

# Commonwealth of Virginia

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Department of Behavioral Health and  
Developmental Services

## Annual Financial Report Fiscal Year 2013



**James W. Stewart, III**  
**Commissioner**

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Written and Published by the  
Division of Finance and Administration  
Office of Budget and Financial Reporting

**TRANSMITTAL LETTER**

***TO USERS AND READERS OF OUR FINANCIAL STATEMENTS***

We are pleased to provide the Annual Financial Report for the Virginia Department of Behavioral Health and Developmental Services (the "Department") for the fiscal year ended June 30, 2013. This report contains informative financial and statistical data about the Department, which includes the Central Office, sixteen (16) state operated facilities, and funding for forty (40) community services boards. This report is also available on the Department's web page at [www.DBHDS.virginia.gov](http://www.DBHDS.virginia.gov).

Since 1987, the Department has produced annual financial statements in accordance with generally accepted accounting principles (GAAP). The financial statements for the fiscal year ended June 30, 2012 are presented in accordance with the enterprise fund model as required by Governmental Accounting Standards Board (GASB) Statement Number 34, "*Basic Financial Statements – and Management Discussion and Analysis – for State and Local Governments*". The use of GAAP requires use of estimates and accruals to match revenues in the period earned and expenses in the period incurred. This Annual Financial Report represents the Department's commitment to the accurate financial reporting of its activities.

James W. Stewart, III  
Commissioner

Don Darr  
Assistant Commissioner,  
Finance and Administration

March 31, 2014

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

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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 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.

**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.

**Robert F. McDonnell**  
Governor, Commonwealth of Virginia

**William A. Hazel, Jr., M.D.**  
Secretary of Health and Human Resources

**James W. Stewart, III**  
Commissioner

**STATE BOARD MEMBERS (2012-2013)**

**Cheryl Ivey Green**  
Richmond, VA

**Gretta Doering**  
Winchester, VA

**Sandra Hermann**  
Virginia Beach, VA

**Thomas Kirkup**  
Henrico, VA

**Paula Mitchell**  
Roanoke, VA

**Bonnie Neighbour**  
Richmond, VA

**Anthony Soltys**  
Hampton, VA

**Anand Pandurangi**  
Richmond, VA

**Amelia Ross-Hammond**  
Virginia Beach, VA

**SENIOR MANAGEMENT TEAM (June 2013)**

**Olivia Garland**  
Deputy Commissioner

**Don Darr**  
Assistant Commissioner,  
Finance & Administration

**Kathy Drumwright**  
Assistant Commissioner,  
Quality Management & Development

**John Pezzoli**  
Assistant Commissioner,  
Behavioral Health Services

**Heidi Dix**  
Assistant Commissioner,  
Developmental Services

**Jack Barber, MD**  
Medical Director

# Budgetary Highlights

**BUDGETARY HIGHLIGHTS**

The Department's budget consists of the following sources of funds:

<b>Budget (in Millions)</b>	<b>2013</b>	<b>2012</b>
State General Fund Dollars	614.3	546.5
Special Revenue Funds	334.8	321.4
Trust Fund	0	29.7
Federal Funds	72.8	75.9
<b>Final Operating Appropriation</b>	<b>1,022</b>	<b>973.5</b>

State General Fund dollars consist of the appropriation of general tax revenues from the Commonwealth of Virginia. These funds subsidize the Department's sixteen inpatient facilities, finance the majority of the Central Office oversight functions, and fund community programs operated by Virginia's community services boards and private not-for-profit organizations.

Special Revenue Funds are derived predominantly from the collection of fees related to the provision of services in the Department's inpatient facilities. These revenues consist of Medicaid reimbursement, Medicare reimbursement, private insurance reimbursement, private payments and Federal entitlement programs.

Federal funds consist of numerous grants from the Federal government. The majority of the Department's federal subsidies consist of the Substance Abuse Prevention Treatment (SAPT) Block Grant and the Community Mental Health Services (CMHS) Block Grant. These grants are passed through to community programs by the Department's Office of Finance and Grants Management. With the exception of the National School Lunch, National School Breakfast, Education of Handicapped Children, and the Virginia Department of Agriculture and Consumer Services Federal Food Distribution Program, all grants are passed through to community programs. A small percentage of federal funds are retained in the central office in order to cover the cost of federal grants administration. Those not passed through are administered by some of the Department's sixteen inpatient facilities. PGH received a grant from Mines, Minerals and Energy.

Of the Department's operating budget of \$1.022 billion, \$960.6 million was expended. On a budgetary basis of accounting whereby expenses are recognized when paid as opposed to incurred, the Department expended its appropriated resources for the following programs during fiscal years 2013 and 2012 (in millions):

<b>Budgetary Expenditures (In Millions)</b>	<b>2013</b>	<b>2012</b>
State Health Services	353.4	343.7
Financial Assistance for Health Services (CSB funding)	321.4	312.1
Administration and Support Services	225.8	205.2
Secure Confinement	24.1	23.5
Pharmacy	22.9	24.9
Other Programs	13.0	13.3
<b>Total Budgetary Expenditures</b>	<b>960.6</b>	<b>922.7</b>

The overall increase in budgetary expenditures was 1%.

## **CAPITAL ASSETS AND CAPITAL OUTLAY BUDGET**

The Department's net capital assets (net of accumulated depreciation) totaled \$389.1 million. This amount represents an increase of \$44.8 million or 13% from the previous fiscal year. The net increase is primarily due to the increase in Construction in Progress at Western State Hospital, Central Virginia Training Center and Southeastern Virginia Training Center. The information below details the composition of the Department's capital assets (in millions):

	<b><u>FY 2013</u></b>	<b><u>FY 2012</u></b>
Land	18.5	18.5
Infrastructure	13.7	13.5
Equipment	53.2	53.4
Buildings	389.2	367.9
Construction in Progress	144.9	116.7
Accumulated Depreciation	<u>(230.4)</u>	<u>(225.7)</u>
<b>Net Capital Assets</b>	<b>\$389.1</b>	<b>\$344.3</b>

A capital outlay budget is appropriated to the Department on an annual basis. During a budget biennium (2 year cycle) capital appropriations may be brought forward with the approval of the Department of Planning and Budget. The capital budget is intended to provide capital maintenance, needed modifications to building structures, improvements to facility boiler operations, life safety code modifications, and funds for specific construction projects. For fiscal year 2013 the Department's capital outlay budget was \$97.3 million of which \$57.6 million was expended. The capital outlay budget decreased 44% from the prior year and expenditures decreased by 29%.

# System Characteristics

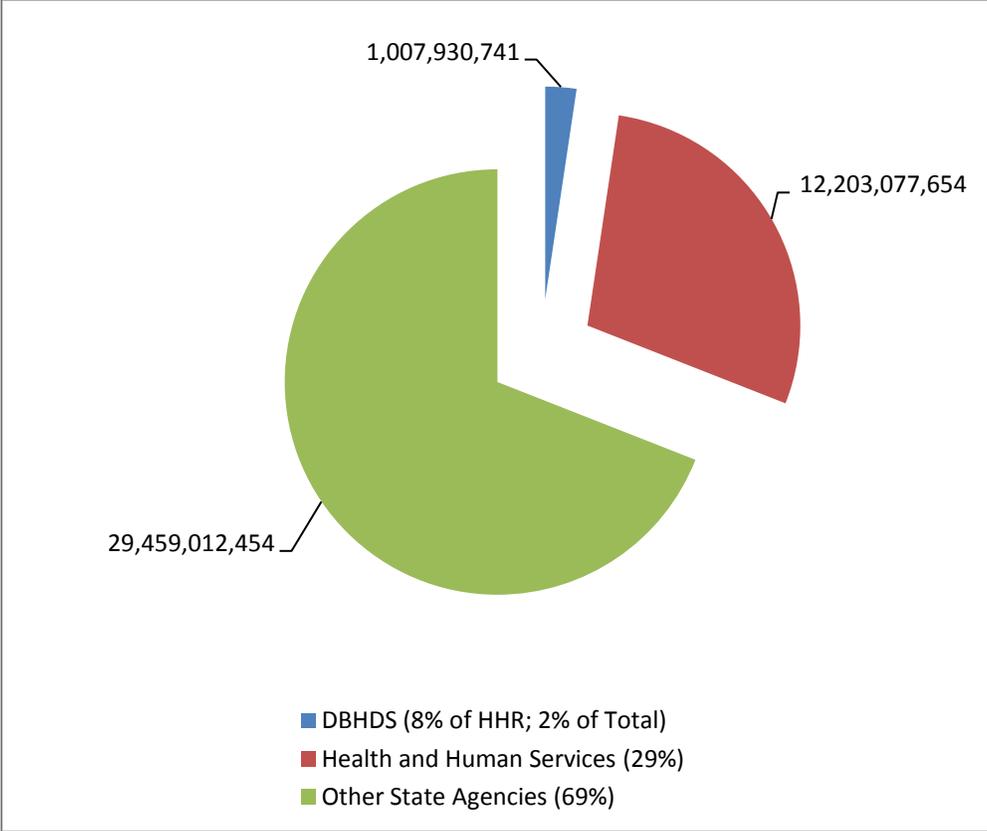
**SYSTEM CHARACTERISTICS OF THE DEPARTMENT**

The Virginia Department of Behavioral Health and Developmental Services (the "Department" or DBHDS) consists of ten mental health facilities, five training centers for the intellectually disabled, one medical center, and a Central Office. The Department also funds forty community services boards.

This section of the Annual Financial Report presents budgetary information and overall systems funding information for FY 2013 to provide the reader with a perspective of the size of the service delivery system in which the Department operates.

**FY 2013 BUDGET**

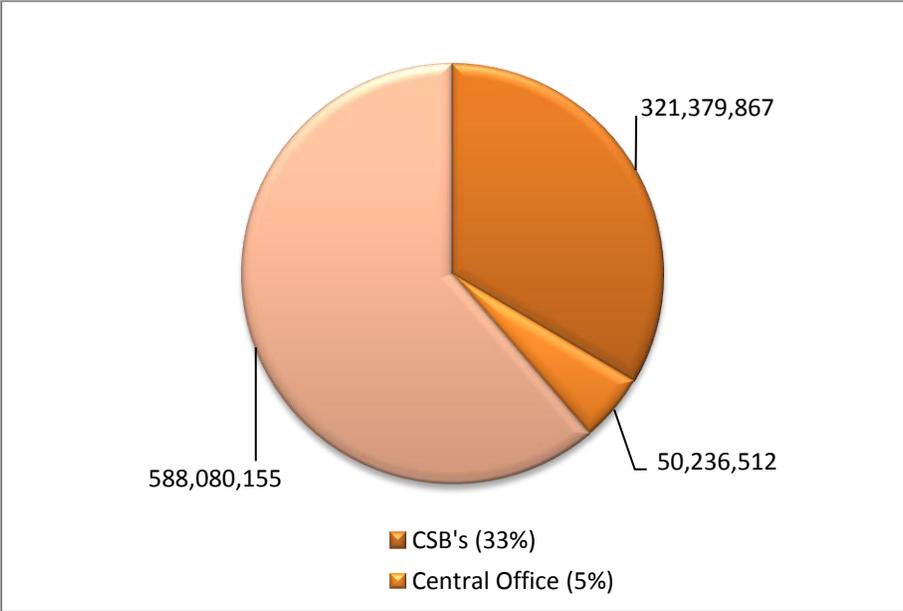
**COMMONWEALTH OF VIRGINIA**  
**\$42.67 Billion (Final Operating Appropriation)**  
Per Operating Plan from DPB's PB System  
(All Funds)



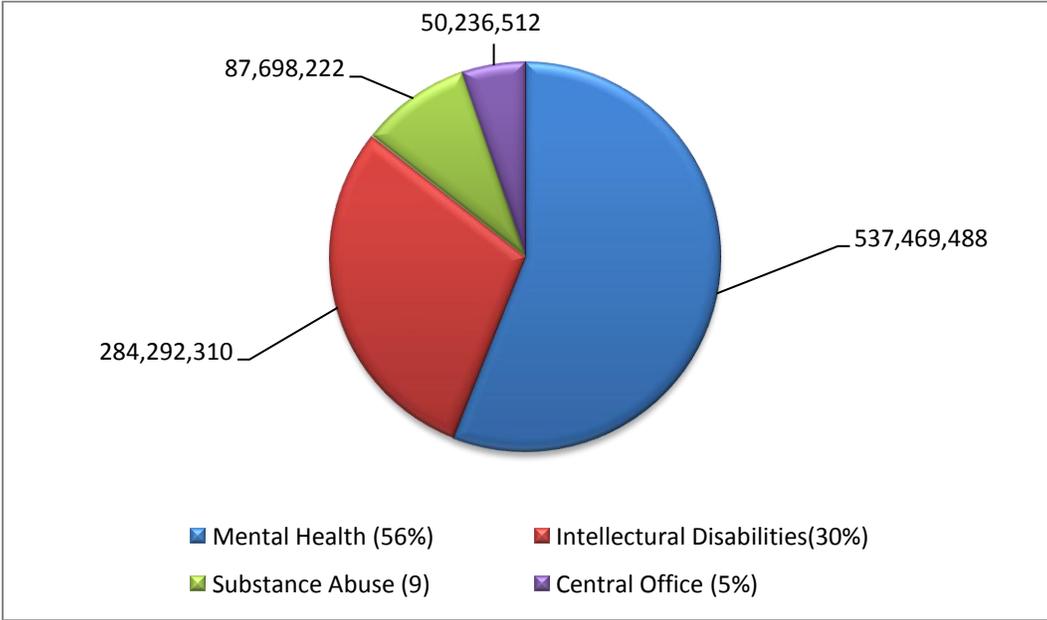
The following charts present FY 2013 final budgetary expenditures for all facilities, CSBs, and the Central Office. Also presented are expenditures by program area: Mental Health, Intellectual Disabilities, Substance Abuse, Administration and Support, and the Central Office.

**FY 2013 BUDGETARY EXPENDITURES**

**FACILITIES, CSBs, CENTRAL OFFICE**  
**\$959.7 Million Total Expenditures**  
**(All Funds)**



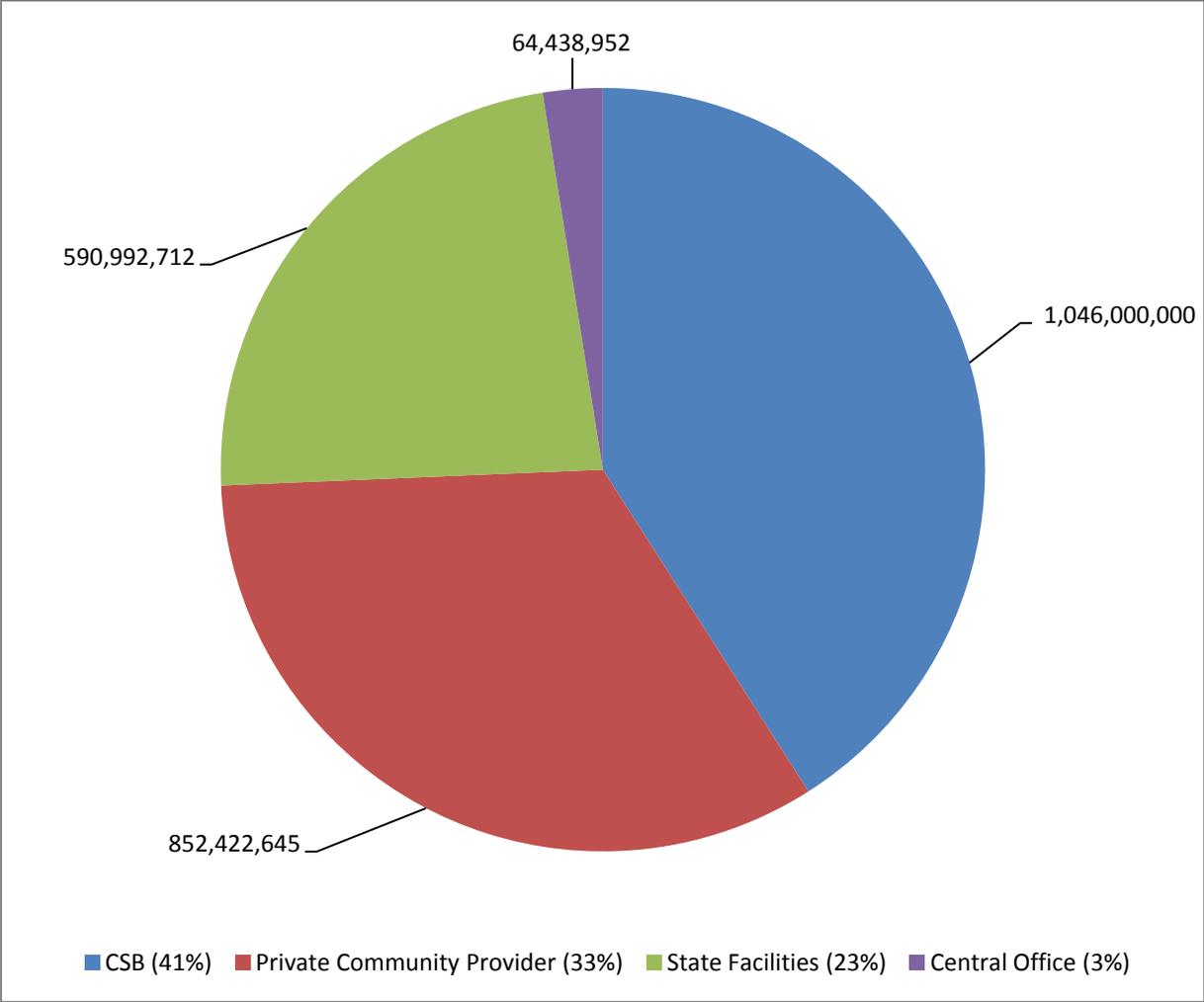
**BY PROGRAM**  
**\$959.7 Million Total Expenditures**  
**(All Funds)**



The following chart is provided to present a service systems funding overview for FY 2013 and includes total funding available for publicly funded mental health, intellectual disabilities and substance abuse services within the Commonwealth. This includes private provider participation. Total Services Systems Funding is defined as amounts for the operation of DBHDS Facilities, Central Office, CSBs, and Medicaid funds for related community services. CSB funding includes amounts provided by the federal, state, and local governments, and includes Medicaid, Medicare, and other fees.

***FY 2013 – TOTAL SERVICES SYSTEMS FUNDING  
CSBs, Facilities, Central Office***

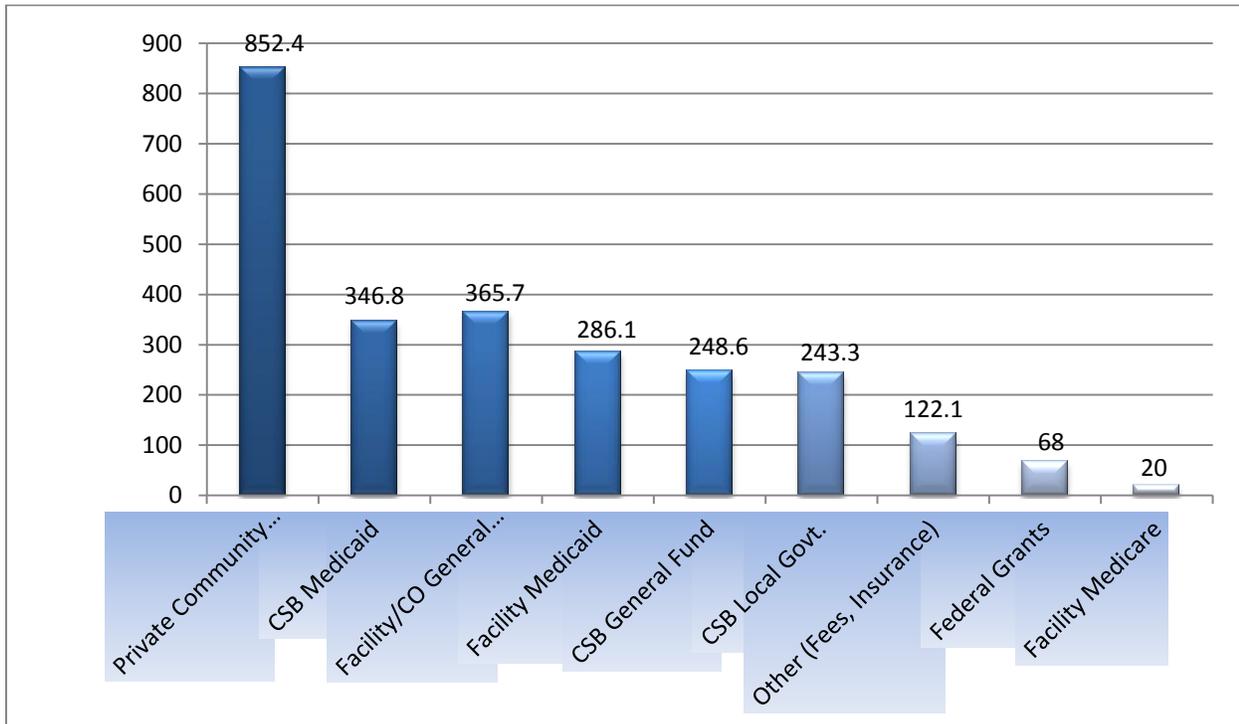
***Grand Total \$2.553 Billion***



The following chart presents total services systems funding for FY 2013 by funding source for Community Services Boards (CSBs), State Facilities, and the DBHDS Central Office.

**TOTAL SERVICES SYSTEM FUNDING – FY 2013**  
**GENERAL FUND, MEDICAID SOURCES, FEDERAL, LOCAL**

**GRAND TOTAL \$2.553 BILLION**



Presented below is a comparison between 2012 and 2013.

Funding Source	2013 \$ Millions	2013 %	2012 \$ Millions	2012 %
Private Community Provider	852.4	33	781.8	34%
CSB Medicaid	346.8	14	344.1	15%
Facility/CO General Fund	365.7	14	296.0	13%
Facility Medicaid	286.1	11	261.7	11%
CSB General Fund	248.6	10	245.1	11%
CSB Local Govt.	243.3	9	234.2	10%
Other (Fees, Insurance)	122.1	5	68.9	3%
Federal Grants	68.0	3	54.7	2%
Facility Medicare	20.0	1	20.7	1%
<b>Total</b>	<b>\$2,553</b>	<b>100</b>	<b>\$2,307.2</b>	<b>100</b>

Source: DBHDS' Office of Budget and Financial Reporting

**COMMUNITY SERVICES BOARDS**

Community services boards or CSBs and behavioral health authority or BHA mean the public bodies organized in accordance with the relevant provisions of Chapter 5 or 6, respectively, of Title 37.2 of the *Code of Virginia* as well as the agencies (staff) that provides direct and contracted mental health, intellectual disability, and substance abuse services to individuals with mental health or substance use disorders or intellectual disability in their localities. Listed below are the forty community services boards serving Virginia residents.

**Virginia Community Services Boards**

Alexandria	Highlands
Alleghany Highlands	Loudoun County
Arlington County	Middle Peninsula-Northern Neck
Blue Ridge Behavioral Healthcare	Mount Rogers
Central Virginia	New River Valley
Chesapeake	Norfolk
Chesterfield	Northwestern
Colonial	Piedmont
Crossroads	Planning District One Behavioral Health Services
Cumberland Mountain	Portsmouth Dept. of Behavioral Healthcare Services
Danville-Pittsylvania	Prince William County
Dickenson County Behavioral Health Services	Rappahannock Area
District 19	Rappahannock-Rapidan
Eastern Shore	Region Ten
Fairfax-Falls Church	Richmond Behavioral Health Authority
Goochland-Powhatan	Rockbridge Area
Hampton-Newport News	Southside
Hanover County	Valley
Harrisonburg-Rockingham	Virginia Beach Dept. of MH/MR/SAS
Henrico Area	Western Tidewater

There are three types of CSBs, depending on their relationships with the local governments that established them. There are 28 operating CSBs and one BHA, which employ their own staff, are not city or county departments, and function independently of their local governments. There are 10 administrative policy CSBs, which use local government staff to provide services and function as local government departments (eight of these CSBs are actual city or county departments). There is one policy-advisory CSB with a local government department. Board members are appointed by the city councils and boards of supervisors that established the CSB.

**CENTRAL OFFICE**

The Department's Central Office has oversight responsibility for the programmatic, financial and administrative activities occurring within the state facilities and community services boards. This office promulgates and enforces policy and provides technical assistance to facilities and community services boards. The Department also licenses and regulates public and private programs and facilities. Don Darr, is the Assistant Commissioner for Finance and Administration.

**STATE FACILITIES**

The Department operates ten inpatient mental health facilities. These mental health facilities consist of one adolescent facility, one geriatric facility, and eight adult facilities. The Department also operates five training centers for people with intellectual disabilities and one medical center. In FY 2003 the Virginia Center for Behavioral Rehabilitation began operation in order to treat sexually violent predators. Overall, the Department has more than 400 buildings. As of June 30, 2013, the Department consisted of 7,991 employees and the facility daily average patient census was 2,455. The daily average patient census for each facility is presented below. Employee and census information are also presented for a period spanning 40 years in the charts that follow.

Virginia's State Hospitals

<u>Facility</u>	<u>Description</u>
<b>Catawba Hospital</b> Director: Walton F. Mitchell, III Facility Administrator: Charles C. Law, MHA Finance Director: Cecil Hardin, CPA	Located in Catawba, Virginia, this facility provides care to patients and short-term care to adults from nearby communities. The FY 2013 daily average patient census was 92.
<b>Central State Hospital</b> Director: Vicki Montgomery Facility Administrator: Peter Lehman Finance Director: Bob Kaufman	Located in Petersburg, Virginia, this facility provides inpatient adult psychiatric services as well as forensic and adolescent psychiatric services. The FY 2013 daily average patient census was 204.
<b>Eastern State Hospital</b> Director: David M. Lyon, MBA Facility Administrator: Chris Bowman Finance Director: Timothy Crittenden	Located in Williamsburg, Virginia, this hospital provides adult, geriatric, acute and chronic psychiatric, behavioral and dual diagnosis to individuals with mental illness and chemical dependency. The FY 2013 daily average patient census was 258.
<b>Commonwealth Center for Children and Adolescents</b> Director: William J. Tuell, RN, MSN Facility Administrator: Vickie Hite Finance Director: Vickie Hite	Located in Staunton, Virginia, this new facility provides highly specialized intensive diagnostic, evaluation and psychiatric treatment services to children between the ages of four and eighteen. The FY 2013 daily average patient census was 32.
<b>Northern Virginia Mental Health Institute</b> Director: Jim Newton Facility Administrator: Richard Lopez, MBA Finance Director: John Poffenbarger	Located in Falls Church, Virginia, this facility provides acute psychiatric care. The FY 2013 daily average patient census was 116.
<b>Piedmont Geriatric Hospital</b> Director: Stephen M. Herrick, Ph.D. Fac. Administrator: Lynne Inge Finance Director: Lynne Inge	Located in Burkeville, Virginia, this hospital provides care for geriatric patients. The FY 2013 daily average patient census was 102.
<b>Southern Virginia Mental Health Institute</b> Director: Robin Crews (Acting) Facility Administrator: Robin Crews Finance Director: Wayne Peters	Located in Danville, Virginia, this facility provides short-term acute psychiatric care. The FY 2013 daily average patient census was 66.
<b>Southwestern Virginia Mental Health Institute</b> Director: Cynthia McClaskey, Ph.D. Facility Administrator: Amanda Currin Finance Director: Lonzo Lester, Jr.	Located in Marion, Virginia, this facility provides acute and long-term care for adolescents, adults, and geriatrics. The FY 2013 daily average patient census was 149.
<b>Western State Hospital</b> Director: Jack Barber, MD Facility Administrator: David Mawyer Finance Director: Jon Chapman	Located in Staunton, Virginia, this hospital provides inpatient adult psychiatric services. The FY 2013 daily average patient census was 214.
<b>Virginia Center for Behavioral Rehabilitation</b> Director: Kimberly Runion Assistant Director: Lynne Inge Finance Director: Lynne Inge	Located in Burkeville, Virginia, this facility was established July 1, 2003 and moved to its current location in February 2008. The purpose of VCBR is to provide treatment to individuals deemed to be sexually violent. Patients at this facility have completed their prison terms associated with sexually violent behavior and are receiving inpatient treatment for their disorder.

ders. The FY 2013 daily average patient census was 296.

**Virginia's Training Centers**

The Department's training centers provide residential care and training in such areas as language, self-care, independent living, socialization, academic skills and motor development. Each training center is described below.

<b><u>Facility</u></b>	<b><u>Description</u></b>
<b>Central Virginia Training Center</b> Director: Sharon Bonaventura Facility Administrator: Charles Felmlee Finance Director: Charles Felmlee	Located in Lynchburg, Virginia, this center provides inpatient services to residents who are severely and profoundly retarded. The FY 2013 daily average patient census was 314.
<b>Northern Virginia Training Center</b> Director: Mark Diorio, Ph.D. Facility Administrator: Philippe Peter Finance Director: Catherine Kost, CPA	Located in Fairfax, Virginia, this center serves residents with moderate to profound Intellectual disabilities. The FY 2013 daily average patient census was 143.
<b>Southeastern Virginia Training Center</b> Director: Robert D. Shrewsberry, Ph.D. Facility Administrator: Brian Whitesell Finance Director: Frank Sivieri	Located in Chesapeake, Virginia, this center serves individuals with severe to profound Intellectual disabilities. The FY 2013 daily average patient census was 92.
<b>Southwestern Virginia Training Center</b> Director: Dennis Shrewsberry (Acting) Facility Administrator: Kevin Meyer Finance Director: Karen Hash	Located in Hillsville, Virginia, this center serves persons with severe to profound Intellectual disabilities and multiple disabilities. The FY 2013 daily average patient census was 163.
<b>Southside Virginia Training Center</b> Director: William Hawkins Facility Administrator: Bob Kaufman Finance Director: Bob Kaufman	Located in Petersburg, Virginia, this center serves individuals with severe to profound Intellectual disabilities and varying physical disabilities. The FY 2013 daily average patient census was 156. This facility provides administrative and operational support to Central State Hospital and Hiram Davis Medical Center.

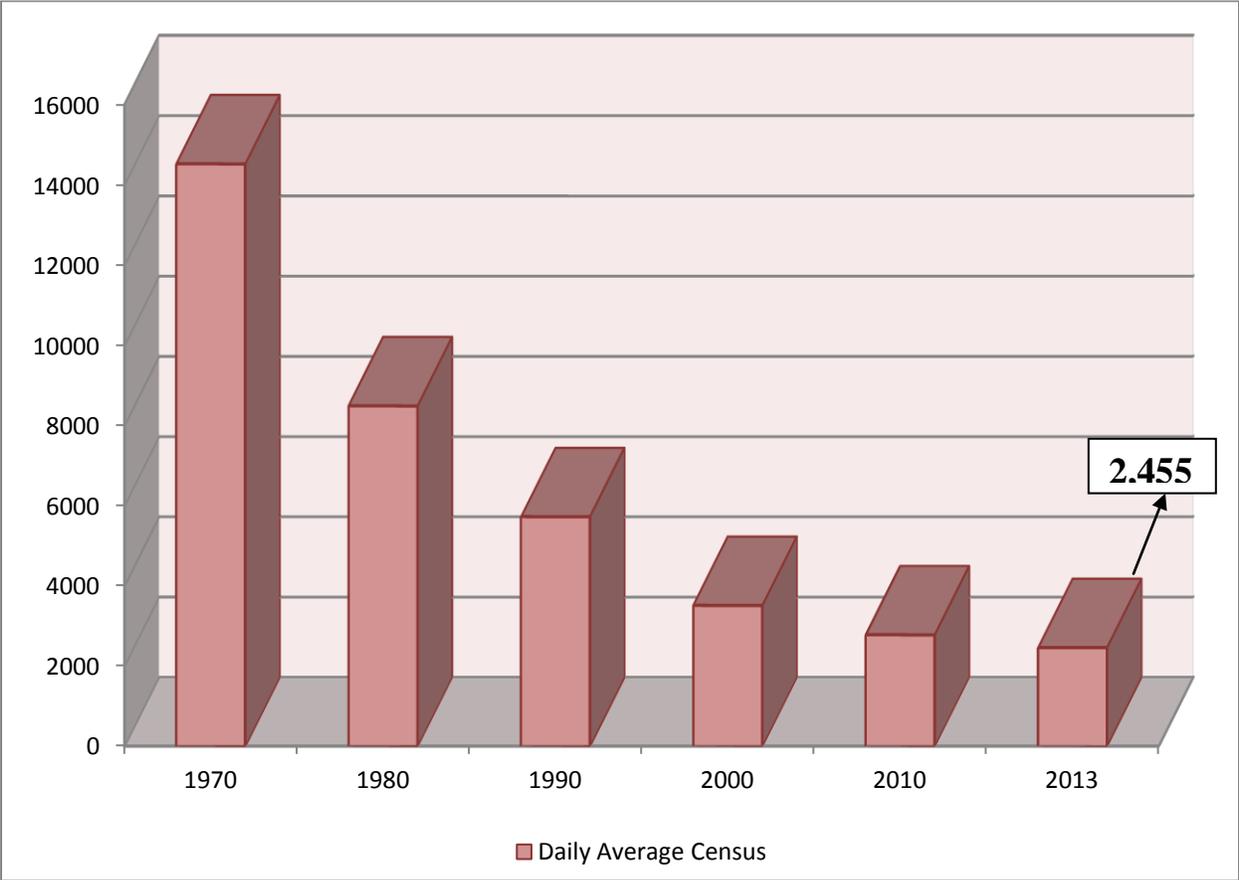
**Medical Center**

<b>Hiram Davis Medical Center</b> Operations Director: William Hawkins Facility Administrator: Brenda Buenvenida Finance Director: Bob Kaufman	Located in Petersburg, Virginia, the Department operates this center, which serves the medical needs of patients and residents of Central State Hospital, and Southside Virginia Training Center, respectively. The medical center also operates an aftercare pharmacy, which provides medications to the patients and residents of the Petersburg Complex and clients of the forty community services boards. The FY 2013 daily average patient census was 57.
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**STATE FACILITIES STATISTICS**

The following chart presents selected patient census levels over the past 40 years. As can be noted, the Daily Average Census levels have been steadily declining since 1970 with a gradual leveling since 2000. In 1970, the Daily Average Census was 14,514 and in 2013 the Daily Average Census was 2,455.

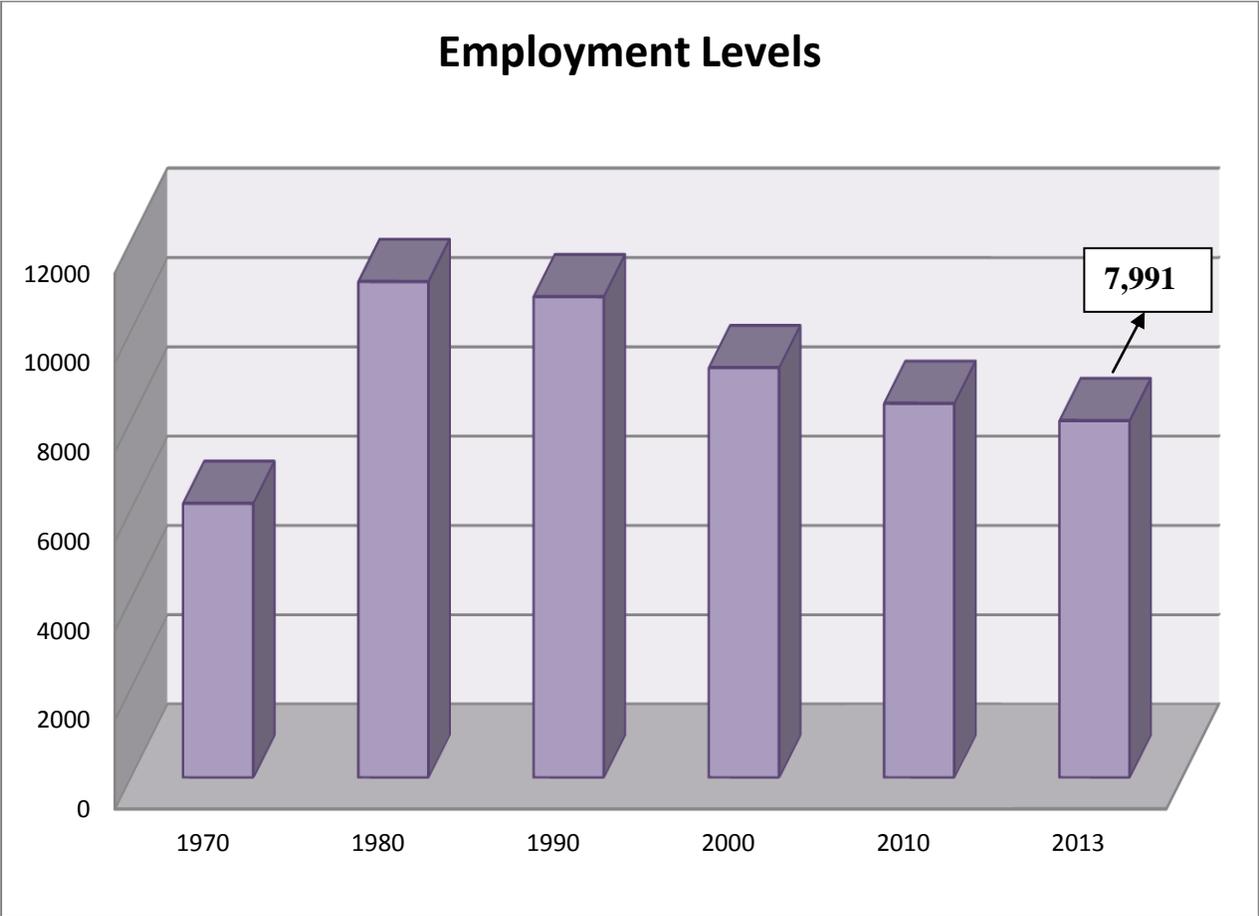
**PATIENT CENSUS**



**Source:** “Comparative Analysis-Operating Statistics and Costs” and “Ten Year Expenditure Analyses.”  
DBHDS Office of Budget and Financial Reporting

The following chart presents selected employment levels over the past 40 years. Employment levels have been declining since 1980. The 1980 level was 11,106 and the 2013 level was 7,991. These employment levels represent total classified employees and include all DBHDS operations (facilities, central office, and Inspector General).

**EMPLOYMENT LEVELS**



**Source:** DBHDS Office of Budget and Financial Reporting “Comparative Analysis-Operating Statistics and Cost” and “Ten Year Expenditure Analyses.”

**Note:** Employment levels presented above are employees on payroll at the end of the fiscal year. Employment levels were low in the 1970's due to the operation of fewer facilities by DBHDS. In 1970, DBHDS operated 9 facilities. In 1980 there were 17 facilities and from 1990-2003 there were 15 facilities. Since 2004, DBHDS has operated 16 facilities.

# Financial Statements

**MANAGEMENT'S DISCUSSION AND ANALYSIS**

(Unaudited)

**For the Fiscal Year Ending June 30, 2013**

This section of the annual financial report of the Department of Behavioral Health and Developmental Services (the Department) represents our discussion and analysis of the Department's financial performance during the fiscal year ended June 30, 2013. Please read and review this information in conjunction with the Department's transmittal letter at the front of this report and the Department's financial statements and note disclosures.

**OVERVIEW OF FINANCIAL STATEMENTS:**

The basic financial statements of the Virginia Department of Behavioral Health and Developmental Services (the Department) are presented in a proprietary fund format in accordance with the principles of an enterprise fund. Enterprise funds may be used to report any activity for which a fee is charged to external users for goods or services. There are numerous sections of the Code of Virginia that require the Department to maximize efforts to recover the costs of services rendered at our sixteen inpatient facilities. Due to this, a fee is applicable to every service provided. The Department is required by law to maximize its efforts to collect such fees from individual patients, legally liable parties, and third party coverage such as Medicaid, Medicare and private insurance.

In addition to the operation of inpatient facilities, the Department funds community programs operated by the Commonwealth's forty community services boards. Funding is also provided to a number of private not-for-profit organizations providing mental health, intellectual disabilities and substance abuse services in a community setting. This funding consists of state general funds from the Commonwealth of Virginia and Federal grant subsidies. These financial activities, along with those attributable to capital maintenance and restricted donations, are presented in the financial statements as non-operating financial activities. The financial statements and information presented include the following:

**Statement of Net Assets:** This financial statement displays the Department's assets and liabilities and the difference between them (net assets). Changes in net assets (increases and decreases) represent one mechanism to measure the financial health of the Department and whether its financial position is improving or deteriorating.

The Department's net assets increased by approximately \$4.1 million, which is (1%) from \$407.4 million to \$411.6 million. There were no significant operational changes from FY 2012 to 2013.

**Statement of Revenues, Expenses and Changes in Net Assets:** This financial statement presents the operating results of the Department for the fiscal year ended June 30, 2013. The Department uses the accrual basis of accounting whereby revenues are recognized when earned as opposed to received and expenses are recognized when incurred as opposed to when paid.

Total revenues increased (40%) to \$1.046 billion. Net Patient Service Revenue decreased \$25.2 million and Appropriations from the Commonwealth increased \$28.7 million. Federal revenues decreased by \$1.6 million.

**Virginia Department of Mental Health, Mental Retardation  
and Substance Abuse Services  
Statement of Net Assets  
For the Fiscal Year Ended June 30, 2013  
With Comparative Figures for 2012**

	<u>2013</u>	<u>2012</u>
<b>Assets</b>		
Current Assets:		
Cash, Cash Equivalents and Investments	\$ 2,302,191	\$ 5,697,999
Cash with Treasurer of Virginia	26,364,588	49,111,555
Appropriations Available	43,692,886	8,850,972
Cash Advances	-	-
Patient Accounts Receivable (Net of Allowance for Doubtful Accounts of \$27,295,362 for 2013 and \$35,439,407 for 2012)	-	-
	31,586,656	47,131,970
Cost Settlements Receivable	19,702,809	27,369,336
Inventories	5,884,238	5,963,480
Prepaid Assets	37,142,020	32,445,791
<b>Total Current Assets</b>	<u>166,675,388</u>	<u>176,571,103</u>
<b>Noncurrent Assets</b>		
Capital Outlay Funds	(7,493,933)	(12,584,713)
Patient/Resident Funds Held by Trustee	2,119,874	3,358,651
Energy Performance Contracts Held by Trustee	-	-
Property, Plant and Equipment (Net of Accumulated Depreciation)	340,118,013	339,232,810
<b>Total Noncurrent Assets</b>	<u>334,743,954</u>	<u>330,006,748</u>
<b>Total Assets</b>	<u><u>501,419,342</u></u>	<u><u>506,577,851</u></u>
<b>Liabilities</b>		
Current Liabilities:		
Accrued Payroll	27,270,657	26,260,421
Accounts Payable	4,845,958	8,824,129
Compensated Absences	99,428	107,937
Retainage Payable	5,565,091	5,005,796
Deferred Revenue	150,767	6,198
Other Liabilities	178,060	179,040
<b>Total Current Liabilities</b>	<u>38,109,961</u>	<u>40,383,521</u>
<b>Noncurrent Liabilities</b>		
Compensated Absences	33,170,161	33,276,525
Patient Resident Funds Held by Trustee	2,119,874	3,358,651
Installment Purchase Obligations	16,445,886	22,121,752
<b>Total Noncurrent Liabilities</b>	<u>51,735,921</u>	<u>58,756,928</u>
<b>Total Liabilities</b>	<u><u>89,845,882</u></u>	<u><u>99,140,449</u></u>
<b>Net Assets</b>		
Invested in Capital Assets	340,118,013	339,232,810
Retained Earnings	-	309,728
Unrestricted	92,050,501	81,826,915
Restricted	(20,595,054)	(13,932,051)
<b>Total Net Assets</b>	<u><u>\$ 411,573,460</u></u>	<u><u>\$ 407,437,402</u></u>
<b>Total Liabilities and Net Assets</b>	<u><u>\$ 501,419,342</u></u>	<u><u>\$ 506,577,851</u></u>

**Virginia Department of Mental Health, Mental Retardation  
and Substance Abuse Services  
Statement of Revenues, Expenses and Changes in Net Assets  
For the Fiscal Year Ended June 30, 2013  
With Comparative Figures for 2012**

	<u>2013</u>	<u>2012</u>
<b>Operating Revenues</b>		
Net Patient Service Revenue	\$ 300,024,597	\$ 325,205,930
Other Operating Revenue	1,016,845	6,589,320
Total Operating Revenue	<u>301,041,442</u>	<u>331,795,250</u>
<b>Expenses</b>		
State Health Services	337,180,297	343,037,488
Administration and Support Services	220,784,646	199,215,033
Secure Confinement	24,380,463	23,657,421
Pharmacy Services	21,902,128	28,494,702
Depreciation Expense	11,482,078	12,709,844
Instruction	4,962,810	9,923,874
Regulation of Public Facilities	2,932,853	2,275,630
Loss on Disposal of Equipment	-	55,361
Total Operating Expenses	<u>623,625,275</u>	<u>619,369,353</u>
Operating Income(Loss)	<u>(322,583,833)</u>	<u>(287,574,103)</u>
<b>Nonoperating Income (Loss)</b>		
Appropriations from the Commonwealth	584,288,158	555,616,218
Federal Grant Revenues	67,859,269	69,463,654
Restricted Donations	30,162,356	30,152,330
Gain on Disposal of Equipment	482,896	-
Surplus Property Sales	62,966	81,903
Insurance Recovery Proceeds	6,362	34,081
Interest Income	409	342
Financial Assistance for Health Services	(322,607,103)	(313,585,133)
Capital Outlay Expenses	(48,683,243)	(11,713,539)
Other Nonoperating Expenses	(10,145,653)	(8,800,663)
Total Nonoperating Income(Loss)	<u>301,426,417</u>	<u>321,249,193</u>
Income(Loss) Before Contributions and Transfers	<u>(21,157,416)</u>	<u>33,675,090</u>
Transfers from Department of Medical Assistance Services	-	-
Capital Appropriations from the Commonwealth	-	-
Capital Revenue Bond Proceeds	45,632,997	74,042,658
Property Sales and Rentals	17,010,400	-
Reversions to the Commonwealth	(8,850,972)	(2,407,322)
Net Operating Transfers	<u>(28,498,951)</u>	<u>19,433</u>
Change in Net Assets	4,136,058	105,329,859
Net Assets, Beginning of Year	407,437,402	302,107,543
<b>Net Assets, End of Year</b>	<u><b>\$ 411,573,460</b></u>	<u><b>\$ 407,437,402</b></u>

**Virginia Department of Mental Health, Mental Retardation  
and Substance Abuse Services  
Statement of Cash Flows  
For the Fiscal Year Ended June 30, 2013**

**Cash Flows from Operating Activities:**

Receipts from Patient Services	\$ 323,236,438
Other Operating Receipts	461,790
Payments to Employees	(473,900,508)
Payments to Suppliers	(152,082,084)
<b>Net Cash Provided by Operations</b>	<b>(302,284,364)</b>

**Cash Flows from Noncapital Financing Activities:**

Operating Subsidies-General Fund Appropriations	584,288,158
Federal Grant Subsidies	68,003,839
Payments to Community Programs	(321,379,867)
Net Operating Transfers and Reversions	(20,339,523)
Restricted Donations	30,162,356
Restricted Expenditures	(13,041,589)
Restricted Expenditures (Local Funds)	(249,785)
Endowment Expenditures	(1,338)
Nonoperating Revenues	552,224
Transfers to Patient and Canteen Activities	(1,239,394)
Interest Income from Endowment Funds	409
<b>Net Cash Flows from Noncapital Financing Activities</b>	<b>326,755,490</b>

**Cash Flows from Capital and Related Financing:**

Revenue Bond Proceeds	45,632,997
Capital Outlay Expenditures	(57,552,618)
Capital Outlay Appropriations	-
Net Cash Transfers and Reversions	-
<b>Net Cash Flows from Capital and Related Financing</b>	<b>(11,919,621)</b>

Net Increase(Decrease) in Cash and Cash Equivalents	12,551,505
Balance at Beginning of Year	54,434,101
<b>Balance at End of Year</b>	<b>\$ 66,985,606</b>

**Reconciliation of Operating Loss to Net Cash Used by Operations**

Operating Loss	\$ (322,583,833)
Adjustments to Reconcile Operating Loss to Net Cash Used by Operations:	
Depreciation Expense	11,482,078
Gain on Disposal of Property	(482,896)

**Net Changes in Assets and Liabilities:**

Accounts Receivable	15,545,314
Third Party Settlements Receivable	7,666,527
Inventories	79,242
Prepaid Assets	(4,696,229)
Accrued Payroll	1,010,236
Accounts Payable	(3,978,171)
Compensated Absences- Current	(8,509)
Retainage Payable	559,295
Deferred Revenue	144,569
Installment Purchase Obligations	(5,675,866)
Other Current Liabilities	(980)
Compensated Absences-Long Term	(106,364)
Funds Held in Custody for Others	(1,238,777)
Third Party Settlements Payable	-
Other Liabilities	-
<b>Net Cash Used by Operating Activities</b>	<b>\$ (302,284,364)</b>

# Notes to Financial Statements

## NOTES TO FINANCIAL STATEMENTS

### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### A. Reporting Entity

The accompanying financial statements represent the activities of the Virginia Department of Behavioral Health and Developmental Services (DBHDS) for the fiscal year ended June 30, 2013. DBHDS is an agency of the Commonwealth of Virginia and is included in the basic financial statements of the Commonwealth. The financial statements presented include the sixteen state operated facilities and funding for forty community services boards. The state facilities are listed below as follows:

<u>Facility</u>	<u>Location</u>	<u>Facility</u>	<u>Location</u>
Central State Hospital	Petersburg	Northern VA Training Center	Fairfax
Eastern State Hospital	Williamsburg	Southside VA Training Center	Petersburg
Southwestern VA MH Institute	Marion	Northern VA MH Institute	Falls Church
Western State Hospital	Staunton	Piedmont Geriatric Hospital	Burkeville
Central VA Training Center	Lynchburg	Southwestern VA Training Center	Hillsville
Commonwealth Center for Children and Adolescents	Staunton	Southern VA MH Institute	Danville
Southeastern VA Tng. Center	Chesapeake	Hiram Davis Medical Center	Petersburg
Catawba Hospital	Catawba	VA Center for Behavioral Rehabilitation	Burkeville

#### B. Basis of Accounting

DBHDS has adopted the economic resources measurement focus and full accrual basis of accounting in accordance with Generally Accepted Accounting Principles (GAAP) as prescribed by the Government Accounting Standards Board (GASB) for providers of healthcare services. Revenues are recorded when earned and expenses are recorded when incurred and measurable, regardless of when the related cash flows take place.

Pursuant to GASB Statement 20, Accounting and Financial Reporting for Proprietary funds and Other Governmental Entities That Use Proprietary Fund Accounting, DBHDS has elected not to apply Financial Accounting Standards Board (FASB) pronouncements issued after November 30, 1989.

The financial statements have been prepared in accordance with GASB Statement 34, Basic Financial Statements-and Management Discussion and Analysis-for State and Local Governments.

#### C. Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual amounts could differ from those estimates.

#### D. Net Patient Service Revenue

Patient service revenue is recorded at scheduled rates when services are rendered. Allowances and provisions for uncollectible accounts and contractual adjustments are deducted to arrive at net patient service revenue, as are charges for charity services.

**E. Indigent Care and Uncollectible Accounts**

DBHDS accepts all patients regardless of their ability to pay. A patient is classified as indigent by reference to established Commonwealth policies. The criteria for identifying indigent patients are based on asset and income guidelines that are updated annually in accordance with the federal poverty income guidelines as provided by the Federal Office of Management and Budget. Net Patient Service Revenue includes the gross charges for indigent care less allowances for uncollectible amounts.

**F. Settlements Due To/From Third-Party Programs and Contractual Adjustments**

A significant portion of the Department's services are rendered to patients covered by Medicare, Medicaid, or Anthem. These third-party payers have entered into contractual arrangements with the Department for reimbursement of services provided to patients in specific certified components of the Department's individual facilities. Generally, the Department is reimbursed for patient services by these third-party payers at the lower of cost or charges or at prospectively determined rates in the case of certified components that provide inpatient services. Throughout the year, the third-party payers reimburse the Department at a prearranged tentative payment amount. In accordance with the third-party payer agreements, the difference between covered charges, whether based upon allowable costs of services or prospectively determined rates, and the Department's standard billing rates results in contractual adjustments. Contractual adjustments are recorded as deductions from patient service revenue in the period in which the related services are rendered. The annual settlements for reimbursement of patient services covered by third-party programs are determined through cost reports, which are subject to audit and retroactive adjustments by these third parties.

**G. Investments**

Investments are valued at cost or fair market value when received if donated.

**H. Inventory**

Inventory is generally valued at average cost. DBHDS inventory consists of the following: drugs, medical supplies, materials, food supplies, petroleum/fuel oil, housekeeping and laundry supplies, personal care items and clothing, and office supplies. Adjustments have been made in order to report inventory amounts in accordance with the consumption method.

**I. Compensated Absences**

Compensated absences reflected in the accompanying financial statements represent the amounts of vacation, sick and compensatory leave earned by employees of the Department, but not taken at June 30, 2013. The amount reflects all earned vacation, sick and compensatory leave payable under the Commonwealth of Virginia's leave policies.

**2. CASH, CASH EQUIVALENTS, AND INVESTMENTS**

GASB Statement 40, *Deposit and Investment Risk Disclosures*, effective for fiscal periods beginning after June 15, 2004, amends GASB Statement 3, *Deposits with Financial Institutions, Investments (including Repurchase Agreement), and Reverse Repurchase Agreements*. GASB Statement 40 eliminates the custodial credit risk disclosures required for Categories 1 and 2 deposits and investments, but maintains disclosures for category 3. The following risk disclosures are required by GASB Statement 40:

Custodial Credit Risk (Category 3 deposits and investments) - The custodial credit risk for deposits is the risk that, in the event of the failure of a depository financial institution, a government will not be able to recover deposits or will not be able to recover collateral securities that are in the possession of an outside party. The custodial credit risk for investments is the risk that, in the event of the failure of the counterparty to a transaction, a government will not be able to recover the value of investment or

collateral securities that are in the possession of an outside party. DBHDS has no Category 3 deposits or investments for 2013. At the end of the year, the carrying amount of Cash Not with the Treasurer of Virginia was \$4,422,065 and the bank balance was \$3,027,805. The bank balances exceeding those covered by Federal Deposit Insurance are protected under the provisions of the Virginia Security for Public Deposits Act.

Credit Risk - The risk that an issuer or other counterparty to an investment will not fulfill its obligations. GASB Statement Number 40 requires the disclosure of the credit quality rating on any investments subject to credit risk.

Concentration of Credit Risk - The risk of loss attributed to the magnitude of a government's investment in a single issuer. GASB Statement 40 requires disclosure of any issuer with more than five percent of DBHDS' investments. The Mutual and Money Market Funds and Local Government Investment Pool represent 4 and 96 percent, respectively, of total investments.

Interest Rate Risk - The risk that changes in interest rates will adversely affect the fair value of an investment. GASB Statement 40 requires disclosure of maturities for any investments subject to interest rate risk. DBHDS does not have an interest rate risk policy.

Foreign Currency Risk - The risk that changes in exchange rates will adversely affect the fair value of an investment or a deposit. DBHDS has no foreign investments or deposits for 2013.

The following information is provided with respect to the risks associated with the DBHDS' cash, cash equivalents, and investments at June 30, 2013.

#### Cash and Cash Equivalents

Pursuant to Section 2.2-1800, et seq., Code of Virginia, all state funds of DBHDS are maintained by the Treasurer of Virginia who is responsible for the collection, disbursement, custody, and investment of state funds. Cash deposits held by DBHDS are maintained in accounts collateralized in accordance with the Virginia Security for Public Deposits Act, Section 2.2- 4400, et seq., Code of Virginia. The Virginia Security for Public Deposits Act eliminates any custodial credit risk for DBHDS' deposits. Cash and cash equivalents represent cash with the Treasurer, cash on hand, certificates of deposit and temporary investments with original maturities of 90 days or less, and cash equivalents with the Virginia State Non-Arbitrage Program (SNAP). SNAP is an open-end management investment company registered with the Securities and Exchange Commission (SEC). Cash and cash equivalents reporting requirements are defined by GASB Statement 9, *Reporting Cash Flows of Proprietary and Nonexpendable Trust Funds and Governmental Entities that Use Proprietary Fund Accounting*. Additional disclosures required for cash equivalents under GASB Statement 40 are presented with the investments in the following tables.

#### Investments

Authorized investments are set forth in the Investment of Public Funds Act of the Code of Virginia, Sections 2.2-4500 through 2.2-4516. Authorized investments include: U.S. Treasury and agency securities, corporate debt securities of domestic corporations, asset-backed securities, mortgage-backed securities, AAA rated obligations of foreign governments, bankers acceptances and bank notes, negotiable certificates of deposit, repurchase agreements, and money market funds. Investments fall into two groups: short- and long-term. Short-term investments have an original maturity of over 90 days, but less than or equal to one year. Long-term investments have an original maturity greater than one year.

Credit and Concentration of Credit Risks

	<b>Fair Value</b>	<b>Credit Rating</b>	<b>Concentration of Risk Percent</b>
<b>Cash Equivalents:</b>			
U.S. government securities:			
Short-term investment fund	\$15,500	AAA	
Other	\$83,333		
<b>Total Cash Equivalents</b>	<b>\$98,833</b>		
<b>Investments:</b>			
Local government investment pool	\$2,314,150	AAA	100%
<b>Total investments</b>	<b>\$2,314,150</b>		
<b>Total Cash Equivalents and Investments</b>	<b>\$2,412,983</b>		

Interest Rate Risk –Maturities

	<b>Less than 1 year</b>	<b>1-5 years</b>	<b>Total</b>
<b>Investments:</b>			
Local government investment pool	0	\$2,314,150	\$2,314,150
<b>Total Investments</b>	<b>\$0</b>	<b>\$2,314,150</b>	<b>\$2,314,150</b>

Securities Lending Transactions

Investments and cash equivalents held by the Treasury of Virginia represent DBHDS’ allocated share of cash collateral received and reinvested and securities received for the State Treasury’s securities lending program. Information related to the credit risk of these investments and the State Treasury’s securities lending program is available on a statewide level in the Commonwealth of Virginia’s Comprehensive Annual Financial Report.

**3. NONCURRENT ASSETS**

Noncurrent Assets are for two primary purposes. The first purpose is for capital maintenance and construction. These funds are held with the Treasurer of Virginia. The second purpose is for discretionary use by DBHDS patient/residents. These funds are held in trust in local bank accounts throughout the State.

**4. PROPERTY, PLANT AND EQUIPMENT**

Property, plant and equipment are stated at cost or estimated historical cost. The Department capitalizes expenditures for equipment if the equipment is separate, has a multi-year life and has a value or unit acquisition cost in excess of \$5,000 at the date of acquisition (for State Hospitals and Training Centers).

Depreciation on property, plant and equipment is computed over the estimated useful lives of the assets based upon the straight-line method of depreciation. The general range of estimated useful lives is fifteen to forty years for buildings and fixtures and three to fifteen years for equipment. A summary of changes in fixed assets is presented below:

	Balance at June 30, 2012	Additions	Deletions	Balance at June 30, 2013
Land	\$18,542,195	0	0	\$18,542,195
Infrastructure	13,517,829	161,624	25,374	13,654,080
Equipment	53,357,409	4,095,401	4,267,719	53,185,091
Buildings	367,904,426	24,839,818	3,587,514	389,156,730
Construction in Progress	116,724,499	54,468,284	26,324,831	144,867,952
Accumulated Depr.	<u>(225,759,581)</u>	<u>(11,547,340)</u>	<u>(6,908,336)</u>	<u>(230,398,585)</u>
Total	<u>\$344,286,778</u>	<u>\$72,017,787</u>	<u>\$27,297,102</u>	<u>\$389,007,463</u>

**5. RETAINAGE PAYABLE**

At June 30, 2013, \$5,565,091 was held by DBHDS as retainage on various contracts for work that had been performed. The retainage will be remitted to the various contractors upon satisfactory completion of the various contracts.

**6. OPERATING LEASES**

The Department is also committed under various operating leases for equipment. In general, these leases are short term in nature. As of June 30, 2013, the Department has the following total future minimum rental payments for operating leases. The Department had no capital leases outstanding as of June 30, 2013.

<b><u>Year</u></b>	<b><u>Operating Leases</u></b>
2014	461,406
2015	352,029
2016	184,955
2017	79,087
2018	<u>150,26</u>
Total Minimum Lease Payments	906,776
Less: Executor Costs	<u>189,727</u>
Net Minimum Rental Payments	<u>721,049</u>
Current Portion	461,407
Long-term Portion	<u>631,097</u>
Total	<u>1,092,504</u>

**7. CONTINGENCIES**

Medicare cost reports submitted to the Medicare program together with the related statistics that support cost allocations to the program for the fiscal year ended June 30, 2013 have not been reviewed by the fiscal intermediary. Acceptance and review of these cost reports could result in adjustments to settlements and a liability of the Department to the Medicare program. The effects of these reviews cannot be determined at this time. Medicaid cost reports submitted for final settlement for the fiscal year ended June 30, 2013 have not been reviewed by the intermediary. Acceptance and review of these cost reports could result in adjustments to the settlements and a liability of the Department to the Medicaid program. It is the opinion that adjustments, if any, resulting from this review will not be material.

The Department is involved in several lawsuits arising in the ordinary course of operations. It is the Department's opinion that any losses incurred as a result of known claims existing as of June 30, 2013 will not be material.

**8. PPROPRIATIONS FROM THE COMMONWEALTH**

The Appropriations Act specifies that unexpended appropriations from the General Fund of the Commonwealth shall revert, except as specifically provided by the General Assembly, at the end of a biennium. For years ending at the middle of the biennium, unexpended appropriations that have not been approved for reappropriation in the next year by the Governor become part of the General Fund of the Commonwealth and are, therefore, no longer available to the Department's facilities or Central Office for expenditure.

The original appropriation from the General Fund of the Commonwealth for fiscal year 2013 has been adjusted as follows:

<b>FY 2013, Original Appropriation, as of July 1, 2013</b>	<b>\$589,718,318</b>
FY 2013 Central Appropriation Distributions	<b>16,433,757</b>
Medicaid Match Transfer	<b>(8,000,000)</b>
Transfer to DARS for Vocational Rehabilitation Services	<b>(999,430)</b>
Transfer to DMAS for IDD Slots	<b>(10,216,895)</b>
Transfer to DARS for Guardianship	<b>(1,083,950)</b>
Other Transfers	<b>(1,563,642)</b>
<b>Final (Adjusted) Appropriation, June 30, 2013</b>	<b>\$584,288,158</b>

**9. NET PATIENT SERVICE REVENUE (FEES)**

The Department's mental health and intellectual disabilities facilities provide a significant amount of services, which are deemed charitable and are subsidized by state General Fund appropriations. Of the total charges of \$585,553,857 for fiscal year 2013, \$321,843,904 was deemed to be charitable services. Charitable write-offs occurs when no third party resources are available and investigation of client resources indicate the client is unable to pay full rate charges or reduced charges determined in accordance with a sliding fee scale. This amount has been deducted from gross patient service revenue. The following chart presents the detail calculations of net patient service revenue (Fees) for FY 2013 and FY 2012, respectively. It is useful to note that the majority of DBHDS revenue consists of Medicaid reimbursements.

<b>Description</b>	<b>FY 2013</b>	<b>FY 2012</b>
Gross Patient/Resident Charges	\$585,553,857	\$574,362,313
Less: Charity Allowance	(321,843,904)	(298,787,241)
Plus: Third Party Cost Settlements Receivable	19,702,809	27,369,336
Less: Contractual Adjustments	16,611,835	22,261,522
<b>Net Patient Service Revenue</b>	<b>\$300,024,597</b>	<b>\$325,205,930</b>

**10. RISK MANAGEMENT AND SELF-INSURANCE**

DBHDS is a participant in the Commonwealth of Virginia's self-insurance program administered by the Department of Treasury, Division of Risk Management (DRM) and the Department of Human Resource Management (DHRM). The two types of plans offered include a health care plan for state employees administered by DHRM and a Risk Management Plan and Workers Compensation Plan offered by DRM and DHRM, respectively. Risk management insurance includes property, boiler and machinery, crime, employee dishonesty bond, general (tort) liability, professional liability, and automobile liability. These self-insurance plans are accounted for by the Commonwealth of Virginia in an Internal Service Fund. Detailed information relating to these plans is available at the statewide level only in the Commonwealth's Comprehensive Annual Financial Report for FY 2013.

In the opinion of management, such coverage is adequate to provide for the ultimate liability, if any, which might result from the settlement of claims currently asserted against DBHDS, as well as the potential liability for incidents of which DBHDS has knowledge, but for which claims have not yet been asserted against DBHDS. Accordingly, no provision is included in the financial statements for such potential liabilities. Sufficient information has not been developed by DBHDS to provide a reasonable basis for estimation of the potential liability for incurred incidents, which have not been reported to DBHDS; however, in the opinion of management, any potential liability for unreported incidents is not expected to have a material effect on the financial position of DBHDS.

DBHDS is self-insured for the first \$100,000 of each risk management loss, subject to any limitations indicated in the Code of Virginia. The Commonwealth of Virginia has not had any insurance settlements exceed the coverage during the past three years.

#### **11. RETIREMENT PLAN**

Employees of DBHDS are employees of the Commonwealth. Substantially all full-time classified salaried employees participate in a defined benefit pension plan administered by the Virginia Retirement System (VRS). Information relating to this plan is available at the statewide level only in the Commonwealth of Virginia's Comprehensive Annual Financial Report. The Commonwealth, not DBHDS, has overall responsibility for contributions to this plan. Total pension costs under the plan were \$26,087,695 for the year ended June 30, 2013.

#### **12. POST-EMPLOYMENT BENEFITS OTHER THAN PENSION BENEFITS**

The Commonwealth participates in the VRS-administered statewide group life insurance program that provides post-employment life insurance benefits to eligible retired and terminated employees. The Commonwealth also provides healthcare credits against the monthly health insurance premiums of its retirees who have at least 15 years of state service and participate in the state health plan. Information related to these plans is available at the statewide level in the Commonwealth's Comprehensive Annual Financial Report.

#### **13. DEFERRED COMPENSATION PLANS**

DBHDS through the Commonwealth offers its employees a deferred compensation plan created in accordance with Internal Revenue Code Section 457. The Virginia Retirement System (VRS) administers the deferred compensation plan, pursuant to the Government Employees Deferred Compensation Plan Act, Section 51.1, Chapter 6 et seq. of the *Code of Virginia*. The VRS contracts with private corporations or institutions subject to the standards set forth in the *Code* to provide investment products as well as any other goods and services related to the administration of the deferred compensation plan. The Commonwealth's Department of Accounts is responsible for the accounting, reconciliation, and record keeping associated with State employees' enrollment, payment to the plan through payroll deductions, and timely transfer of withheld funds to the trustee designated by the VRS for investment. The plan provides a number of investment options and is designed so that each participant retains investment control of his/her individual account. The plan, available to all State employees, permits them to defer a portion of their salary until future years. The deferred compensation is held in trust for the exclusive benefit of plan participants and their beneficiaries and is not available to employees until termination, retirement, death, or unforeseeable emergency. Since the VRS has no fiduciary relationship with plan participants, plan assets are not included in the financial statements.

#### **14. ENDOWMENTS**

Donor restricted endowments reside within DBHDS facilities. The net appreciation available for expenditure is \$239,375, and of this amount, \$239,375 is reported as restricted net assets. The *Code of Virginia* authorizes acceptance of donations. Facility management and the donor agreements determine whether net appreciation can be spent and the accepted spending rate. These policies may vary with each institution.

**15. PRIVATE-PUBLIC EDUCATIONAL FACILITIES AND INFRASTRUCTURE (PPEA)**

PPEA resulted from legislation that permitted an alternative tool that allows public entities to more efficiently develop infrastructure and achieve better value for the taxpayer. The PPEA provides for solicited and unsolicited proposals to develop or operate a qualifying project. Using the PPEA process, DBHDS entered into comprehensive agreements with Gilbane Development Companies on December 20, 2005 for the building of an initial 100 bed facility (phase one) to treat sexually violent predators and to replace the geriatric wing of Eastern State Hospital with a new 150 bed geriatric facility (phase one). These facilities are known as Virginia Center for Behavioral Rehabilitation (VCBR) and Hancock Geriatric Treatment Center (HGTC), respectively. VCBR, phase one, was completed in February 2008. HGTC, phase one, was completed in April 2008. Phase two of VCBR included an additional 200 beds and was completed in August 2008. Phase two of HGTC included an additional 150 beds and was completed in July 2010.

**16. ENERGY PERFORMANCE CONTRACTS**

The Department has entered into agreements to fund energy savings projects at various facilities. Installment purchase obligations are established for the project costs. Proceeds from these loans are held in escrow and are released to contractors as construction is completed. The Department has annual debt service payments on these loans and funding is obtained from energy savings realized as a result of the projects. As of June 30, 2013, the Department had installment purchase obligations outstanding in the amount of \$8,589,799. No cash was held by the trustee.

**17. EXPENSE PROGRAM DESCRIPTIONS**

The Department reports expenses under various state programs. These programs are briefly described below.

<b>Code</b>	<b>Title</b>	<b>Use</b>
<b>197</b>	<b>Instruction</b>	Efforts to provide academic elementary and secondary education. This includes basic skills and knowledge instruction as well as occupational-vocational instruction.
<b>357</b>	<b>Secure Confinement</b>	Efforts to hold patients in secure confinement until such time as they can be returned to the community. These include the forensic unit at Central State Hospital and the Virginia Center for Behavioral Rehabilitation.
<b>421</b>	<b>Pharmacy</b>	Efforts to provide pharmacy services in the community and through state-operated facilities.
<b>430</b>	<b>State Health Services</b>	Efforts to provide direct health care services to individuals and families through state-operated facilities.
<b>445</b>	<b>Financial Assistance for Health Services</b>	Efforts to provide financial aid to localities for the provision of local health services. This includes CSB funding for mental health, intellectual disabilities, substance abuse, and administrative services.
<b>498</b>	<b>Admin &amp; Support</b>	Efforts to provide overall administrative and logistical support services. This includes general management, computer services, food services, housekeeping, laundry, physical and power plant, and training.
<b>561</b>	<b>Regulation of Public Facilities</b>	Efforts to inspect, certify, and regulate public facilities and services, both publicly and privately operated.

**Virginia Department of Behavioral Health  
and Developmental Services  
Schedule of Expenditures of Federal Awards  
For Fiscal Year Ended June 30, 2013**

Federal Sponsor/Program	CFDA#	Balance 7/1/2012	Receipts	Disbursements	Balance 6/30/2013
<b><u>MONETARY ASSISTANCE</u></b>					
<b><u>U.S. Department of Health and Humans Services:</u></b>					
<b><u>Direct Payments:</u></b>					
Plan for Children's Behavioral Health Services Exp Through SOC	93.104	-	106,213	106,213	0
Project for Assistance in Transition from Homelessness Grant	93.150	-	1,360,256	1,360,256	0
Cooperative Agreement for State TXTMT Outcome & Performance, SA & MH Services – Projects of Regional & National Significance	93.243	-	2,202,364	2,202,364	0
Community Mental Health Block Grant	93.958	-	11,015,305	11,015,305	0
Substance Abuse Prevention and Treatment Block Grant	93.959	-	42,713,724	42,713,724	0
<b><u>U.S. Department of Justice:</u></b>					
<b><u>Direct Payments:</u></b>					
Criminal and Juvenile Justice and Mental Health Collaboration	16.745	-	83,417	83,417	0
<b><u>U.S. Department of Education:</u></b>					
<b><u>Direct Payments:</u></b>					
Grants for Infants and Families with Disabilities	84.181	715,067	10,290,260	9,392,646	897,614
Grants for Infants and Families with Disabilities-ARRA-Fund 1055	84.393	30,578			
<b>SUB-TOTAL REVENUE</b>		<b>745,645</b>	<b>67,771,539</b>	<b>66,873,925</b>	<b>897,614</b>
<b><u>PASS THROUGH GRANTS:</u></b>					
<b><u>Department of Health (601)</u></b>					
Grants for Infants and Families with Disabilities (43074 & 43075)	84.181	(443,479)		669,081	(669,081)
Grants for Infants and Families with Disabilities-ARRA (43173)	84.393	-			
<b><u>Department of Medical Assistance Services (602)</u></b>					
Medical Assistance Program (61065, 61095/6)	93.778	-	2,164,766	2,164,766	0
CMS Research (61099)	93.779	-			
Money Follow the Person (61098)	93.791	-	149,457	149,457	0
<b><u>VA Board for People with Disabilities (606)</u></b>					
Developmental Disabilities (44305)	93.630	-			
<b><u>Department of Social Services (765)</u></b>					
Refugee and Entrant Assistance (64410)	93.576	(6,186)	98,509	107,871	(15,548)
<b><u>Universities</u></b>					
Longwood University	84.181	-		124,310	(124,310)
Radford University	84.181	-		104,223	(104,223)
<b>SUB-TOTAL CASH PASS THRU IN/(OUT)</b>		<b>(6,186)</b>	<b>2,412,732</b>	<b>3,319,708</b>	<b>(913,162)</b>
<b>TOTAL MONETARY ASSISTANCE</b>		<b>(6,186)</b>	<b>70,184,271</b>	<b>70,193,633</b>	<b>(15,548)</b>
<b><u>NONMENTARY ASSISTANCE</u></b>					
<b><u>Center for Social Innovation</u></b>					
Bringing Recovery Support to Scale (50811)	93.243	0	50,000	20,096	29,904
<b><u>NASMHPD - National Association of State Mental Health Program Directors</u></b>					
Transformation Transfer Initiative (TTI) (50816)	93.243	66,617	110,500	26,719	150,398
Employment Development Initiative (EDI) (50817)	93.243	35,400	71,800	42,400	64,800
<b>SUB-TOTAL RECEIVED FROM NON-STATE</b>		<b>102,017</b>	<b>232,300</b>	<b>89,214</b>	<b>245,102</b>
<b>TOTAL FEDERAL ASSISTANCE FOR FY2013</b>		<b>95,831</b>	<b>70,416,571</b>	<b>70,282,847</b>	<b>229,554</b>

# Chronological History

***CHRONOLOGICAL HISTORY OF THE  
VIRGINIA DEPARTMENT OF BEHAVIORAL HEALTH AND  
DEVELOPMENTAL SERVICES***

- 1773 Public Hospital for Persons of Insane and Disordered Minds (currently known as Eastern State Hospital) is established in Williamsburg. This facility is the first in the new world designed exclusively for treatment of people with mental disabilities.
- 1825 Western State Hospital is established in Staunton.
- 1841 Public Hospital for Persons of Insane and Disordered Minds changes its name to Eastern Lunatic Asylum.
- 1869 Central State Hospital is established in Howards Grove.
- 1885 Central State Hospital is moved to Petersburg.
- 1886 Southwestern State Hospital (currently known as Southwestern Virginia Mental Health Institute) is established in Marion.
- 1894 Eastern Lunatic Asylum changes its name to Eastern State Hospital.
- 1909 Catawba Hospital is established near Salem.
- 1910 The Virginia State Colony for the Epileptic and Feebleminded (currently known as Central Virginia Training Center) is established in Lynchburg to serve people with intellectual disabilities.
- 1911 Individual boards are created to govern each state hospital and the state colony in Lynchburg.
- 1918 Piedmont Hospital (currently Piedmont Geriatric Hospital) is established near Burkeville.
- 1929 DeJarnette Center is established in Staunton.
- 1936 The first state hospital board (currently known as the State Behavioral Health and Developmental Services Board) is established.
- 1939 Petersburg Colony (currently known as Southside Virginia Training Center) is established to serve people with Intellectual disabilities.
- 1940 The Virginia State Colony for the Epileptic and Feebleminded changes its name to the Lynchburg State Colony.
- 1942 The Department of Mental Hygiene and Hospitals is established in Richmond (currently known as the Department of Behavioral Health and Developmental Services). Hugh C. Henry, MD is appointed the first Commissioner. Daily average patient census is 14,189.
- 1946 Joseph E. Barrett, MD is appointed second Commissioner. Daily average patient census is 13,656.
- 1954 The Lynchburg State Colony changes its name to the Lynchburg Training School and Hospital.
- 1957 Hiram W. Davis, MD is appointed as third Commissioner. Daily average patient census is 13,706.
- 1968 The General Assembly passes legislation (Chapter 10 of Title 37.1) allowing the establishment of community services boards. Northern Virginia Mental Health Institute is established in Falls Church.
- 1969 William Allerton, MD is appointed as fourth Commissioner. Daily average patient census is 14,501.
- 1971 The name of the Petersburg Colony is changed to the Petersburg Training School and Hospital.

- 1973 Northern Virginia Training Center and Southwestern Virginia Training Center are established in Fairfax and Hillsville, respectively. The Department of Mental Hygiene and Hospitals changes its name to the Department of Mental Health and Mental Retardation.
- 1974 The name of the Petersburg Training School and Hospital is changed to Southside Virginia Training Center.
- 1975 Southeastern Virginia Training Center is established in Chesapeake.
- 1976 By act of the General Assembly, the Division of Drug Abuse Control is merged with the Bureau of Drug Rehabilitation in the Department of Mental Health and Mental Retardation to form the Division of Substance Abuse. Leo Kirven, MD is appointed as fifth Commissioner. Daily average patient census is 10,227.
- 1977 Southern Virginia Mental Health Institute is established in Danville.
- 1979 Hiram Davis Medical Center is established in Petersburg.
- 1980 The General Assembly amends Chapter 10 to require all cities and counties to join or establish a community services board by July 1, 1983.
- 1981 Joseph Bevilacqua, Ph.D. is appointed as sixth Commissioner. Daily average patient census is 8,024.
- 1983 Statewide coverage of community services boards is achieved.
- 1985 The Lynchburg Training School and Hospital changes its name to Central Virginia Training Center.
- 1986 Howard M. Cullum is appointed as seventh Commissioner. Daily average patient census is 6,154.
- 1987 The Department of Mental Health and Mental Retardation becomes the Department of Mental Health, Mental Retardation and Substance Abuse Services.
- 1988 The General Assembly enacts a \$68 million community services initiative, the single largest infusion of state funding for community services. The Southside MHMR Support Unit is merged with Southside Virginia Training Center.
- 1990 King E. Davis, Ph.D. is appointed as eighth Commissioner. The geriatric unit at Western State Hospital and the adolescent unit at Eastern State Hospital are closed and patients transferred. Daily average patient census is 5,714.
- 1991 The Department implements Medicaid State Plan Option and intellectual disabilities waiver with community services boards. The Virginia Treatment Center for Children is transferred to the Medical College of Virginia to more adequately serve the hospital's research needs.
- 1994 Timothy A. Kelly, Ph.D. is appointed as ninth Commissioner. Daily average patient census is 4,924.
- 1997 Richard E. Kellogg is appointed acting Commissioner. Daily average patient census is 4,176.
- 1998 Richard E. Kellogg is appointed as tenth Commissioner. The Hall-Gartlan Commission completes its work and makes significant recommendations for change in the system of publicly funded mental health, intellectual disabilities, and substance abuse services. This leads to a major rewrite of

portions of the Code of Virginia dealing with community mental health, intellectual disabilities, and substance abuse services. Daily average patient census is 4,048.

- 1999 Admissions to state hospitals continue to decline as medications used in community settings become more effective. Total admissions to state hospitals declined by 1,193 or 19% to 6,316. Daily average patient census is 3,799.
- 2000 Admissions to state hospitals continue to decline. Total admissions to state hospitals declined by 1,146 or 18.1% to 5,170. The daily average patient census is 3,505.
- 2001 Admissions to state hospitals increased moderately. Total admissions to state hospitals increased by 154 or 3% to 5,324. The daily average patient census is 3,191. DeJarnette Center changes its name to Commonwealth Center for Children and Adolescents.
- 2002 James S. Reinhard, MD is appointed as eleventh Commissioner. Total admissions to state hospitals increased by 734 or 13% to 6,058. The daily average patient census is 3,342. Due to severe state budget and economic conditions, the Department is required to reduce expenses by \$33.4 million in fiscal year 2003 and \$37.3 million in fiscal year 2004. These reductions apply to the Department's facilities, Central Office, and Community Program (CSB) funding.
- 2003 The patient/resident average census continued to decline. Average census was 3,263. Due to recessionary times experienced by the Commonwealth as well as the nation, the Department was forced to reduce its workforce. Total full time staff employed by the Department at June 30 was 8,967, down from 9,090 the previous year. State funding to community programs was reduced by 10%. The Department, in partnership with community services boards and state hospitals, began a series of regional reinvestment projects. These projects involve the reallocation of current state hospital resources to community programs. Legislation creating the Virginia Center for Behavioral Rehabilitation (VCBR) is enacted and Dinwiddie County is selected as the initial site. VCBR is established to treat sexually violent predators.
- 2004 The patient/resident average census continued to decline and amounted to 3,157 at the close of the year. Regional reinvestment projects, initially started in fiscal year 2003, continued as the Department moved forward in making efforts to maximize resources in community settings. Although not officially transitioned until early fiscal year 2005, fourteen information technology services staff are transferred from the Department to the newly formed Virginia Information Technology Agency (VITA).
- 2005 Patient/resident census declined to 3,069. The Department submitted its 2006-2008 biennium budget in the summer and fall of 2005. Governor Warner included \$170 million in new spending attributable to community-based services and \$290 million in capital money to replace Eastern State Hospital, Western State Hospital, Central Virginia Training Center and Southeastern Virginia Training Center. The Department employed 8,770 full-time employees including 4,520 at its mental health facilities, 3,996 at its training centers for the intellectually disabled and 254 in its Central Office.
- 2006 Patient/resident census continued to decline. The average census was 3,033. New funding initiatives in the community along with the replacement of four facilities (Eastern State, Western State, Southeastern Virginia Training Center and Central Virginia Training Center) were approved by the General Assembly. The new initiatives become effective during the 2006-2008 biennium.
- 2007 Patient/resident census continued to decline. The average census was 2,995. Increased funding to the community took place as a result of system transformation efforts related to the development of the 2006-2008 biennium budgets. Regional partnerships were developed to enhance service provision in the community.

On April 16, 2007, 27 students and 5 faculty members were massacred at Virginia Tech. The gunman, a Virginia Tech student, then took his own life leaving the toll of the tragedy at 33 lost lives. In reaction to this incident, Governor Kaine appointed a commission to study the issue and to make recommendations for improvements to the mental health system in Virginia. The recommendations put forth by the commission along with vigorous proposed legislation by the Virginia General Assembly set the stage for changes in Virginia's mental health system.

2008 Patient/resident census continued to decline. The average census was 2,917. The Commonwealth as well as the Nation began experiencing the effects of a serious economic downturn. Various budget reduction plans and expenditure reductions were enacted during the last six months of the fiscal year. As DBHDS moved into the 2008 legislative session, Southeastern Virginia Training Center and Commonwealth Center for Children and Adolescents were proposed to be closed effective June 30, 2008. These facilities remained open but the General Assembly directed the construction of a 75 bed SEVTC and a number of group homes in the community.

2009 On July 1, 2009, the Department officially changed its name from the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services to the Virginia Department of Behavioral Health and Developmental Services.

During the fiscal year the Department continued to reduce its budget for operation. On September 8, 2009, Governor Kaine announced further reductions to DBHDS operations. Cumulative budget reductions implemented in FY 2008, 2009 and carried forward to 2010 were as follows:

Mental Health Facilities	\$29,958,504
Intellectual Disabilities Facilities	\$9,264,086
Central Office	\$10,599,108
VCBR	\$465,987
Community Services Boards	\$34,103,179
<b>Total Reductions</b>	<b>\$84,390,864</b>

It should be noted that the above total does not include a \$15,067,179 cash transfer from our training centers in order to address the current budget shortfall. Budget reductions ranged from 3% at VCBR to 31% at Central Office. Inpatient census continued to decline and stood at 2,857 at June 30, 2009.

2010 James Stewart III was named the 12<sup>th</sup> Commissioner of DBHDS. DBHDS implemented major budget reductions during the 2010 fiscal year. The focus of the department continued to be the development of a strong community infrastructure. Inpatient census continued to decline and stood at 2,773 at June 30, 2010.

2011 The focus of the Department continued to be in the direction of the development of a strong community infrastructure. Funding was restored or increased for behavioral health programs (\$3.9 million) and for intellectual disability programs (\$42.7 million including the establishment of a \$30 million trust fund). Inpatient census continued to decline and stood at 2,724.

2012 Department of Justice settlement signed by Federal Circuit Court Judge. The agreement calls for significant downsizing of DBHDS training centers for the intellectually disabled.

2013 Continued downsizing of training centers and continued building community infra-structures. Execution of the Department of Justice settlement continues.

## ACKNOWLEDGEMENTS

This annual report was prepared under the direction of Don Darr, Assistant Commissioner, Finance and Administration and Kenneth M. Gunn, Jr., CPA, CGFM, Director, Office of Budget and Financial Reporting. Annual financial statement preparation is very much a team effort and could not have been possible without the diligent efforts of facility financial management staff and those offices in the Division of Finance and Administration at the Central Office.

The team involved in preparing this report includes Wilma P. Finney, MBA, (Budget and Financial Reporting Manager), Karen Ivey (Financial Reporting and Compliance Manager), Jimmy Hodges, (Retired Budget Manager) all within the Office of Budget and Financial Reporting; Randy Sherrod, CPA (Internal Audit Director - Office of Internal Audit), and Brenda Mantlo, Administrative Assistant to Don Darr, was also involved in the production of this report.

The Auditor of Public Accounts (APA) has audited previous years' operations of the Department and those audits have been favorable. The Department has been committed to cooperating, within its resources, to comply with and implement all APA recommendations. Copies of prior years' audit reports are obtainable by writing or contacting the APA. The address is:

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