

# ALL IN!

*DBHDS Monthly Update from Commissioner Ferguson*

October 2, 2014

## WELCOME

Fall is by far my most favorite season. And this year, I am especially looking forward to experiencing the spectacular array of colors the Virginia landscape provides. As the seasons change, so are we and I am encouraged by the way our system has been strengthened and improved in just the past few months. I look forward to partnering with you on ways to continue to improve our system in ways that allow us to reach more, do more and do better. In this edition of ALL IN! I have highlighted some of the excellent work being done across our system to make a difference, improve lives and achieve our vision of a life of possibilities for all Virginians.

## MAJOR UPDATES

**A Healthy Virginia Benefits Individuals with SMI** – On September 8, Governor McAuliffe announced his 10-point plan to close the coverage gap in Virginia. This plan includes providing coverage to approximately 20,000 uninsured individuals with serious mental illnesses (SMI) and establishing behavioral health homes for individuals, with SMI, currently covered by Medicaid. This is a tremendous step forward for Virginia in terms of both improving the quality and coordination of mental health services provides and in terms of extending coverage to the thousands of persons, with SMI, who do not have insurance. In this effort, DBHDS is collaborating with DMAS on an 1115 waiver and all are invited to participate in the public comment by clicking on the link [here](#). Comments will be accepted through 4:30 p.m. on October 7.

**Winners of the Annual Minority Mental Health Awareness Month Media Contest** – DBHDS believes in building a system of recovery that is responsive to everyone in the Commonwealth. Unfortunately, disparities in mental health care still prevent people in a variety of diverse communities from getting the treatment they need. The outcomes of poorer quality of care come at a high cost to our community. Mental illness affects one in four American families and people in diverse communities are no exception.

One way we seek build awareness of such disparities is through our *Annual Minority Mental Health Awareness Month Media Contest*. This contest, sponsored by the DBHDS Statewide Cultural and Linguistic Competence Steering Committee, helps us think collectively about ways to improve behavioral health equity among socially and culturally marginalized individuals seeking services in our system. Our goal is to educate people about mental illness, treatment and research, eliminate stigma and prevent economic burden. All people deserve access to quality mental health services. **This year's winners are as follows:**

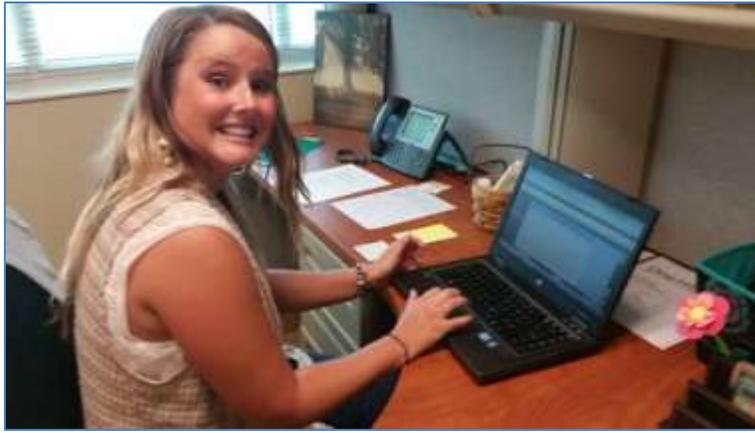
- **1<sup>st</sup> place Winner- Fairfax Falls Church Community Services Board - Health Promotion and Prevention Services** – With a video highlighting their program called “Primeros Auxilios para la Salud Mental”, the Spanish version of the MHFA training they have been providing since summer 2013 in Falls Church, Springfield, Annandale, Fairfax and Herndon in partnership with churches and other county agencies.
- **2<sup>nd</sup> place Winner- Northern Virginia Mental Health Institute** – With a video recording of the NVMHI Choir- Showtime Dynamics presenting a song they wrote, recorded, and produced entitled “Recovery Anthem”.
- **3<sup>rd</sup> Place Winner- Henrico Area Mental Health and Developmental Services, Prevention Services** – With a video montage of the goal of increasing social media buzz to build awareness around minority mental health.

You may view all the winning videos on the [DBHDS website](#). These winners illustrate the creative ways we can raise awareness among providers, families, and individuals struggling and recovering from mental illness. We applaud their great work. Congratulations!

**Governor Signs Executive Order Establishing the Governor’s Task Force on Prescription Drug and Heroin Abuse** – On Friday, September 26, 2014, Governor McAuliffe, flanked by physicians, recovery champions and law enforcement officers, signed Executive Order No. 29, establishing the Governor’s Task Force on Prescription Drug and Heroin Abuse. The task force will develop strategies to help health care providers use best practices for pain management, identify treatment options and alternatives to incarceration and promote safe storage and disposal of prescription medications. It will seek ways to expand the use of naloxone, which reverses opioid overdose if administered promptly, and leverage the Prescription Monitoring Program. The signing took place at the Substance Abuse and Addiction Recovery Alliance (SAARA) in Richmond, and when the Governor McAuliffe completed signing the executive order, he handed the pen to Jan Brown, Acting Executive Director of SAARA and Executive Director of Spiritworks, a peer-run recovery center in Williamsburg. Senator Tim Kaine attended the signing and shared his recent experience as a participant in REVIVE! training in Lebanon, learning how to administer naloxone to reverse opioid overdose, and committed himself as a “partner at the federal level” to assist with this issue. Reflecting the realization that addiction is both a public health and public safety issue, the Task Force will be co-chaired by William A. Hazel, M.D., Secretary of Health and Human Resources and Brian Moran, Secretary of Public Safety and Homeland Security, and will be composed of representatives from the Office of the Attorney General, the legislature, the judiciary, state and local agencies, law enforcement, health professionals, community advocates, and individuals with personal experience with addiction. For the full text of Executive Order 29 (2014), please click [here](#).

**Transformation Update** – Recently, I announced a plan to undertake a thorough review and revision of our services, system and infrastructure to strengthen and maximize services delivery. In this effort, I will initially be convening four transformation teams to advise and make recommendations to me in the following four areas: (1) Adult Behavioral Health (2) Adult Developmental Services (3) Child & Adolescent Behavioral Health and (4) Justice-Involved Individuals (Behavioral Health and Developmental Services). The teams have been set and will begin meeting soon. We have been very grateful for the tremendous interest in the teams though unfortunately this has meant we could not accommodate all of the individuals and groups who would have liked to have participated. The teams are very small at about 15 members each and represent public and private providers, advocates, those with lived experience and expertise from applicable state agencies. We also tried to ensure regions were represented on each of the small groups. Teams will be asked to provide me with regular updates and key deliverables due at six, 12, 18 and 24 months. While meetings are only for team members, this is only the start of the process. I will also be convening a larger stakeholder group to provide feedback and assistance to the four teams. There will be mechanisms announced soon to submit public comment and I plan to hold public meetings in the corners of the Commonwealth to get feedback on the recommendations. I am hopeful that through this collaborative effort, improvements can be recommended that will strengthen and enrich our system by expanding access to, and improving the quality of, services in order to promote recovery, self-determination and wellness for those we serve.

**Successful Expansion of OneMind Electronic Health Record System (EHRS) Use at Western State** – On September 9, a dramatically expanded version of OneMind went 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. The first social work note was successfully entered into OneMind by Kristin Batten, BSW, pictured below:



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.

Many, many congratulations to all who contributed to this success. This is so critical to our system and I am so very grateful for your dedication to this project.

**Waiver Redesign Update** – The Waiver Redesign Service Array subcommittee held their last meeting on 9/15 at which the group put forth recommendations for modifications to existing waiver service definitions as well as definitions for potential new services. The latest recommendations from the subcommittee were presented to The Advisory Consortium on Intellectual and Developmental Disabilities (TACIDD), a broad-based stakeholder group that meets several times per year, on 9/19. In addition, DBHDS & DMAS staff met with Human Services Research Institute (HSRI) & Burns & Associates on 9/22 & 9/23 regarding potential rate models for new/existing waiver services and their fiscal impact. Also discussed was potential SIS informed funding levels for the redesigned waivers & communication strategies regarding waiver redesign. **If you would like to be added to the email list to receive waiver redesign communications**, please send your email address and your stakeholder status (e.g., self advocate, family member, provider agency representative, advocacy organization, etc.) to [waiverupdates@dbhds.virginia.gov](mailto:waiverupdates@dbhds.virginia.gov).

## Innovations & New Ideas

**Behavioral Wellness Strategic Prevention Framework** – DBHDS Behavioral Health Wellness is in the process of building the capacity of the Behavioral Health Wellness state office and the CSBs to implement the Strategic Prevention Framework (SPF) – SAMHSA's outcome-driven, evidenced-based planning model for substance abuse prevention and mental health promotion service delivery systems. The SPF model ensures that all programs, practices and strategies are research-based and implemented based on community need. The DBHDS Behavioral Health Wellness staff will monitor the CSBs in this effort identifying technical assistance opportunities and compliance with SAPT Block grant requirements. To support this effort, DBHDS will utilize ETO Software through Social Solutions ETO Software which will not only fulfill SAMHSA Substance Abuse Prevention and Treatment Block but will also measure performance and outcomes. OMNI Institute a nonprofit social science agency with the mission of advancing the public and nonprofit sectors through integrated evaluation research, capacity building and technology solutions will provide support to the state office and CSBs in evaluation services and ETO Software configuration so that all data will be entered uniformly across CSBs. Additionally, DBHDS and CSBs will have individualized evaluations plans ensuring evidenced-based program implementation and outcome delivery. All of these efforts are being put in place to strengthen Virginia's DBHDS behavioral health and CSB prevention systems heightening behavioral health outcomes and accountability for federal resources.

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

This month I had the privilege of meeting with people in the far southwest, central and northern Virginia. I am consistently impressed by the knowledge and dedication of the people I meet in my travels. This month included visits to:

- September 4 – Central Virginia Training Center to meet with Leadership Team in Lynchburg (see below)
- September 8 – Virginia Institute of Autism Ribbon Cutting in Charlottesville (see below)
- September 11 – Virginia Treatment Center for Children and VCU in Richmond
- September 12 – Board of Directors Meeting of Virginia College of Emergency Physicians in Richmond
- September 17 – Meeting with Delegate Ben Cline
- September 18 – Meeting of Fairfax/Falls Church Recovery Work Group
- September 23 – Meeting with Senator Janet Howell in Richmond
- September 24 – Meeting with Senator Bill Carrico in Galax
- September 24 – Southwest Virginia Training Center in Hillsville
- September 25 – “Talk of the Morning” at disability Law Center of VA in Richmond
- September 25 – Region 2 Executive Directors and Facility Directors Meeting in Fairfax
- September 29 – Virginia Secretaries Summit on Analytics in Richmond



*DBHDS Commissioner Ferguson and members of the Peer Council at Central Virginia Training Center (CVTC) on September 4. This group of CVTC staff offer recommendations to management at the training center on a variety of work-related issues.*



Earlier this month, DBHDS joined state and local officials as well as members of the Charlottesville community for the grand opening of [Virginia Institute of Autism's](#) new outpatient and adult services facility at Remson Court. (L-R Senator Creigh Deeds, DBHDS Commissioner Debra Ferguson, Ambassador James C. Hormel, VIA Executive Director Ethan Long, and Governor Terry McAuliffe)

## Stay Connected!

- **Virginia Acute Psychiatric & CSB Bed Registry Newsletter** – A new quarterly newsletter, “Connections,” is now available to provide specialized information to a targeted audience working with the registry. It will feature information about enhancements, important topics and changes to the registry. It can be found the DBHDS website, [here](#).
- **Waiver Updates Email List** – If you would like to be added to the email list to receive waiver redesign communications, please send your email address and your stakeholder status (e.g., self advocate, family member, provider agency representative, advocacy organization, etc.) to [waiverupdates@dbhds.virginia.gov](mailto:waiverupdates@dbhds.virginia.gov).
- **ALL IN! Email List** – Anyone interested in being included on this list can simply send his or her email address using the link [here](#).

## Recent News Stories of Interest

- [DBHDS Press Release: DBHDS, National Council for Behavioral Health, & VACSB form a major joint partnership to help improve the quality of and access to mental health services across the Commonwealth](#) – DBHDS and all of Virginia’s 40 CSBs now have access to the National Council for Behavioral Health’s wealth of resources and expertise. This comprehensive partnership will improve mental health services for thousands of Virginians across the state. This latest development is also part of Commissioner Ferguson’s strategic plan to reform and improve DBHDS’s services, resources, and support.
- Roanoke Times Letter to the Editor by Commissioner Debra Ferguson – [No shame in mental illness](#)
- Roanoke Times – [McAuliffe creates prescription drug, heroin taskforce](#)
- Richmond Times-Dispatch – [McAuliffe proposes limited health care expansion](#)
- Daily Press – [Virginia Gov. Terry McAuliffe's plan expands access to mental health services](#)
- SWVA Today – [REVIVE class taught in Tazewell](#)
- WUSA9 – [Help for parents with mental health issues](#)

## RECENT FACTS & FIGURES

### Training Center Census (September 29, 2014)

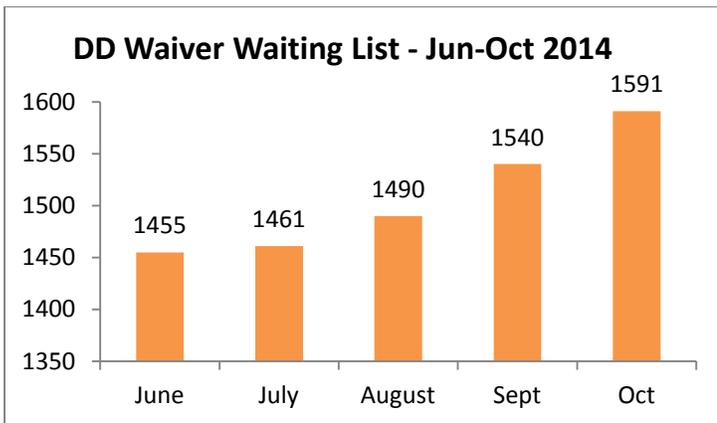
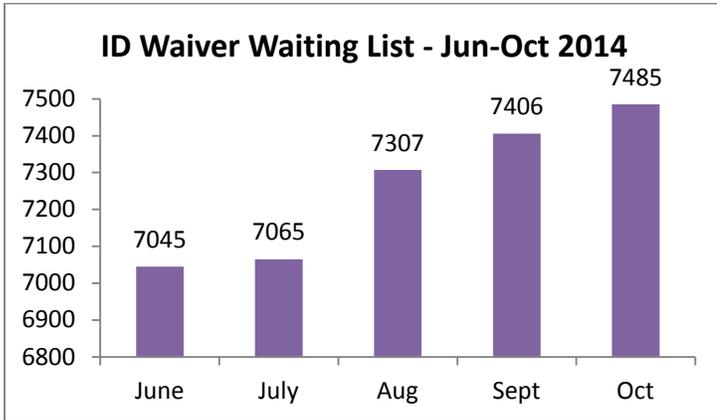
Name	July 1, 2012 Census	July 1, 2013 Census	Dec 31, 2013 Census	Sept. 29, 2014 Census
<b>SVTC</b> - Closure: By 6/30/2014	201	114	57	0
<b>NVTC</b> - Closure: By 6/30/2016	153	135	115	98
<b>SWVTC</b> - Closure: By 6/30/2018	173	156	150	141
<b>CVTC</b> - Closure: By 6/30 2020	350	301	285	274
<b>SEVTC</b> - Remains open at 75 beds	106	84	81	73

<b>Total</b>	<b>983</b>	<b>790</b>	<b>688</b>	<b>586</b>
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**ID and DD Waiver Enrollment and Waiting Lists (September 26, 2014)**

	<b>ID Waiver</b>	<b>DD Waiver</b>
<b>Total Enrolled</b>	<b>10,192</b>	<b>948</b>
Urgent Waitlist	4,509	
Non-Urgent Waitlist	2,976	
<b>Total Waitlist</b>	<b>7,485</b>	<b>1,591</b>

**Waiting List Totals from Previous ALL IN! Newsletters**



**Mental Health Hospital, Hiram Davis and VCBR Census (October 1, 2014)**

<b>Name</b>	<b>Oct. 2014</b>
Catawba	104
Central State Hospital	214
Eastern State Hospital	278
Northern Virginia Mental Health Institute	117
Southern Virginia Mental Health Institute	68
Southwest Virginia Mental Health Institute	162
Western State Hospital	230
Piedmont Geriatric Hospital	117
Commonwealth Center for Children and Adolescents	39

Hiram Davis Medical Center	66
Virginia Center for Behavioral Rehabilitation	356
<b>Total</b>	<b>1,751</b>

One final, but very important note in closing: stigma continues to be a pervasive and destructive influence on the lives of those we serve. Each of us has the obligation to take every opportunity to speak up and speak out about the myths and misconceptions about people with mental illnesses, substance-use disorders and developmental disabilities. Stigma is defeated with facts, advocacy and a consistent message. Recovery and self-determination must be the goals for everyone we serve. Let's **BE BOLD** Virginia! I'm **ALL IN!**

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Debra Ferguson, Ph.D.  
Commissioner  
Virginia Department of Behavioral Health & Developmental Services