment. Implementation will include an “Employment First” leadership summit, a statewide awareness and education campaign, and regional trainings.
2. Provide training and consultation to services providers on implementing innovative supportive employment models and establishing integrated supported employment teams that include CSBs, DRS, and ESOs.
3. Work with DMAS to identify ways to incentivize integrated employment in the ID and IFDDS waivers.
4. Work with DMAS to incorporate supported employment evidence-based practice models in Medicaid Day Support, Mental Health Support Services and Psychosocial Rehabilitation regulations.
5. Include employment of individuals receiving CSB behavioral health or developmental services as a performance contract goal and responsibility and track employment status on a regular basis.

Strengthen the capability of the **CASE MANAGEMENT** system to support individuals receiving behavioral health or developmental services

The Need

Case management (service coordination and intensive case management) aids with the navigation and best usage of the publicly-funded system of services by helping individuals connect with appropriate services and receive day-to-day support to ensure stable community living. In Virginia, there is no standard training and no system for assuring that case managers have the knowledge and skills needed to be effective. As a result, the level and quality of such services varies widely from community to community.

Objectives

- Enhance the core competencies of individuals who provide case management services.
- Promote consistency in the practice of case management across the Commonwealth.

Priorities

1. Adopt basic and disability-specific case management curricula based on case management core competencies and develop new case management training modules.
2. Establish a state certification program for case managers to demonstrate that they meet competency and training requirements. Additional resources are needed for this initiative.

Report

A report detailing the work of the case management implementation team can be found on the DBHDS website at www.dbhds.virginia.gov/CreatingOpportunities/CMReport.pdf.

Complete the phased implementation of a **DBHDS ELECTRONIC HEALTH RECORD (EHR) AND HEALTH INFORMATION EXCHANGE (HIE)** across the state facility system

The Need

The 2009 *American Recovery and Reinvestment Act* requires health providers to implement an EHR system of the clinical treatment/medical records module, including ancillary services, by 2014 to continue to bill Medicaid and Medicare. In the implementation of an EHR, health information exchange considerations must be addressed to enable the exchange of information and data among facilities, and eventually with CSBs through Commonwealth Gateway.

Objective

- Successfully implement an EHR clinical treatment/medical records module in each state facility.

Priorities

1. Complete a state facility clinical workflow analysis to determine EHR requirements.
 2. Prepare and issue a Request for Proposal, select a vendor, and negotiate and award contract for a clinical treatment/medical records EHR. Additional resources are needed for this initiative.
 3. Work with the selected vendor to implement the clinical treatment/medical records EHR across the state facilities.
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Address **SEXUALLY VIOLENT PREDATOR (SVP) SERVICE CAPACITY** in order to appropriately access and safely operate the Virginia Center for Behavioral Rehabilitation (VCBR) and provide SVP rehabilitation and treatment services

The Need

Because Virginia Code changes in 2006 increased the number of predicate crimes from 4 to 28 and changed the screening tool, the VCBR census is projected to grow from 356 in FY 2012 to 738 in FY 2017. VCBR will exceed its 300-bed capacity in late summer of 2011. The General Assembly directed DBHDS to double-bunk up to 150 residents and directed JLARC to study and report on the full SVP process by November 30, 2011. Changes are needed to solve the overcrowding problem, including reducing the number and types of admissions and safely placing eligible individuals on conditional release.

Objectives

- Meet the needs for additional bed and treatment space at VCBR.
- Increase use of conditional release for eligible individuals.

Priorities

1. Reconfigure treatment, medical, education, food services, and security to serve up to 150 additional residents.
 2. Support VCBR in facilitating safe and appropriate conditional release of eligible residents.
 3. Establish an internal screening process for double bunking residents to ensure program and clinical integrity and maximize facility safety.
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