



COMMONWEALTH of VIRGINIA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

DRAFT MEETING AGENDA

Thursday, April 19, 2012

Catawba Hospital, Marsh-Thomas Building (Building 73)
5525 Catawba Hospital Drive, Catawba, VA 24070-2006

(Event Schedule, April 18th Tour and Business Dinner Agenda and all directions, pages 14-17)

Committee Meetings

There are no committee meetings scheduled for this day.
The Policy and Evaluation Committee will meet from 4 – 5:30 p.m. on April 10th at the DBHDS Central Office, Richmond.
The Planning and Budget Committee is not meeting in April.

REGULAR SESSION AGENDA

Marsh-Thomas Building (Building 73), 8:30 a.m.

Table with 5 columns: Item, Time, Description, Chair/Staff, and Page/Duration. Rows include: I. 8:30 Call to Order and Introductions (Ruth Jarvis, Chair, 1); II. 8:35 Approval of April 19, 2012 Agenda (Action Required, 1-2); III. 8:40 Approval of Draft Minutes (A. Regular Meeting, December 6, 2011 (Action Required), 6); IV. 8:45 Public Comment (3 minute limit per speaker); V. 9:00 Commissioner's Report - Updates (A. DOJ, B. VCBR, C. Creating Opportunities Plan (James W. Stewart, III, Commissioner, 18); VI. 10:00 Regulatory Actions: (A. General Update - Matrix (Linda Grasewicz, Assistant Director, Office of Planning and Development, 12); B. Potential Emergency Regulations (pending General Assembly action) (Lee Price, Director, Office of Developmental Services, --)

VII.	10:05	Committee Reports: A. Grant Review Process B. Planning & Budget C. Policy Development and Evaluation	Linda Grasewicz Charline Davidson <i>Director, Office of Planning and Development</i> Ruth Anne Walker <i>Director, Legislative Affairs</i>	3 5
VIII.	10:15 11:00	BREAK FOR Catawba TOUR RETURN FROM TOUR		
IX.	11:00	BREAK		
X.	11:15	Catawba Hospital: Overview	Walton F. Mitchell, III <i>Facility Director</i>	
XI.	11:30	Update on the Virginia Association of Community Services Boards	William R. Frank <i>Public Policy Manager VACSB</i>	
XII.	11:50	Legislative and Budget Review	Joy Yeh, <i>Assistant Commissioner for Finance</i> Ruth Anne Walker	
XIII.	12:00	Miscellaneous A. Board Liaison Reports B. Quarterly Budget Report	Ruth Anne Walker	13
XIV.	12:30	Other Business & Adjournment		

(Note: Times may run slightly ahead of or behind schedule. If you are on the agenda, please plan to be present at least 10 minutes in advance.)

Next Meeting:

Tuesday, July 17 - Northern Virginia Training Center, Fairfax

MEETING DATES IN 2012:

Thursday, October 11 - Southeastern Virginia Training Center, Chesapeake

Tuesday, December 4 - Richmond

DRAFT MINUTES
STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

PLANNING AND BUDGET COMMITTEE

December 6, 2011
Richmond, Virginia

Members Present: Ruth G. Jarvis, Chair, Daniel E. Karnes, and Jennifer M. Little

Members Absent: Cheryl Ivey-Green

Staff Present: Charline Davidson and Linda Grasewicz

Call to Order: The meeting was called to order at 8:35 a.m.

Planning and Budget Committee Meeting Minutes 10/13/2011

Committee members accepted the minutes without objection.

Summary of Public Comment on the Draft Comprehensive State Plan 2012-2018

Linda Grasewicz and Charline Davidson reviewed a summary of public comment on the draft plan. Nine individuals provided comments. Most provided commentary on or recounted personal experiences with the services system including:

- The value of services and supports provided by state training centers and state hospitals;
- Problems with the current TDO process and the adverse affect on individuals in crisis;
- Concerns about the impact of previous budget cuts on staffing and service effectiveness; and
- Concerns regarding service limitations in the Individual and Family Developmental Disabilities Support (DD) Waiver, particularly the lack of housing for adults with autism.

Comments recognized the need for services and supports identified in the draft plan, including:

- Emergency and crisis response services;
- Jail diversion and other interventions to keep individuals out of the criminal justice system;
- Detoxification and substance abuse support services;
- ID waiver services capacity; and
- Creative residential options and family support services.

Several wrote that they found the proposed initiatives laudable and supported the draft plan's capacity building priorities. Others recognized the need for additional resources to implement proposed initiatives but expressed concern that the Commonwealth's budget situation would threaten implementation. A few provided specific suggestions to change the draft plan.

Linda Grasewicz mentioned that no one had attended the video-conference and we may need to consider other vehicles for obtaining comment in the future.

Changes to the Comprehensive State Plan 2012-2018

Charline Davidson and Linda Grasewicz distributed and discussed proposed changes to the draft plan with the Committee. In addition to non-substantive revisions for formatting and language consistency and clarifications to improve understanding, specific changes in response to public comment suggestions to revise the draft plan included:

- A new Appendix G - Capital Outlay priorities;

- Language recognizing that employment may not be an appropriate and viable option for some;
- A statement clarifying that implementation of capacity development priorities in the Resources Requirements section is contingent on resource availability;
- A sentence in the Conclusion affirming that the Department's executive leadership will continue to monitor implementation of major agency initiatives; and
- Revision to three CSB adult civil state hospital bed utilization numbers in Appendix D to conform to numbers published in another Department report.

Other changes proposed for the final plan include:

- Updated CSB service and services system funding information to reflect FY 2011 information;
- A revised SMI prevalence methodology to correspond with the methodology in *The NSDUH Report: State Estimates of Adult Mental Illness* released October 2011;
- Updated numbers of licenses issued by the Department and numbers of waiver slots; and
- An updated listing of behavioral health quality improvement measures.

The Committee agreed to recommend these changes in the Committee's report to the Board.

Adjourn: The Planning and Budget Committee meeting was adjourned at 9:25 a.m.

DRAFT MINUTES
STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
POLICY AND EVALUATION COMMITTEE

December 6, 2011

Richmond, Virginia

Members Present: Cheryl Green (Chair), Gretta Doering, Andrew Goddard, Bonnie Neighbour, Anand Pandurangi.

Members Absent: None.

Staff Present: Ruth Anne Walker, Paul Gilding, and Lee Price.

I. Call to Order

The meeting was called to order at 8:30 a.m.

II. Welcome and Introductions

Rev. Green welcomed everyone to the meeting.

III. Adoption of Minutes, September 15, 2011

Committee members reviewed and approved the minutes for the September meeting.

IV. Revised Draft (from Staff) and Discussion

The following policies were distributed for **second field review and comment** from September 20 – October 31, 2011.

A. Review for Final Consideration for Recommendation to the State Board

Members voted to approve the policies as revised and recommended to the Board that the policies be adopted as final.

1. **Policy 2011(ADM)88-3 *Naming of Buildings, Rooms and Other Areas at State Facilities***
2. **Policy 3000(CO)74-10 *Department Employee Appointments to Community Services Boards***
3. **Policy 5006(FAC)86-29 *Razing of Dilapidated Buildings***
4. **Policy 5008(FAC)87-12 *Accreditation/Certification***

V. Review of Initial Draft of New Policy: Employment First

Lee Price, Director, Office of Developmental Services, was available to answer questions on the draft. Members approved the initial draft new policy on Employment First and directed staff to submit it for a field review from December 13, 2011 – February 29, 2012.

VI. Next Steps

A set of policies dating from 2005 were selected for Scheduled Field Review for the same period as the Employment First policy:

1. **Policy 1016 (SYS) 86-23 *Policy Goal of the Commonwealth for a Comprehensive, Community-Based System of Services***
2. **Policy 1034 (SYS) 05-1 *Partnership Agreement***
3. **Policy 1036 (SYS) 05-3 *Vision Statement***

VII. Adjournment

The next meeting of the committee will be on April 19, 2012 in Salem, unless the comments received in coming months warrant another meeting prior to that date. *The committee decided in March to hold the next meeting on April 10, 2012 in Richmond.*

DRAFT MINUTES
STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
Tuesday, December 6, 2011
DBHDS Central Office
1220 Bank Street
Richmond, VA, 23219

Regular Session AGENDA
9:30 a.m.

Members Present Ruth G. Jarvis, Chairperson, Cheryl Ivey Green, Vice-Chairperson, Gretta Doering, Andrew Goddard, Daniel E. Karnes, Jennifer Little, Bonnie Neighbour, Anand Pandurangi *Note: Joseph Guzman resigned on November 18, 2011.*

Members Excused None.

Staff Present Charline Davidson, Director of Planning and Development
Olivia Garland, Deputy Commissioner
Linda Grasewicz, Assistant Director and Regional Coordinator, Planning and Budget, DBHDS
Kli Kinzie, Executive Secretary, Office of Human Rights
Ruth Anne Walker, Director, Office of Legislative Affairs
Russell Sarbora, Chief Information Officer, DBHDS
Margaret Walsh, Human Rights Director, DBHDS
Joy Yeh, Assistant Commissioner, Finance and Administration

Others Present William R. Frank, Public Policy Manager, Virginia Association of Community Services Boards

Call to Order and Introductions At 9:34 a.m., Ruth Jarvis called the December 6, 2011, State Board of Behavioral Health and Developmental Services meeting to order.

Approval of December 6, 2011 Agenda At 9:35 Ruth Anne Walker proposed a move of the Commissioner's report to an earlier time.
Upon a motion made by Dan Karnes and seconded by Cheryl Ivey Green the agenda for the December 6, 2011, agenda was adopted unanimously as amended.

Approval of Minutes *Upon a motion the Board unanimously adopted the minutes of the October 13, 2011, meeting as submitted.*

Commissioner's Report At 9:36 Commissioner Jim Stewart provided an update on the initiatives of the Strategic Plan and the Creating Opportunities plan. The Governor's Substance Abuse Report has been added to the DBHDS web site along with the emergency response report. Forensics and Case Management reports also have been added.

Commissioner Stewart provided a copy of the current organizational chart and

spoke briefly about staff changes.

Public Comment At 10:22 Ruth Jarvis called for public comments. *No public comments were offered.*

Ruth Jarvis commented that the Board values public comments and that anyone can submit written comments to the Board, in addition to coming before the Board to offer comments verbally.

**Regulatory
Actions**

At 10:28 Linda Grasewicz provided the update on regulatory activity. The new Licensing Regulations (12 VAC 25-105) were published on November 7, 2011. Approved changes reflect updates in regulatory definitions and requirements under title 37.2, the new department name change, changes in current practice, changes in state and federal statutes and related regulations. The effective date for the new regulations is December 7, 2011. The process for revising the new regulations will begin in January, 2012.

The amendment to update the Human Rights Regulations (12 VAC 35-115) to identify the notification rights for individuals receiving services in compliance with Chapter 111 of the 2009 Virginia Acts of Assembly is under final review by the Governor's office. Public notice was published on November 21, 2011 to conduct the comprehensive periodic review of the current regulations to assess the need for regulatory change. The public comment period ends on December 19, 2011.

Public notice was published on November 11, 2011 for periodic review to assess the need for regulatory change to Temporary Leave from State Facilities (12 VAC 35-210). The public comment period ends on December 19, 2011.

The 2011 General Assembly established emergency authority for DBHDS to promulgate regulations establishing Part C Certification Requirements for Early Intervention Case Managers (12 VAC 35-220). The emergency regulations are in the Governor's Office awaiting approval.

Ruth Anne Walker reminded Board members that a link was available from the board's 'resources' page to the Town Hall web site to a list of all regulations that fall under the purview of the Board.

**Committee
Reports**

Grant Review At 10:32 Linda Grasewicz reported that there have not been any changes on grant reviews since the last Board meeting.

**Policy
Development &
Evaluation
Committee**

At 10:32 Ruth Anne Walker reported on the September 16, 2011, meeting of the Policy Development and Evaluation Committee. The following policies were distributed for second field review and comment from September 20 to October 30, 2011:

1. Policy 2011(ADM)88-3 Naming of Buildings, Rooms and Other Areas at State Facilities;
2. Policy 3000(CO)74-10 Department Employee Appointments to Community Services Boards;
3. Policy 5006(FAC)86-29 Razing of Dilapidated Buildings; and
4. Policy 5008(FAC)87-12 Accreditation/Certification

Two comments were received, both stating that there were no suggested edits.

Upon a motion by Gretta Doering and seconded by Andrew Goddard the Board unanimously adopted Policy 2011(ADM)88-3, Policy 3000(CO)74-10, Policy 5006(FAC)86-29, and Policy 5008(FAC)87-12, as revised.

Ruth Anne Walker reported that the earlier revision of Policy 1028(SYS)90-1 Human Resource Development incorporated key elements of Policy 7000(INTER)85-4 Department/University and College Relationships. The Policy Development and Evaluation Committee recommended rescission of Policy 7000(INTER)85-4 because Policy 1028(SYS)90-1 incorporates the intent and key elements of 7000(INTER)85-4.

Upon a motion by Andrew Goddard and seconded by Jennifer Little the Board unanimously voted to rescind Policy 7000(INTER)85-4 Department/University and College Relationships on the basis that it is superfluous.

**Planning &
Budget
Committee**

At 10:40 Charline Davidson, Director, Office of Planning and Budget, reported on the Comprehensive State Plan. Ms. Davison thanked the Board for its involvement in the public hearing to receive comments. The department also received nine (9) comments thru postal mail, most of which were from individuals sharing their experiences with the department. Comments received were thoughtful and concerned aspects of the system such as the TDO process, the importance of services for family members, and some comments that were generally very supportive in light of the current budget situation as well as points of caution and concern.

Jennifer Little was very impressed with the cross-section of individuals submitting comments.

Specific recommended changes are the inclusion of an index that will identify points for capital outlay, language that recognizes that employment may not be feasible for certain individuals because of age or cognitive functioning and factors that are contingent upon resources availability.

Upon a motion by Jennifer Little and seconded by Gretta Doering and Dan

Karnes the Board unanimously accepted the changes and update on the Comprehensive State Plan for 2012.

Ruth Jarvis recommended that Board members read and generally familiarize themselves with the Plan, especially those who have not heard all of the discussion throughout this long and involved process.

State Human Rights Committee Bylaws

At 10:51 Margaret Walsh presented the proposed Bylaws revision for the State Human Rights Committee. The SHRC proposes removal of the reference to a secretary on the SHRC, and changes to sections 8.4, 8.5 and 8.6, concerning the handling and shredding of meeting documents and the retention of agenda packets in accordance with applicable Library of Virginia Records Retention policy.

Anand Pandurangi asked about the Board's authority to request SHRC reviews. Neither the human rights regulations nor the Virginia Code preclude the Board from requesting reviews.

Upon a motion by Gretta Doering and seconded by Andrew Goddard the Board approved the revised SHRC Bylaws by a vote of 7:1.

Electronic Health Records 11:20

Russell Sarbora, Chief Information Officer for DBHDS, introduced himself and gave an overview of his background. Mr. Sarbora comes from the state of Washington, which has a large aggregation of community health centers serving the underinsured population. His work with those health centers gave him experience with electronic health records. The health services provided by the centers had some overlay with mental health services.

Sarbora presented a PowerPoint slideshow on "Implementation of Electronic Health Records", and talked about the Virginia Health Information Exchange. There is a high risk associated with large systems implementation.

Jennifer Little voiced her concern that the information silos are being managed at a level that is too low. She suggested it should be handled at the Secretariat level. There is a huge investment in information technology but no guarantee of what will incorporate with the CSBs that are already implementing their own electronic health records (EHR) system. Russell Sarbora believes there may be some misunderstanding about what HER systems have the ability to achieve. A master use complex is needed to apply it not only to reimbursement but also to the administering of care. The systems will be compatible.

Bonnie Neighbour asked that consumers of services be able to opt out of information sharing and also whether there will be information portals to allow patients to see their health records and scheduling of care, etc.

Andrew Goddard voiced concern about how information technology can insure privacy and accountability while insuring availability of electronic health information.

12:15 BREAK and Collect Lunch

Update on the Virginia Association of Community Services Boards *At 12:35 the meeting reconvened.*

William R. Frank, Public Policy Manager, Virginia Association of Community Services Boards (VACSB), introduced himself and provided an update of budget priorities of the VACSB. Mr. Frank presented a PowerPoint slide show on the Virginia Clinical Assessment Program (VICAP, Coordinated Care, ID Waiver and an update on VACSB Advocacy.

There will be a Coalition for Virginians with Mental Disabilities Rally and Lobby on Monday, January 16, 2012, at the Bell Tower on Capitol Square. The VACSB Legislative Conference will be held at the Omni Richmond Hotel on January 18-19, 2012.

Ruth Jarvis thanked William Frank.

At 12:51 Ruth Anne Walker reminded board members to submit their financial disclosure forms.

Legislative and Budget Review *At 12:52 Assistant Commissioner, Finance and Administration, and Ken Gunn, Director of Budget and Financing provided an update on revenue collections to Special Fund Appropriations for the period ending October 31, 2011.*

An update on the budget will be given after the Governor issues a statement on the 19th.

Board Liaison Reports *At 1:24 Dan Karnes reported that he attended the Richmond Housing Authority meeting and orientation and he continues to attend the Catawba Regional Partnership meetings.*

Jennifer Little reported that she has learned that her community has not implemented CIT practices and does not seem to know what it is. They have a new Sherriff and are considering how to dovetail orientation with CIT practices implementation. There is a strong need to support caregiver health, mental health and respite care.

Ruth Jarvis reported that Demetrios Peratsakis, Executive Director of Western Tidewater CSB, extended an invitation to attend CSB meetings. She has now attended two meetings and a special event. The meetings have been informative and productive. Community representatives attended and shared information on activities in their areas. The CSB sponsored a Thanksgiving dinner of food prepared by staff and served to approximately 240 consumers. The event offered an opportunity to sit and talk with consumers. There was a clothes closet offered at the dinner and a food pantry. Ms. Jarvis reported also that she has an appointment scheduled with Virginia Beach CSB.

Jennifer Little plans to talk with legislators during the 2012 General Assembly Session.

Dan Karnes will represent the Board at the VACSB Conference. Bonnie Neighbour will attend the conference as part of her job with VOCAL.

**Quarterly
Budget Report**

At 1:40 Ruth Anne Walker reviewed the Board's quarterly budget report.

**Draft State
Board Annual
Executive
Summary**

At 12: 41 Ruth Anne Walker presented the draft State Board Annual Executive Summary. No comments were received. Ruth Jarvis asked for questions or comments. Should an update need to be made to the regulatory matrix to reflect action by the Governor in late December, staff asked that the Board approve the draft with that understanding.

Upon a motion by Dan Karnes and seconded by Cheryl Ivey Green the Board unanimously approved the Report of the Executive Summary with two expected changes to be forwarded to the Governor's Office.

**Other Business
& Adjournment**

At 1:44 the December 6, 2011, Board meeting adjourned. The next meeting will be held on April 19, 2012 at Catawba Hospital in Salem.

Respectfully Submitted:

Ruth G. Jarvis, Chair

Kli Kinzie, Secretary

A. - Current and Pending Regulatory Actions – April 2012

VAC Number	Title	Regulatory Action Intent	Regulatory Actions in Process		Actions Summary
			Stage	Status	
12 VAC 35-115	<u>Human Rights Regulations</u> Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation and Substance Abuse Services	To update the regulations to identify the notification rights for individuals receiving services in compliance with Chapter 111 of the 2009 Virginia Acts of Assembly	<u>Final</u>	The final regulations are under review by the Governor's Office.	The Attorney General has confirmed that the regulations do not exceed the Board's authority. The need to amend the regulations is currently under review.
			<u>Periodic Review</u>	Public notice was published 11/21/11 The public comment period ended 12/19/2011 No comments received	
12VAC 35-210	<u>Temporary Leave from State Facilities</u> Regulations to Govern Temporary Leave from State Mental Health and Mental Retardation Facilities	To conduct a comprehensive review current regulations to assess the need for regulatory change.	<u>Periodic Review</u>	Public notice was published 11/21/11 The public comment period ends 12/19/2011 No comments received	The Attorney General has confirmed that the regulations do not exceed the Board's authority. The need to amend the regulations is currently under review.
12 VAC 35-220	<u>Part C Regulations</u> <u>Certification Requirements for Early Intervention Case Managers</u> NOTE: The Department, as the lead agency for the Part C program, has statutory authority to adopt these regulations rather than the Board	To establish the certification requirements for early intervention case managers.	<u>NOIRA</u>	The NOIRA comment period for permanent regulations ends 4/11/12	Emergency Regulations became effective 2/14/12 Emergency Regulations expire 2/13/13

State Board Budget Report

As of March 21, 2012

<u>Operating Costs</u>	<u>Budget</u>	<u>Actual</u>	<u>Balance</u>
12240 Workshops, Conferences	1,500	205	1,295
12270 Employee Training-Travel	5,000	466	4,534
12640 Food Services	2,000	1,251	749
12820 Travel Personal Vehicle	5,000	2,728	2,272
12850 Travel Sub-lodging	6,000	2,151	3,849
12880 Travel Meals	3,600	1,222	2,378
13120 Office Supplies	500	85	415
14310 Premiums	100		100
15350 Building Rental	1,000		1,000
Total FY12 Budget:	24,700	8,108	16,592

As of April 8 - Last Year Comparison:	24,700	7,736	16,964
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COMMONWEALTH of VIRGINIA

STATE BOARD OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

MEETING AGENDA*

Wednesday, April 18, 2012

6:00 p.m. – 7:30 p.m.

Blue Ridge Behavioral Healthcare's Rita J. Gliniecki Recovery Center
3003-A Hollins Road NE, Roanoke, 24012

- 6:00*** **Welcome and Introductions**
Ruth G. Jarvis, Chair
State Board of Behavioral Health & Developmental Services
- Tim Steller, Executive Director
Blue Ridge Behavioral Healthcare
- 6:10** **DINNER**
- 6:40** **PRESENTATION – BLUE RIDGE BEHAVIORAL HEALTHCARE**
Tim Steller
- 7:10** **COMMENTS/DISCUSSION**
- 7:20** **REMARKS**
Walton F. Mitchell, III, Director
DBHDS Catawba Hospital
- 7:25** **CLOSING REMARKS**
James W. Stewart, III, Commissioner
Department of Behavioral Health & Developmental Services
- Ruth G. Jarvis
- 7:30** **ADJOURNMENT**

TOUR OF THE CENTER TO IMMEDIATELY PRECEDE THE DINNER PROGRAM, FROM 5:15 – 5:45 P.M.

REGULAR BOARD MEETING, 8:30 A.M., THURSDAY, APRIL 19, 2012 (INCLUDES FACILITY TOUR AT 10:15 A.M.)

CATAWBA HOSPITAL, MARSH-THOMAS BUILDING (BUILDING 73), 5525 CATAWBA HOSPITAL DRIVE, CATAWBA, VA 24070-2006

EVENT SCHEDULE

Wednesday – Thursday, April 18-19, 2012

Wednesday	<u>CENTER TOUR AND BUSINESS DINNER PROGRAM</u>
<u>5:00 p.m.</u>	Overnight Guests are checked in, or have at least arrived and are ready to leave: <ul style="list-style-type: none">• Holiday Inn Express 991 Russell Drive, Salem, Virginia 24153 540-562-3229 phone 540-562-3040 fax
<u>5:00 p.m.</u>	BRBH providing transportation. DEPART FROM LOBBY AT 5:00 p.m. sharp. (OR, go directly to the Gliniecki Center from out of town)
<u>5:15 – 5:45 p.m.</u>	Blue Ridge Behavioral Healthcare made arrangements for a tour of recovery services offered at the Gliniecki Center, 3003-A Hollins Road NE, Roanoke, 24012.
<u>6:00 – 7:30 p.m.</u>	Dinner Program: <ul style="list-style-type: none">• Presentation by Blue Ridge Behavioral Healthcare• Attendees: State Board Members, CSB staff and Board Members, Central Office staff, Catawba staff, General Assembly Members.

THURSDAY	<u>REGULAR BOARD MEETING SCHEDULE</u> Catawba Hospital, Marsh-Thomas Building (Building 73) 5525 Catawba Hospital Drive Catawba, VA 24070-2006Richmond, VA 23219
<u>8:30 a.m.</u>	Regular Meeting at 8:30 a.m. – 12:30 p.m. → <i>includes 10:15 – 11:00 a.m. facility tour</i>
<u>12:30 p.m.</u>	Adjournment

➤ **Holiday Inn Express**

991 Russell Drive, Salem, Virginia 24153

540-562-3229 phone

540-562-3040 fax

Website: <http://www.hiexpress.com/hotels/us/en/salem/saess/hoteldetail>

DIRECTIONS TO THE HOTEL for those staying overnight (some main directions to the Roanoke area on the last page may be helpful):

- **FROM Interstate 81:** Exit 141, going SOUTH on N. Electric Road (towards Salem). Get in the right lane. Turn Right onto Russell Drive and left into the parking lot for the Holiday Inn Express.

For electronic mapping and directions to the hotel:

<http://www.hiexpress.com/hotels/us/en/salem/saess/hoteldetail/directions>

WEDNESDAY DINNER PROGRAM DIRECTIONS

DIRECTIONS FROM THE HOLIDAY INN EXPRESS TO THE GLINIECKI CENTER for tour and dinner:
991 Russell Dr, Salem, VA 24153-3068

1. Start out going northwest on Russell Dr toward Sheraton Dr. 0.04 mi
2. Turn right onto Sheraton Dr. 0.04 mi
3. Turn left onto N Electric Rd / VA-419 N. 0.2 mi
4. Merge onto I-81 N toward Lexington. 2.1 mi
5. Merge onto I-581 S / US-220 S via EXIT 143 toward Airport / Roanoke. 2.8 mi
6. Merge onto Hershberger Rd NW via EXIT 3E toward Airport. 2.7 mi
7. Turn right onto Plantation Rd NE / VA-115. 1.2 mi
8. Turn left onto Hollins Rd NE. Hollins Rd NE is just past Huntington Blvd NE. (If you are on Plantation Rd NE and reach Whiteside St NE you've gone about 0.1 miles too far.)
9. 3003 HOLLINS RD NE # A is on the left. (If you reach Pearl Ave NE you've gone a little too far.)

DIRECTIONS FROM GLINIECKI CENTER BACK TO HOLIDAY INN EXPRESS:

3003-A Hollins Road NE, Roanoke, 24012

1. Start out going northwest on Hollins Rd NE / VA-605 toward Riley Rd NE. Continue to follow Hollins Rd NE. 0.6 mi
2. Turn right onto Plantation Rd NE / VA-115. 1.2 mi
3. Turn left onto Hershberger Rd NW / VA-625. Continue to follow Hershberger Rd NW. (Hershberger Rd NW is 0.2 miles past John Richardson Rd. If you reach Vista Ave you've gone about 0.1 miles too far.) 2.1 mi
4. Merge onto I-581 N / US-220 N toward I-81 / Lexington / Bristol / Blacksburg. 2.5 mi
5. Merge onto I-81 S via EXIT 1S on the left toward Salem / Bristol. 2.6 mi
6. Merge onto VA-419 S / N Electric Rd via EXIT 141 toward Salem / Veterans Hospital / National College / Salem Civic Center. 0.7 mi
7. Turn right onto Sheraton Dr. (Sheraton Dr is 0.1 miles past Cove Rd NW. If you reach Locke St you've gone about 0.5 miles too far.) 0.03 mi
8. Take the 1st left onto Russell Dr. 991 RUSSELL DR is on the right.

DIRECTIONS to State Board of BHDS Meeting

8:30 a.m. Thursday, April 19, 2012

Catawba Hospital, Marsh-Thomas Building (Building 73), 5525 Catawba Hospital Drive, Catawba, VA 24070-2006

Time: The Regular Board Meeting at 8:30 a.m. See the agenda for details.

Note: There are no committee meetings scheduled for this day. The Policy and Evaluation Committee will meet from 4 – 5:30 p.m. on April 10th at the DBHDS Central Office, Richmond. The Planning and Budget Committee is not meeting in April.

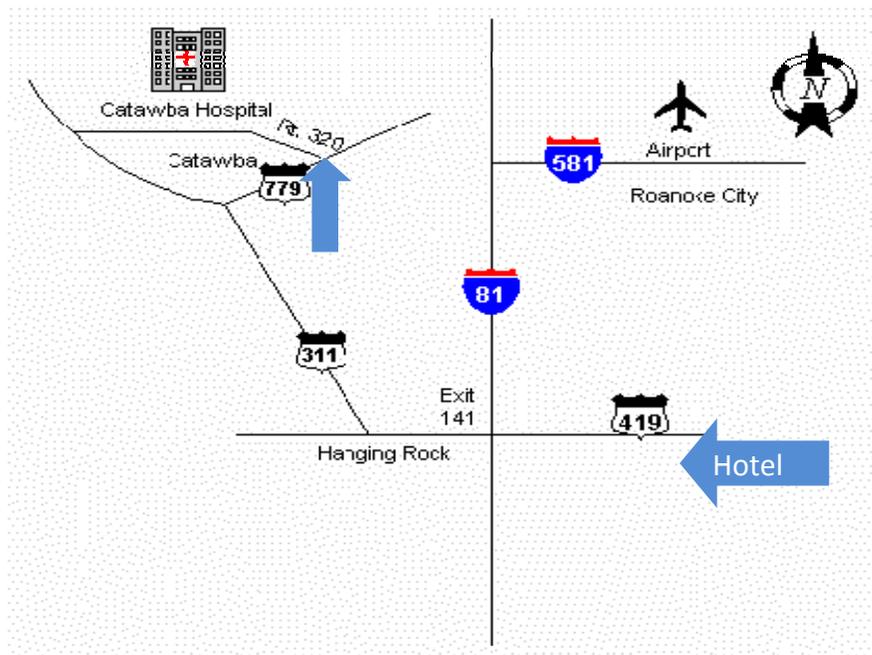
Regular Meeting Location: **Catawba Hospital, Marsh-Thomas Building (Building 73)**
5525 Catawba Hospital Drive
Catawba, VA 24070-2006**Richmond, VA 23219**

DIRECTIONS: THIS PAGE HAS DRIVING DIRECTIONS TO DBHDS' CATAWBA HOSPITAL.

This page has **driving directions to the regular meeting location at DBHDS' Catawba Hospital**, Marsh-Thomas Building (Building 73), 5525 Catawba Hospital Drive, Catawba, VA 24070-2006.

FROM I-81 NORTH AND SOUTH OF ROANOKE

- From Exit 141 on Interstate 81 in Salem, VA, take N. Electric Road (Rt. 419) North to the first traffic signal.
- Take a right at the light on to Route 311 North; stay on this road for about 7 miles across Catawba Mountain.
- Make a right on Route 779 (by the post office) and follow it for about 3/4 mile then take left on Route 320.
- You will see the Main Hospital Sign at the beginning of Route 320.
- Follow Route 320 (Catawba Drive) - the road will veer to the left and take you in front of the main hospital building - the largest building on campus.
- Go **past the hospital** and take a right into the 2nd entrance of the parking lot adjacent to the hospital.
- Catawba staff and signs will be in place to direct you to the designated parking area and the **Marsh-Thomas Building (Building #73)** for the meeting.



Creating Opportunities Implementation Report

Accomplishments and Planned Implementation Activities **March 2012**

Throughout 2011, DBHDS and other stakeholders continued work to implement “**CREATING OPPORTUNITIES**,” a strategic plan with the goal of improving services and supports for Virginians with mental health or substance use disorders or developmental disabilities. Representatives from the DBHDS central office, state hospitals and training centers, community services boards (CSBs), private providers, individuals receiving services, family members, and other stakeholders have been involved in planning and implementation activities to accomplish Creating Opportunities objectives for each of the following strategic initiatives:

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

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

The Need

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

Objectives

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

Priorities

1. As resources become available, expand services that prevent or reduce the need for crisis response services and fill identified gaps in emergency and crisis response services including Crisis Intervention Teams (CIT), PACT programs, police reception and drop off centers, emergency critical time intervention services, and purchase of local inpatient psychiatric beds.
2. Train services providers on recovery-based emergency and crisis response best practices to increase peer support workers employed in emergency response services and use of psychiatric advance directives and wellness recovery plans.
3. Expand the Cross-System Mapping with community behavioral health and public safety systems to more communities.
4. Participate as an active partner in interagency suicide prevention initiatives.

Accomplishments, Implementation Activities, and Planning Milestones

- Completed **Emergency Response Services team report**, [Emergency Response Team Report \(www.dbhds.virginia.gov/CreatingOpportunities/ERreport.pdf\)](#)

- Co-convened a successful **Virginia CIT statewide conference** held in conjunction with the CIT International Conference in September 2011 and planning for the 2012 statewide Virginia CIT conference (October 22-23, 2012)
- Prepared **2012-2014 biennium crisis response services initiative budget proposal**
- Recruitment underway for a new **DBHDS Crisis Specialist** position
- Developed strategies and peer training through the **Advance Directive Facilitation Project** with UVA, five enrolled CSBs, and other stakeholders to increase the number of advance directives implemented at CSBs as a component of routine care (in process)
- **"Unexecuted-TDO Study"** data collection in partnership with the Office of the Inspector General (in process)
- Expanded the **number, utility, and outcomes of Cross-System Mapping** activities across the Commonwealth:
 - One new Cross-System Mapping workshop per month (25 to date) and one additional facilitator training (completed)
 - Assessment of the utility of Cross System Mapping at the 18 original sites (January 2012 survey)
 - Stakeholder Conference focused on cross-site information sharing, technical assistance, and next steps (May 2012)
- Co-convened and continued support for the **Interagency Suicide Prevention Partnership** with the Virginia Department of Health, Department of Veterans Services, Office of the Chief Medical Examiner (core partners), other state and local agencies (CSBs, Suicide Hotline), and prevention advocates and survivors:
 - Participated in **national behavioral health training**, including the National Association of State Mental Health Program Director's *Suicide and State Mental Health Authorities Our Time to Lead* webinar (December 6, 2011)
 - Initiated development of a new **Suicide Prevention Plan for the Commonwealth** (June 30, 2012)
 - Secured funding to support evidence-based two day **ASIST (Applied Suicide Skills Training) Training-of-Trainers** events that will follow-up on 2011 Summit recommendations (Spring 2012)
 - Examination of existing resources to **expand suicide prevention supports capability** (in process)
 - Participated on the **Virginia Violent Death Reporting System Advisory Council** and in exploration of opportunities to generate data from this surveillance database to shape policy (ongoing)

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

The Need

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

Objectives

- Promote collaboration and information exchange with the peer community, CSBs, and state facilities and support peer services and recovery supports development across Virginia.
- Increase the quantity and quality of peer support providers.

Priorities

1. Establish an Office of Recover-Oriented Systems and Peer Services in the DBHDS central office.
2. Collaborate with the Department of Medical Assistance Services (DMAS) to add peer support as a distinct service in the state Medical Assistance Plan.
3. Establish competency requirements and process for peer support specialists.

Accomplishments, Implementation Activities, and Planning Milestones

- Examined existing resources to identify funds required to establish and staff the **Office of Recovery Oriented Systems and Peer Services** (in process)
- Creation of an **Advisory Committee** with balanced representation from mental health and substance abuse peer run/peer provided programs, consumer advisory groups, and stakeholders who have received public or private services (in process)
- Inclusion of **peer representatives** in second year **state hospital annual consultative audits** (April 2010)

- Ongoing education and advocacy to **increase systemic recovery orientation** by:
 - Incorporating **recovery orientation into DBHDS initiatives** (e.g., case management curriculum, housing, and employment)
 - Utilizing **Toward Core Competencies for Recovery-Oriented Behavioral Healthcare Practitioners** and other national resources to inform language, training, job descriptions, employee orientations, and other workforce activities
 - Providing **in-service trainings** and other forums for DBHDS central office and state hospital employees and community services providers to gain understanding of recovery oriented systems of care and practices on an individual and systemic level
- Approved to participate, with key services system stakeholders, in the SAMHSA **"Bringing Recovery Supports to Scale Technical Assistance Center Strategy" (BRSS TACS) Policy Academy** in April 2012 to facilitate the development of a comprehensive recovery work plan for Virginia, including planning for a two-day Virginia Recovery Forum later this year
- Ongoing advocacy to **enhance peer involvement and expand peer services** at all levels by:
 - Providing and supporting opportunities for CSB and state facility leadership, supervisory, direct care, and administrative staff to interact with and learn from peer specialists and **improve recovery-oriented competencies** on individual and systemic levels
 - Creating and expanding **state facility volunteer and paid peer providers** and **"peer bridgers"** to help individuals move from the hospital environment into the community
 - Establishing expectations that encourage **CSB creation and expansion of volunteer and paid peer positions**
 - Providing and supporting opportunities for **CSBs and state facilities to collaborate with peer run programs** in their communities
 - Providing technical assistance and resources to peers/advocates/consumers to develop and expand the numbers of **peer run meetings** (e.g., Dual Recovery Anonymous, AA, Double Trouble in Recovery, NA, WRAP) in localities and state facilities
- Inclusion of reviews of the existence of peer services and peer provider collaboration in the **CSB audit process**
- Conduct point-in-time survey of **current CSB and state facility peer provided services and recovery oriented care** (in process)
- Explore creation of a **market-oriented certification process for mental health and substance abuse peer specialists** that is responsive to Medicaid requirements but not solely driven by Medicaid:
 - Researched other states' certification requirements, training, and processes (completed)
 - Completed **peer service provider competencies** that incorporate SAMSA recommendations (completed)
 - Developing **training requirements** to support peer service provider competencies, including peers working in "specialty" areas such as trauma informed, jails or corrections, or emergency or crisis programs (Spring 2012)
 - Developing other **peer certification recommendations** in areas such as length of time in recovery, amount of hours spent in volunteer or paid work, references, and grandfathering (Spring 2012)
 - Complete **peer certification process implementation requirements** (July 2012)
- Provision of **peer training opportunities**:
 - Work with CSBs and state facility training coordinators to promote regional and local training and increase awareness of available trainers (ongoing)
 - Continue annual conference to promote knowledge of recovery oriented systems of care and build skills of peer specialists
- Dialogue with DMAS regarding coverage of **Medicaid peer services** continues.
 - Gather and provide information from other states that have Medicaid coverage to DMAS (June 2012)

Increase the statewide availability of **SUBSTANCE ABUSE TREATMENT SERVICES**

The Need

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

Objective

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

Priorities

1. As resources become available, expand statewide capacity and fill identified gaps in the substance abuse services in areas such as medication assisted treatment, detoxification services, uniform screening and assessment for substance abuse, intensive outpatient

- services, case management, community diversion services for young non-violent offenders, peer support services, Department of Rehabilitative Services (DRS) employment counselors, intensive coordinated care for pregnant and post-partum women who are using drugs, supportive living capability, and residential services for pregnant women and women with children in Southwest Virginia.
2. As resources become available, implement a substance abuse services workforce development initiative.

Accomplishments, Implementation Activities, and Planning Milestones

- Completed [Creating Opportunities for People in Need of Substance Abuse Services, An Interagency Approach to Strategic Resource Development](http://www.dbhds.virginia.gov/documents/omh-sa-InteragencySAReport.pdf) (www.dbhds.virginia.gov/documents/omh-sa-InteragencySAReport.pdf)
 - Health and human services and public safety agency input into the plan for a cohesive system across state agencies
 - Work, as resources become available, with other agencies to **implement interagency plan** to expand DRS vocational rehabilitation counselors, develop Department of Corrections (DOC) transitional therapeutic communities, and expand access to housing options for adult offenders in the community
- Prepared **2012-2014 biennium substance abuse services initiative proposal**
- Implementing improvements to **SA services access**:
 - **SA-specific curriculum** (SAMHSA and others) incorporated in the case management curriculum (completed)
 - **SA case management guidance** document and SA expert presenters at statewide case management summit (in process)
 - CSB and the Department of Juvenile Justice (DJJ) training on **SA adolescent evidence-based practices** (ongoing)
 - Cross-agency training with state and local health and social services agencies on **Project Link** intensive care management and access to treatment, prenatal, and other social services and supports for pregnant and post-partum women (ongoing)
 - Continued outreach to existing peer service providers and assessment of how well the current model for funding **peer-run support services** is working (in process)
 - **VACSB, DOC, and DJJ memorandum of agreement** focused on improving access to services (January-June 2012)
- Implementing improvements to **SA service quality and effectiveness**:
 - Disseminate and promote evidence-based practices and assessment instruments to **improve CSBs' and other agencies' organizational readiness to routinely screen for both substance abuse and mental health disorders**
 - Interagency and stakeholder workgroup to develop a list of SA assessment instruments (August 2012)
 - Statewide dissemination and support for the use of identified assessment instruments to include regional trainings to assist CSBs in training their staff to administer assessment instruments and monitor organizational progress (in process)
 - Incentivize and implement uniform screening and assessment tools statewide (July 2013)
 - Develop a statewide NIATx (Network for the Improvement of Addiction Treatment) initiative, a system-engineering **continuous quality improvement** approach that involves workshops, national webinars, and access to coaching (by November 2012)
- Implementing improvements to **SA services array**:
 - Promote **adult intensive outpatient evidence-based practice** (Matrix Model) to CSBs (September 2012)
 - Convene a workgroup to identify an **adolescent intensive outpatient evidence-based practice**, building on the platform of Project TREAT (October 2012)
 - Develop and distribute a guidance bulletin to all CSBs promoting use of **SAMHSA TIP 45: Detoxification and Substance Abuse Treatment** to support implementation of community-based residential medical detoxification services (May 2012)
 - Identify lessons learned by CSB systemic implementation of **medication assisted treatment** and develop a standard curriculum to prepare physicians to be approved by SAMHSA and DEA to prescribe Suboxone
- Creating a **multi-agency workforce development capability** through identification of interagency opportunities for community clinical staff training (May 2012).

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

The Need

Considerable differences in state hospital policies, procedures, and practices may limit them from operating as efficiently and effectively as possible. In addition, there is significant pressure on hospital civil beds for forensic and geriatric services that can be provided safely and effectively in the community.

Objectives

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

Priorities

1. Implement a new state facility quality review process with annual consultative audits (ACA) by peer facilities and central office staff.
2. As resources become available, expand outpatient restoration services, enhance outpatient forensic evaluations, and expand Discharge Assistance Project (DAP) resources to facilitate discharge of additional long-stay state hospital patients.
3. Improve hospital forensic procedures and management of forensic patients.
4. Develop community-based forensic capability.
5. Study the future roles of state facilities as services system transformation further increases community capacity, particularly services alternative for forensic and older adult populations.

Accomplishments, Implementation Activities, and Planning Milestones

- Completed first year **Annual Consultative Audits** and beginning **second year audits** at all state mental health facilities (April 2012)
 - Improvement to the ACA instruments and process, to include a new consumer peer review component
- Improving state hospital treatment effectiveness and efficiency through facility **monitoring of quality oversight data elements** and **documentation** that trends have been examined trends and actions taken when indicated of (in process)
- Compiling and assessing **"key indicators" for each facility** to obtain a clear picture of each facility's challenges, actions, successes, and trends (in process)
- Conducting a review of issues that prevent **community return for individuals determined to be clinically ready for discharge** and documenting needed support services (August 2012)
- Delineating **DBHDS Quality Improvement and Development Division** responsibilities to coordinate agency-level assessment of and response to systemic issues identified through monitoring of facility key indicators (in process)
- Expanding outpatient restoration services for individuals involved with the criminal justice system:
 - Prepared **2012-2014 CSB outpatient restoration services budget initiative**
 - Expanded a successful system of collaboration between ESH and the CSBs for **outpatient restoration referral** (completed)
- Improving **hospital forensic procedures** and **forensic patient management**:
 - Continued reduction of waiting lists for access to hospital-based restoration of competency to stand trial (in process)
 - Conducting automatic Forensic Review Panel **clinical reviews** of cases with longer-than-average stays (in process)
 - Provision of systemwide guidance to facility directors for **determination of maximum security referrals** (complete)
 - Conducting a **comprehensive review of forensic and criminal justice system behavioral health issues** in collaboration with a broadly-representative stakeholder group (August 2012)
 - Updating a **memorandum of agreement with DOC** to facilitate civil hospital rather than maximum security placement (September 2012)
- Increasing **conditional releases and discharges to the community** through diversion and safe census reduction
 - Development of a structured competency restoration treatment protocol
 - Placement of new **NGRI acquittees directly into civil hospitals** without need for maximum security
 - Development of community-alternatives (in process)
- Providing **forensic training and resources** on forensic issues to legal community:
 - Community-based **training sessions for legal personnel** and CSBs (ongoing)
 - Posting of relevant **web content** (August 2012)

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

The Need

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

Objective

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

Priorities

1. Use the children's behavioral health Comprehensive Service Array as a guide for children's behavioral health services development.
2. As resources become available, fill identified gaps in base services including regional crisis stabilization units for children and mobile child crisis response units, psychiatric services, and case management.
3. Continue the current role of the Commonwealth Center for Children and Adolescents for the foreseeable future.
4. Implement a children's behavioral health workforce initiative.
5. Improve DBHDS quality management and quality assurance oversight capacity for child and adolescent behavioral health services.

Accomplishments, Implementation Activities, and Planning Milestones

- Completed a [Plan for Community-Based Children's Behavioral Health Services – Final Report](http://www.dbhds.virginia.gov/documents/CFS/cfs-Community-Based-BH-Plan.pdf) (Appropriation Item 304M), (www.dbhds.virginia.gov/documents/CFS/cfs-Community-Based-BH-Plan.pdf)
- Prepared **2012-2014 biennium children's behavioral health crisis response services and workforce development initiatives**
- Awarded **SAMHSA Systems of Care Expansion Planning Grant** (\$500,000 planning award) to begin implementation of the children's behavioral health services plan (October 2011 – September 2012)
 - Work with localities to assess and expand their Comprehensive Service Array capacity and support workforce development
 - Recruitment of grant-funded positions (underway)
- Convened a **System of Care Expansion Planning Team** of state agency, service provider, family, youth and advocacy members

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

The Need

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

Objective

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

Priorities

1. As resources become available, build developmental services and supports community capacity.
2. Collaborate with DMAS to expand waiver capacity, modify existing or create new waivers, and address waiver rate structures.
3. Improve DBHDS quality assurance and oversight capacity to identify deficiencies, allow electronic client-level tracking of incidents and systemic analyses of trends and patterns, and follow-up to assure corrective action plans are implemented.

Accomplishments, Implementation Activities, and Planning Milestones

- Participated under the direction of HHR with the **DOJ negotiation** team to achieve a settlement agreement (completed)
- Expanding **community-based services**:

- Fill **60 waiver slots** for individuals in training center and **275 urgent wait list slots** created in 2012 (in process)
- Develop implementation strategies for the \$30 million appropriated to the **DBHDS Trust Fund** to address DOJ findings
- Dialogue with DMAS on improvements the **current ID and DD waivers**, to include enhanced rates of reimbursement for more challenging needs, moving toward needs based not disability based waivers, higher rates for specific residential service models, and lower rates for other specific models (ongoing since Spring 2011)
- Contracted with national expert, Dr. Joan Beasley at the University of New Hampshire, to consult on the development of the **START (Systemic Therapeutic Assessment Respite and Treatment) crisis response model** (completed)
- Develop a **statewide ID/DD crisis system called START**, to include crisis points of entry hotlines, mobile crisis teams, and establishment of at least one crisis stabilization program in each region (June 30, 2012)
- Create an **individual and family supports program** for individuals who are not receiving waiver services and have limited access to EDCD waiver or EPSDT program services (in process)
- Develop an implementation plan with targets to increase the number of **individuals who enroll in supported employment and who are employed in integrated work settings**, conduct regional training, and provide data and monitor implementation of Employment First practices (in process)
- Administer a one-time \$800,000 fund to provide and administer housing supports (in process)
- Develop a plan to **increase independent living options**, including a baseline number of individuals who would choose independent living options if available and access recommendations (in process)
- Publish **guidelines for families** on how and where to apply for and obtain services (in process)
- Ensuring that individuals receiving waiver services receive **case management services**
 - Increase the frequency of case management visits for critical populations
 - Develop a **core-competency based training curriculum** for case managers
 - Monitor compliance with CSB Performance Contract requirement that case managers give individuals a choice of approved waiver service providers and present practicable **options of CSB and non-CSB providers** based on those preferences
 - Establish a mechanism to **collect reliable data from case managers** on the number, type, and frequency of case manager contacts with individuals receiving services
- Improving **service quality, oversight, and accountability**
 - Awarded grant for National Association of State Developmental Disability Directors **National Core Indicators Project implementation**, to include individual interviews with 400 users of services (June 2012)
 - Establish a **DBHDS Quality Improvement Committee**
 - Implement **Quality Service Reviews** to evaluate the quality of services at the individual, provider, and state-wide level for a statistically significant sample of individuals receiving services
 - Implement a **real time, web-based incident reporting system** and reporting protocol
 - Critical Incident Management System (CHRIS) implementation (Spring 2012)
 - Implement a subset of measures that CSBs and other community providers will report to DBHDS on a regular basis through CHRIS or other mechanisms
 - Require all training centers, CSBs, and other community providers to implement **risk management and quality improvement processes**, including establishment of uniform risk triggers and thresholds
 - Implement **Regional Quality Councils** that meet quarterly and assess relevant data, identify trends, and recommend responsive actions
 - Conduct more frequent **licensure inspections** of community providers
 - Implement a **core competency-based training curriculum** in person-centered practices, community integration and self-determination awareness, and required elements of service and ensure adequate coaching and supervision of staff trainees
- **Transitioning from training centers**
 - Provide a **plan** within one year of the settlement agreement to **the General Assembly** to cease residential operations at four of Virginia's training centers
 - Monitor implementation of **DBHDS Person-Centered Discharge Planning policy and procedures**
 - Develop **discharge plans** for all individuals in training centers using a documented, person centered planning and implementation process (July 1, 2012)

- Provide **monthly reports on the types of placements** to which individuals have been discharged
- Provide assistance to **resolve barriers to community placements**
- Implement **Regional Support Teams** in each region
- Meet **DOJ Settlement Agreement requirements** and timeframes
 - Implement settlement agreement timelines as noted in the agreement
 - Participate in reviews by the Independent Reviewer, charged with conducting the factual investigation and verification of data and documentation to determine whether the Commonwealth is in compliance with the Agreement

Incorporate services and supports for individuals with **AUTISM SPECTRUM DISORDERS (ASD) OR DEVELOPMENTAL DISABILITIES (DD)** in Virginia's developmental services delivery system

The Need

There is currently little to no coordination and funding of ASD and DD services in Virginia. The recently completed *“Assessment of Services for Virginians with Autism Spectrum Disorders”* provides a detailed action plan to provide improved ASD and DD services.

Objectives

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

Priorities

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

Accomplishments, Implementation Activities, and Planning Milestones

- Planning **Waiver enhancements**:
 - Dialogue with DMAS on **waiver improvements**, to include services for individuals with ASD (ongoing since Spring 2011)
 - DBHDS-DMAS agreement to seek a **combined ID/DD waiver** when the DD Waiver is up for renewal (Spring 2013)
- Preparing a **memorandum of agreement** for all affected agencies to include identification of ASD data gaps, sharing data, and establishing a five year plan (Spring 2012)

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

The Need

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

Objective

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

Priorities

1. Continue to participate in cross-secretarial and interagency activities to leverage housing resources and create affordable housing options for individuals receiving behavioral health and developmental services, including:

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

Accomplishments, Implementation Activities, and Planning Milestones

- Planning for implementation of **Governor's DHCD budget proposal for \$1 million to expand permanent supportive housing** for individuals with disabilities experiencing chronic homelessness with Department of Housing and Community Development (DHCD) and CSB representatives (February 2012 meeting)
- Reviewing **current permanent supportive housing and explore expansion opportunities** with CSBs and housing developers (February 2012 meeting)
- Working with DMAS, DBHDS, Virginia Housing Development Authority (VHDA), and other disability agencies to develop **HUD Section 811 Project Rental Assistance program agreement** required to apply for new funding (in process)
- Hired a new **DBHDS Housing Specialist position** to provide training and consultation to services providers on leveraging housing resources and implementing supportive housing models (March 12, 2012)
- Delineated **MFP program eligibility requirements** in a DMAS memo (June 1, 2011)
- Planning for a two-day statewide "**Housing Stability and Mental Illness Summit**" with the Virginia Coalition to End Homeless and NAMI Virginia (July 22-23, 2012)
- Added language in the **Community Services Performance Contract FY 2012** and retained in FY 2013 requiring each CSB to provide the following affirmations that it will:
 - Review and revise, if necessary, its joint written agreements with public housing agencies, where they exist, and work with planning district commissions, local governments, private developers, and other stakeholders to **maximize federal, state, and local resources for the development of and access to affordable housing and appropriate supports** for individuals receiving services from the Board; and
 - Work with DBHDS through the VACSB Data Management Committee, at the direction of the VACSB Executive Directors Forum, to collaboratively establish **stable housing policy and outcome goals** and develop and monitor key housing indicators.

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

The Need

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

Objectives

- Establish and implement "Employment First," which emphasizes integrated and supported employment, as the policy of the Commonwealth.

- Expand employment opportunities for individuals with mental health or substance use disorders or developmental disabilities.

Priorities

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

Accomplishments, Implementation Activities, and Planning Milestones

- Supporting State Board of Behavioral Health and Developmental Services development of an **Employment First policy** (in process)
- Conducting a **statewide awareness and education campaign and training** to implement Employment First policy statewide:
 - Held an **Employment First Summit** (October 2011)
 - Providing employment first **technical assistance to CSBs and ESOs** (ongoing)
 - Employment first presentations to **regional and statewide organizations and collaborations** (ongoing)
 - Working with the **SELN Advisory Group** to disseminate and strategize implementation of Employment First (ongoing)
 - Scheduling Employment First **regional summits** (January – August 2012)
 - Incorporating employment supports in **case management modules** (underway)
 - Planning for **second Employment First Summit** (underway)
 - Prepared a **Partnership in Employment Systems Change grant proposal** for HHS Administration on Developmental Disabilities (not funded)
 - Revised **Resource guide to Implementing and Funding Supported Services** (October 2012)
 - Obtained **SAMHSA Supported Employment Initiative grant** through NASMHPD to provide on-line and on-site training in Mental Health Supported Employment to CSB, DRS, and ESO staffs (January 2012)
- Successful recruitment of DBHDS Employment Specialist to provide **training and consultation to services providers** on implementing innovative supportive employment models (ongoing)
- Working with DMAS to **incentivize integrated employment in the ID and IFDDS waivers** (ongoing)
- Added language in the **Community Services Performance Contract in FY 2012** and retained in FY 2013 requiring each CSB to provide the following affirmations that it will:
 - Review and revise, if necessary, their **joint written agreements** with DRS regional office to ensure the availability of employment services and specify DRS services to be provided to individuals receiving CSB services;
 - Work with **Employment Service Organizations** (ESOs) where they exist to support the availability of employment services and identify ESO services available to individuals receiving services from the Board;
 - Work with DBHDS through the VACSB Data Management Committee, at the direction of the VACSB Executive Directors Forum, to collaboratively establish clear **employment policy and outcome goals** and develop and monitor key employment indicators; and
 - Ensure that its staff asks individuals receiving services from the Board if they want to work and when appropriate and as practicable engages them in seeking employment services in a timely manner.
- Establishing **employment performance measure** for adult MH case management services recipients (July 2012)

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

The Need

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

Objectives

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

Priorities

1. Adopt basic and disability-specific core competency-based case management curricula and new case management training modules.
2. Establish a state certification program for case managers to demonstrate that they meet competency and training requirements.

Accomplishments, Implementation Activities, and Planning Milestones

- Completed **Case Management team report** (www.dbhds.virginia.gov/CreatingOpportunities/CMReport.pdf)
- Working with CSB executive leadership, program directors, and case managers to implement expectation that **case managers are the first level of accountability and linchpin for improving outcomes** for individuals receiving services:
 - Planning for **Case Management in a Recovery Oriented System of Care – A Multi-Tier Summit** (in process)
 - Identification of resources to support a new DBHDS staff person to **coordinate case management initiative** (in process)
 - Examination of current **DBHDS and DMAS regulatory requirements** related to case management (planned)
 - Incorporation of case management expectations in **CSB audit process reviews** (planned)
- Developing case management basic **curricula modules** (May 2012):
 - Overview (module completed)
 - Disabilities Defined and Importance of the Integration of Healthcare (module completed)
 - Developing and Maintaining Relationships (module under review)
 - Assessment (module under review)
 - Planning (draft completed)
 - Services (draft in process)
- Completing protocols for case managers to **access modules in knowledge center** and track module completion (in process)
- Developing proposal to create curriculum and purchase **disability-specific on-line training** through Essential Learning (in process)
- Planning the **case management certification process**, including identification of implementation requirements and costs (in process)

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

The Need

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

Objective

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

Priorities

1. Complete a state facility clinical workflow analysis to determine EHR requirements.

2. Prepare and issue a Request for Proposal, select a vendor, and negotiate and award EHR contract.
3. Work with the selected vendor to implement the clinical treatment/medical records EHR across the state facilities.

Accomplishments, Implementation Activities, and Planning Milestones

- Established project governance and oversight **steering committee and internal agency oversight subcommittees** (completed)
- Issued **request for proposal** (January 2012)
- Completing **facility infrastructure analysis** (in process)
- Complete procurement and **begin EHR implementation** (June 30, 2012)
 - **Pilot sites** – Catawba, WSH, ESH, Piedmont, and SWVMHI (March 31, 2013)
 - **Remaining state mental health facilities** (June 30, 2014)
 - **Training centers** (June 30, 2015)

Address **SEXUALLY VIOLENT PREDATOR (SVP) SERVICE CAPACITY** in order to appropriately access and safely operate the Virginia Center for Behavioral Rehabilitation and provide SVP rehabilitation and treatment services

The Need

The Virginia Center for Behavioral Rehabilitation (VCBR) has a 300-bed capacity. Because Virginia Code changes in 2006 increased the number of predicate crimes from 4 to 28 and changed the screening tool, VCBR's census is projected to grow from 356 in FY 2012 to 738 in FY 2017. The General Assembly directed DBHDS to double-bunk up to 150 residents. Changes are needed to solve the overcrowding problem, including reducing the number and types of admissions and safely placing eligible individuals on conditional release.

Objectives

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

Priorities

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

Accomplishments, Implementation Activities, and Planning Milestones

- Developed strategies to **reinforce positive behaviors**, including implementation of the Market Store, in partnership with VCBR (complete)
- Planning for **vocational work opportunities** for residents at VCBR in partnership with VCBR and the OAG (in process)
- Implemented **Pre-release support mechanism** for VCBR residents eligible for SVP conditional release, including protocols with VCBR clinical and security staff for taking residents into the community for job interviews and to seek appropriate housing (ongoing)
 - **Open-ended RFP for transitional housing services**, to include employment assistance
 - Increased CO SVP office **staff focus on community placement**
 - Increased **data capture, storage, and retrieval efficiency**
- Created criteria and evaluation tool in support of any Request for Services (RFS) from private vendors to operate VCBR and for use in managing **VCBR administrative, operations, security and treatment functions** (completed)
- Prepared 2012-2014 budget proposal for operational and staffing requirements to **double-bunk residents and increase VCBR's capacity to 450 beds** (\$6.4 million over the biennium in general funds)