

DBHDS Monthly Update from Commissioner Ferguson September 4, 2014

WELCOME

As the last days of summer wind down, we are gearing up for what promises to be a very busy fall! There is a great deal happening with various projects and stakeholder groups, including the Transformation Effort which will be getting underway in the coming weeks. Casting a shadow over this is the possibility of budget reductions as Virginia adjusts to the revenue shortfall. I've included more information about this below and I am committed to keeping you informed throughout the budget process. But I also want to encourage you to continue the tremendous work being done on behalf of those with behavioral health disorders or developmental disabilities throughout our system. So in this edition of ALL IN!, I have included some amazing success stories in many program areas along with information and updates I hope you will find helpful.

I also wanted to take a moment and thank you for passing around ALL IN! to others. As a result of this, we get many requests to be added to our ALL IN! list to receive the newsletter directly. I have created a mechanism for people to be added to the ALL IN! distribution list – anyone interested in being included on this list can simply send his or her email address using the link here.

MAJOR UPDATES

Budget Update – On August 15, 2014, the Governor presented a revised revenue forecast for the 2014-2016 biennium to the joint money committees of the General Assembly. In summary, the projected revenue shortfall for the current biennium which includes the loss of revenue from FY 2014 is \$2.4 billion. Because the General Assembly anticipated \$1.5 billion of this shortfall, the current appropriation act contains much of the needed actions to close the gap between appropriations and revenues. The remainder of what was not anticipated, approximately \$881 million, must now be addressed by the Governor and ultimately included in the budget that he sends to the General Assembly. The Governor has asked for across-the-board budget reduction plans of five percent in FY 2015 and seven percent in FY 2016 from all executive branch agencies, except the institutions of higher education. For DBHDS, the savings strategies will primarily affect the mental health facilities and the Central Office. Given other recent reductions, this will be a very difficult exercise that will require much creativity and a variety of strategies to meet our savings target for this biennium. While the focus will be on efficiency strategies by necessity our plan will likely include strategies that impact services. Facility and central office staff are currently working on ideas for their savings plans. If you have any ideas for savings in your own department, please get with your manager of fiscal officers and present your ideas to them.

New website launch – DBHDS launched its new website last month. You can check it out at www.dbhds.virginia.gov. It is organized very differently than our last site and we are deep within the process now of fixing links that need to be updated and improving the navigation to ensure pages are where you expect to find them. This "pardon our dust" phase will likely extend into the fall. After that, we will be continuously undertaking improvement efforts to ensure the site is relevant and efficient. I understand there will be a learning curve on your part as you discover where the information you most care about is located on the new site. As you learn, I think you will find using the site will be a very positive experience. More and more valuable information is being added weekly, if not daily, and the site contains features that help you find what you're looking for as quickly as possible. For example, under Professionals & Service Providers, click on the document library link for a powerful search function of all of the documents loaded on the site. I invite you to explore the new site and click around!

REVIVE! Saves Lives! – Preliminary information for 2013 from the Office of the Chief Medical Examiner indicates that 648 individuals died from opiate overdose and the number of deaths from heroin alone more than doubled between 2011 (101 deaths) and 2013 (213 deaths). Unfortunately, these numbers reflect a national trend of increased use of opiate-based drugs and increased numbers of fatal overdoses. To help prevent these deaths, the 2013 Session of the

General Assembly enacted HB1672 which required DBHDS to establish a pilot program to put naloxone, a medication that reverses opiate overdose, in the hands of friends and family members of individuals who are at risk for overdose due to possibly misusing prescription opiate pain medication or using heroin. Naloxone is a medication which has been in use Emergency Medical Technicians for years to reverse opiate overdose. To implement this legislation, the DBHDS Office of Substance Abuse Services has been working with the Department of Health (VDH), the Department of Health Professions (DHP), and members of the recovery community and law enforcement to design and implement REVIVE!, in key pilot areas (SW Virginia and metropolitan Richmond). So far, REVIVE! has trained 188 lay rescuers and 61 trainers to use naloxone to save the life of a person who is overdosing from an opiate. If you are interested in learning more about REVIVE!, contact Jason Lowe in the Office of Substance Abuse Services at (804)786-3906 or at jason.lowe@dbhds.virginia.gov.

Addressing Suicide and Mental Illness Stigma – In an effort to increase capacity to address suicide and the stigma of mental illness from a prevention standpoint, DBHDS Behavioral Health Wellness has been involved in the implementation of several initiatives. Each region of the state was awarded non-competitive planning grants to develop regional suicide prevention plans based on local need and data and utilization of evidence based programs and strategies. Each region garnered community support for the plan development. Overwhelming local and community response in the development of these plans facilitated by CSB Prevention Services Directors included Region 2 getting feedback from over 800 community members while Region 4 held a summit with 100 attendees. Regional Suicide Prevention plans were due to DBHDS on September 1. Once reviewed, each region will receive \$125,000 for the implementation of their plans. In our effort to reduce the stigma associated with seeking help in addressing mental health challenges, to date DBHDS has trained 37 more Applied Suicide Intervention Skills (ASIST) trainers for a total of 56 ASIST trainers in the state. Virginia has moved from 16th in the country to 11th in the number of Mental Health First Aid trainers in the state. To date, 1,739 community members have been trained through 226 Virginia MHFA trainers. Also, Fairfax Falls Church CSB was awarded \$100,000 for youth suicide prevention being that this area had multiple youth suicides (6) last year and has the highest number of youth suicides in the state.

Children's Services – Impact of Childhood Trauma – We know that many children develop mental health, substance abuse and other problems following childhood trauma, such as child abuse, domestic violence, parental substance abuse, parental incarceration, repeated custody interruptions, lack of permanency and other emotionally painful situations. The Office of Child and Family Services has sponsored a year-long training initiative to increase knowledge and clinical competency in trauma-informed care. Working with Duke University, the North Carolina Center for Child and Family Health, we provided a phased training program that focused on CSB clinicians, child welfare workers, senior leaders of CSBs and local social service departments, and parent trainers. At the culmination of this work, we held a Summit on August 18th to bring together state, local, public and private agencies to focus on strategies to extend this knowledge across the state. The training initiative was funded by DBHDS through its "Bringing Systems of Care to Scale" Grant from the Substance Abuse and Mental Health Services Administration.

Expansion of OneMind EHRS Use occurs September 9! – Staff training is in-progress for expanded use of DBHDS' OneMind electronic health record system (EHRS). OneMind went into production service for a limited number of beds in June of 2013, enabling DBHDS to qualify for and receive federal incentive funds for implementation of an EHRS. On September 9, a dramatically expanded version of OneMind will go into production service for all of the beds on one ward of Western State hospital, one of three pilot hospitals in the DBHDS system helping to define OneMind. Additional rollouts will follow through the balance of 2014 and all of 2015. Through development and deployment of OneMind, a collaboration between the DBHDS and Siemens Medical Solutions USA to create a world-class EHRS serving behavioral health, DBHDS will transform from operating as 15 facilities using disparate paper-based care delivery, charting, and reporting/analysis processes to a network of collaborating hospitals sharing care delivery processes, common electronic information capture, and healthcare outcome improvement navigated by network-wide empirical data.

Innovations & New Ideas – We have two submissions this month for innovative programs:

Region Ten Onsite Longwood Degree Program – Region Ten CSB in Charlottesville, VA has been concerned with
providing opportunities for educational advancement for staff. Beginning in May 2014, Region Ten partnered
with Longwood University to present a Masters Level Degree Program at the Region Ten site at 500 Old
Lynchburg Rd. in Charlottesville, VA. This degree will be a Master of Science Degree in Education: Counselor

Education, Mental Health Counseling Track. The coursework will take place over a four year period with two different classes being offered each summer, fall and spring, with graduation planned in May, 2018. Students who meet all requirements will have the ability, after appropriate experience, to move toward securing their professional license as a Licensed Professional Counselor. Region Ten is excited to be able to partner with Longwood and bring this opportunity right here for our staff and others in the community. Longwood professors are teaching here in our building. This negotiated arrangement has provided a reduction in costs for students. In addition to removing commuting costs, Region Ten was able to negotiate a reduction in tuition by providing space and presentation equipment at our facility. Our starting cohort is 12 students. We are pleased to be able to offer this program on site and appreciate the willingness of Longwood University to work with us to make this possible. Anyone wishing more information on this program may call 434-970-1282.

- HPR I Crisis Services for Children HPR I is in the beginning stages of developing a comprehensive system of crisis services for all children in the region. With initial funding for children with ID/DD, the region procured a consultant and has conducted a needs assessment. This assessment confirmed that while the region has a number of resources for children in crisis, the service system is complex and fragmented and often difficult to navigate for both caregivers and professionals in the field. Rather than build a separate system of care for children with ID/DD experiencing a behavioral health crisis, the region believes strongly in building upon the success of the network of regional crisis services already in place for children. Over the next year the region will actively do the following:
 - Hire a program developer to provide technical assistance and assist in building children's mobile crisis teams at each of the region's 8 CSBs. Beginning this year and using Horizon as a model, the region is funding new mobile crisis teams at Region Ten and Valley CSBs with new FY 2015 MH child crisis money.
 - Expand the number of tele-psychiatry sites throughout the region from 15 to at least 18 by partnering with the MH initiative for children already in place, focusing in the more rural and/or underserved areas of the region.
 - Add a Children's Coordinator to the REACH Crisis Team for specialized consultation, training and support to all 8 CSB Emergency Services when they assess children with ID/DD and provide direct mobile crisis response to the 5 CSBs not yet actively developing mobile crisis teams.
 - Develop a list of children's resources and post this resource on the HPR I Website to give both the general public and professionals in the field access to these resources all in one location.
 - Provide regional trainings on assessing children and adults with ID/DD in crisis.

The long-term vision is have mobile crisis intervention and stabilization teams at each CSB for all children and to better integrate existing services for children to make for a more seamless continuum of care that is easily accessible to children and their families experiencing a behavioral health crisis.

If you would like to highlight an innovative program or service for future editions of ALL IN!, please send your submission (no more than two paragraphs) to the link here.

On the Road – I just love traveling throughout Virginia and seeing, firsthand, the many parts of our system. This month I got to experience the breathtaking Shenandoah Valley and the magnificent Portsmouth harbor. My travels this month included:

- August 1 LIPOS meeting at VHHA & Arc of Virginia Annual Convention
- August 7 Galloway Place Ribbon Cutting in Chesterfield
- August 8 Region 10 CSB in Charlottesville
- August 9 & 10 American Psychological Association Convention, Washington, DC
- August 11 at William Byrd House for Governor's signing of an Executive Order establishing a Children's Cabinet
- August 14 at UMFS for the System of Care Grant Kick-off Event for the Central Virginia Region
- August 20 Presentation before the Joint Commission on Health Care; Behavioral Health Subcommittee
- August 27 Rockbridge Area Community Services in Lexington
- August 28 Meeting with Sen. Louise Lucas in Portsmouth

MEETINGS UPDATE

Governor's Taskforce on Improving Mental Health Services and Crisis Response – The taskforce held its last scheduled meeting on August 11, 2014. A report of the taskforce's final recommendations is due October 1, 2014. More information can be found here.

DBHDS SB 627 Study Group – A third meeting of the SB 627 study group will be held September 5. The group is considering options for expanding the number of training centers that remain open, in whole or in part, in the Commonwealth. We understand there are stakeholders who are concerned about training center closures as well as those concerned about not having enough community capacity to meet demand. Our goal is for open and productive discussions with an emphasis on both safety and a full life for each person with developmental disabilities served by the Commonwealth. A fourth and final meeting will be scheduled in October. More information will soon be posted on the DBHDS website here.

DBHDS Settlement Agreement Stakeholder Group – This group of appointed stakeholders met August 13 to receive updates on the wide range of implementation activities related to the settlement agreement. Another meeting of the group will be held next quarter. More information can be found here.

Recent News Stories of Interest

- DBHDS News September is Recovery Month!
- Roanoke Times Kaine trains with others on procedure for anti-overdose drug
- Northern Neck News Police officer prevents apparent suicide attempt in Warsaw
- WCYB News 5 New program aimed at reducing drug overdoses
- Tidewater Review Local Community Services Board receives Crisis Intervention Team grant
- Richmond Times-Dispatch Methodist Family Services initiative helps children with behavioral health issues

RECENT FACTS & FIGURES

Temporary Detention Order (TDO) Exception Report – A link to the latest TDO exception report data (January - June 2014) is provided (here).

Training Center Census (September 2, 2014)

Name	July 1, 2012 Census	July 1, 2013 Census	Dec 31, 2013 Census	Sept. 2, 2014 Census
SVTC - Closure: By 6/30/2014	201	114	57	0
NVTC - Closure: By 6/30/2016	153	135	115	99
SWVTC - Closure: By 6/30/2018	173	156	150	141
CVTC - Closure: By 6/30 2020	350	301	285	278
SEVTC - Remains open at 75 beds	106	84	81	75
Total	983	790	688	593

ID and DD Waiver Enrollment and Waiting Lists (August 29, 2014)

	ID Waiver	DD Waiver
Total Enrolled	10,192	948
Urgent Waitlist	4,454	
Non-Urgent Waitlist	2,952	
Total Waitlist	7,406	1,540

Mental Health Hospital, Hiram Davis and VCBR Census (September 3, 2014)

Name	Sept. 2014
Catawba	105
Central State Hospital	220
Eastern State Hospital	274
Northern Virginia Mental Health Institute	119
Southern Virginia Mental Health Institute	67
Southwest Virginia Mental Health Institute	166
Western State Hospital	233
Piedmont Geriatric Hospital	119
Commonwealth Center for Children and Adolescents	30
Hiram Davis Medical Center	68
Virginia Center for Behavioral Rehabilitation	320
Total	1,721

I hope you can see that there is certainly a lot going on, but so much more work to be done. I am grateful for your commitment and partnership. Let's **BE BOLD** Virginia! I'm ALL IN!

Debra Ferguson, Ph.D.

Commissioner

Virginia Department of Behavioral Health & Developmental Services