



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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January 1, 2024

To: The Honorable Glenn A. Youngkin, Governor
The Honorable Janet D. Howell, Chair, Senate Finance & Appropriations Committee
The Honorable Barry K. Knight, Chair, House Appropriations Committee

Fr: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

Item 311.J of the 2023 Appropriation Act requires the Department of Behavioral Health and Developmental Services (DBHDS) to submit an annual report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees of the General Assembly by December 1 each year for the preceding fiscal year.

J. The Department of Behavioral Health and Developmental Services shall submit a report to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees no later than December 1 of each year for the preceding fiscal year that provides information on the operation of Virginia's publicly funded behavioral health and developmental services system. The report shall include a brief narrative and data on the numbers of individuals receiving state facility services or CSB services, including purchased inpatient psychiatric services, the types and amounts of services received by these individuals, and CSB and state facility service capacities, staffing, revenues, and expenditures. The annual report also shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year.

Subsection 12 of § 37.2-304 of the Code of Virginia establishes the annual report requirement in state statute. The section lists the duties and powers of the DBHDS commissioner.

12. To submit a report for the preceding fiscal year by December 1 of each year to the Governor and the Chairmen of the House Appropriations and Senate Finances Committees that provides information on the operation of Virginia's publicly funded behavioral health and developmental services system. The report shall include a brief narrative and data on the number of individuals receiving state facility services or community services board services, including purchased inpatient psychiatric services;

the types and amounts of services received by these individuals; and state facility and community services board service capacities, staffing, revenues, and expenditures. The annual report shall describe major new initiatives implemented during the past year and shall provide information on the accomplishment of systemic outcome and performance measures during the year.

In accordance with these requirements, please find enclosed the fiscal year 2023 DBHDS annual report.

CC:

The Honorable John Littel

Susan Massart

Mike Tweedy

DRAFT



Virginia Department of Behavioral Health
and Developmental Services

Fiscal Year 2023 Annual Report (Item 311.J)

January 1, 2024

DBHDS Vision: A Life of Possibilities for All Virginians

Preface

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Introduction

Virginia’s public behavioral health and developmental services system provides services to individuals with mental illness, developmental disabilities, or substance use disorders through state-operated state hospitals and centers, and 39 community services boards and one behavioral health authority (CSBs).

CSBs are the single points of entry into public behavioral health and developmental services, including access to state facilities through preadmission screening, case management, and discharge planning for individuals leaving state facilities. While not part of the Department of Behavioral Health and Developmental Services (DBHDS), locally-operated CSBs are established in cities or counties pursuant to the Code of Virginia. DBHDS negotiates a performance contract with each CSB for the delivery of services, and provides state funds, monitors, licenses, regulates, and provides direction to the CSBs. DBHDS also licenses 1,830 private providers of behavioral health and developmental services in 10,904 locations throughout Virginia.

In FY 2023, **207,092** unduplicated people received public behavioral health or developmental disability services: **206,153** unduplicated people received CSB services and **5,804** unduplicated people received services in DBHDS facilities. Many people received services from both.

DBHDS operates 12 state hospitals and centers. State hospitals provide highly structured and intensive inpatient services, including psychiatric, nursing, psychological, psychosocial rehabilitation, support, and specialized programs for older adults, children and adolescents, and individuals with a forensic status. A state training center provides highly structured habilitation and residential care for individuals with intellectual disability, and a medical center provides medical services for patients in state hospitals or other centers. DBHDS also provides rehabilitation services for persons court-determined to be sexually violent predators.



State Hospitals - DBHDS operates nine state hospitals for adults: Catawba Hospital (CH) in Salem, Central State Hospital (CSH) in Petersburg, the Commonwealth Center for Children and Adolescents (CCCA) in Staunton, Eastern State Hospital (ESH) in Williamsburg, Northern Virginia Mental Health Institute (NVMHI) in Falls Church, Piedmont Geriatric Hospital (PGH) in Burkeville, Southern Virginia Mental Health Institute (SVMHI) in Danville, Southwestern Virginia Mental Health Institute (SWVMHI) in Marion, and Western State Hospital (WSH) in Staunton.

State Centers - DBHDS operates Southeastern Virginia Training Center (SEVTC) in Chesapeake, Hiram Davis Medical Center (HDMC) in Petersburg, and the Virginia Center for Behavioral Rehabilitation (VCBR) in Burkeville for sexually violent predators.

The DBHDS central office provides leadership to promote partnerships among CSBs and state hospitals and centers with other agencies and providers. The central office supports the provision of accessible and effective services by CSBs and other providers, directs the delivery of services in state hospitals and centers, protects the human rights of individuals receiving services, and assures that public and private providers adhere to licensing regulations. The DBHDS mission and vision statements are found in the image to the right:



OUR MISSION

Supporting individuals by promoting recovery, self-determination, and wellness in all aspects of life



OUR VISION

A life of possibilities for all Virginians

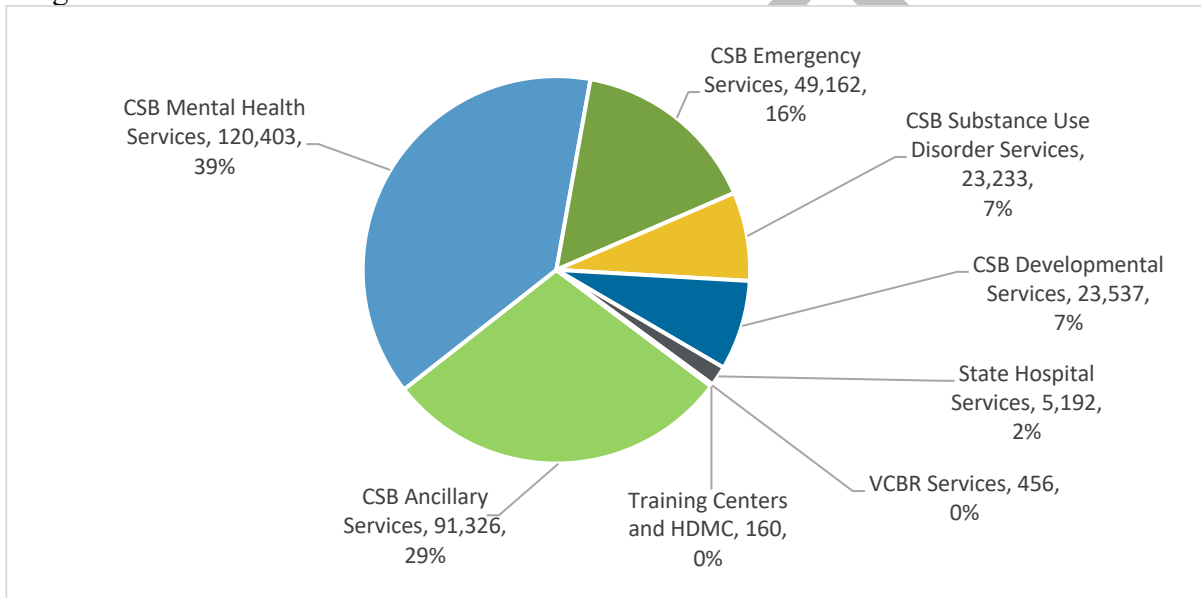
Governor Youngkin’s transformational *Right Help, Right Now* plan offers a road map to ensure every Virginian experiencing crisis, behavioral health disorders or developmental disabilities the help they need, right when they need it. The plan is carefully crafted and comprehensive, making historic investments in crisis services, growing our workforce, expanding community capacity, and innovating service delivery.

In FY 2023, DBHDS made significant strides advancing the goals of *Right Help, Right Now*, accomplished targets on its internal strategic plan to support transformation and other system modernization efforts, and completely restructured the DBHDS facility services division. Virginia’s system intersects with many different facets of the Commonwealth’s vast and varied service delivery system: private hospitals and health systems, Medicaid, law enforcement, education, social services, the criminal justice and courts systems, and providers, among others. DBHDS values its many partnerships and is working hard to increase collaboration across the system of care. Although meaningful system change is challenging, Virginia is poised to support and develop tangible and achievable means to close capacity gaps, with the goal that every individual will have access to the quality services they need, regardless of where they live.



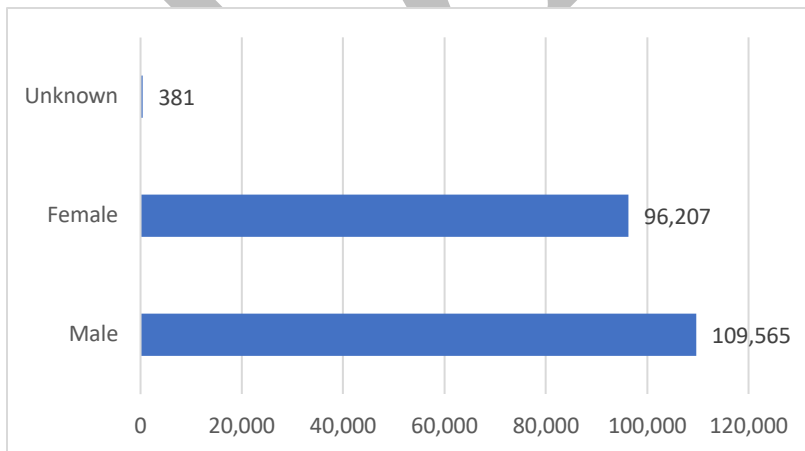
Individuals Who Received Services

In FY 2023, **207,092** *unduplicated* people received public behavioral health or developmental disability services: **206,153** unduplicated people received CSB services and **5,804** unduplicated people received services in DBHDS facilities. Many people received services from both. **CSBs served 307,661 people across behavioral health, developmental disability, emergency and ancillary services.** Ancillary services are motivational treatment, consumer monitoring, early intervention, and assessment and evaluation. Appendix A provides numbers of people who received services in each core service from CSBs or state hospitals and centers. The image below shows the numbers of individuals who received services from CSBs or state hospitals and centers during FY 2023.



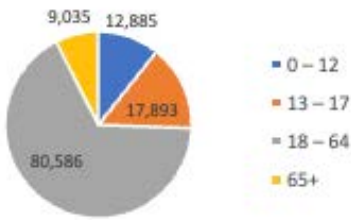
The following charts show more information about the individuals served by CSBs across the Commonwealth.

Gender of individuals receiving CSB services in FY 2023

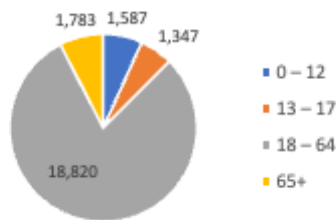


Age by CSB service area in FY 2023

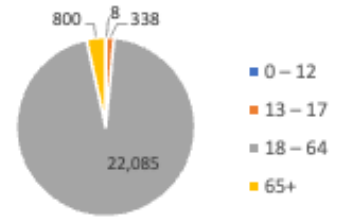
Mental Health Services



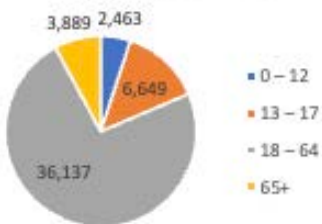
Developmental Disability Services



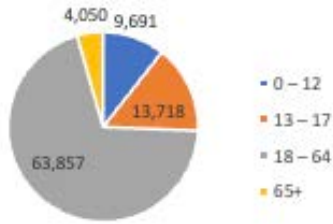
Substance Use Disorder Services



Emergency Services

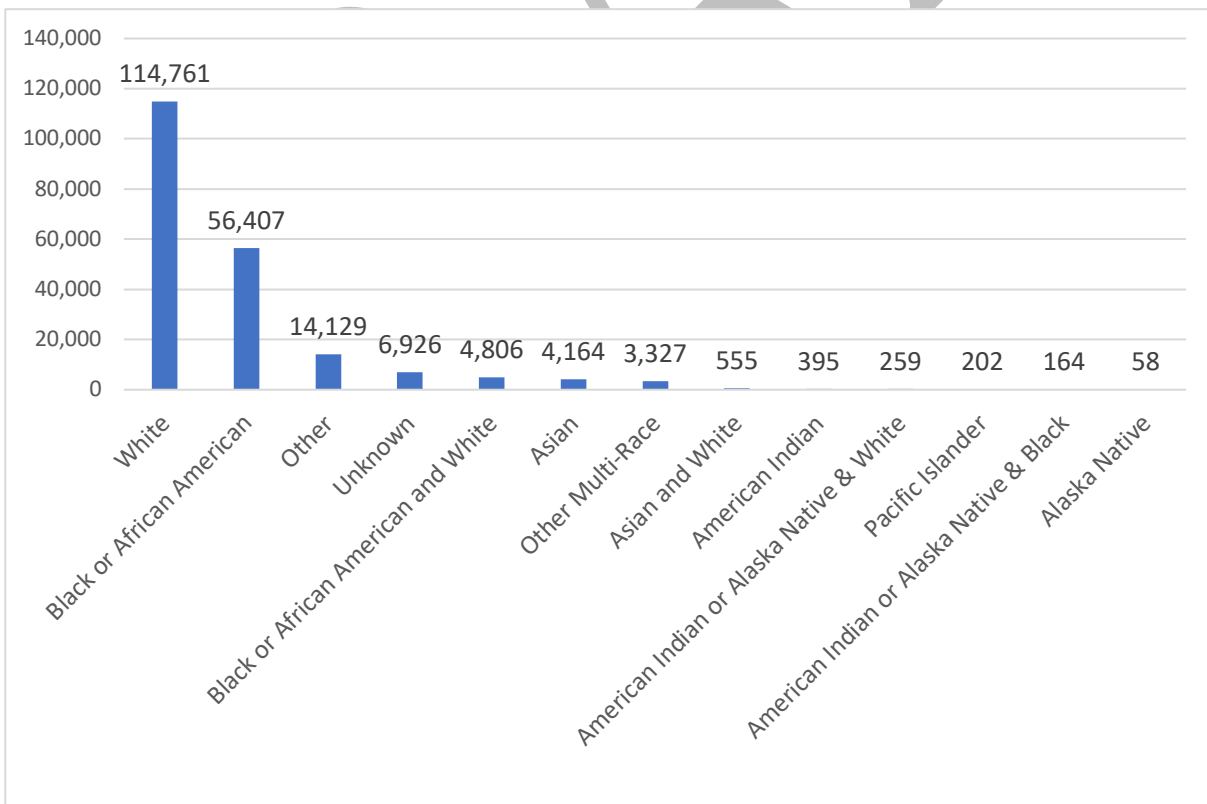


Ancillary Services



Note: Ancillary services are motivational treatment, consumer monitoring, early intervention, and assessment and evaluation.

Races of individuals receiving CSB services in FY 2023

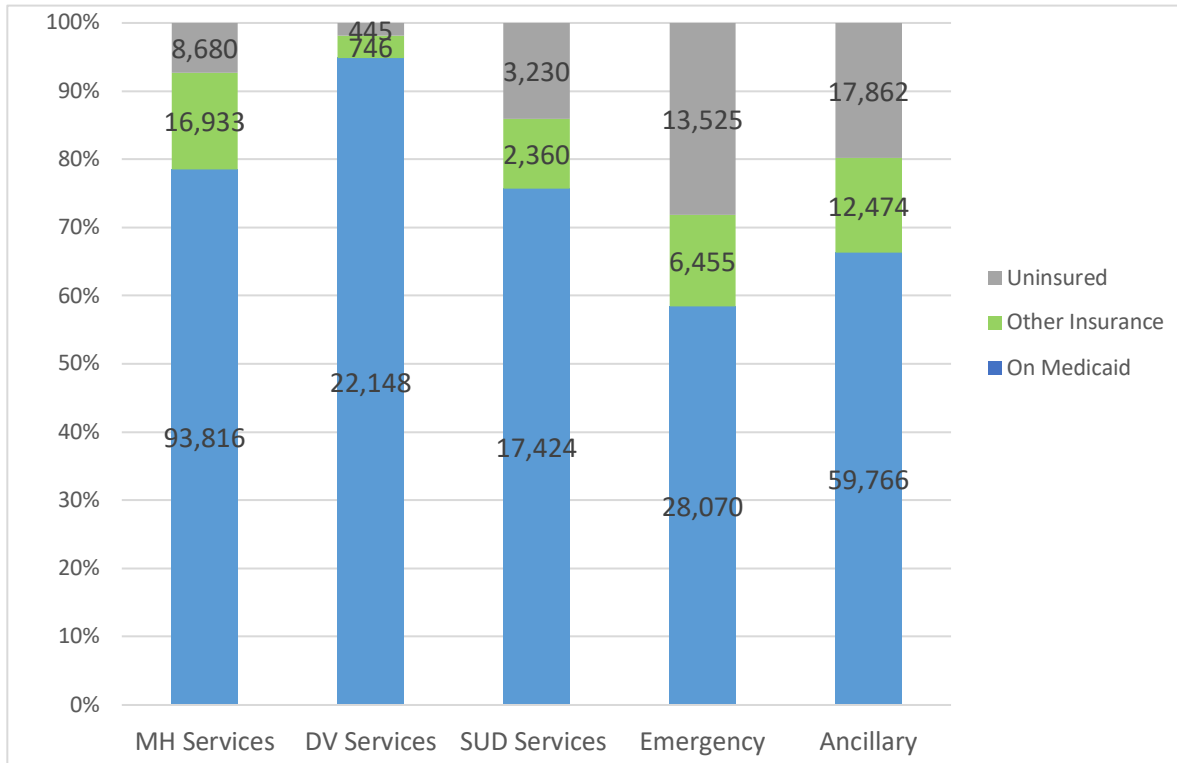


The chart below shows the individuals who received services in each core service from CSBs or state facilities. It displays numbers for emergency and ancillary services and for the mental health (MH), developmental (DD), and substance use disorder (SUD) services program areas, and the total numbers of individuals receiving a core service across the three program areas.

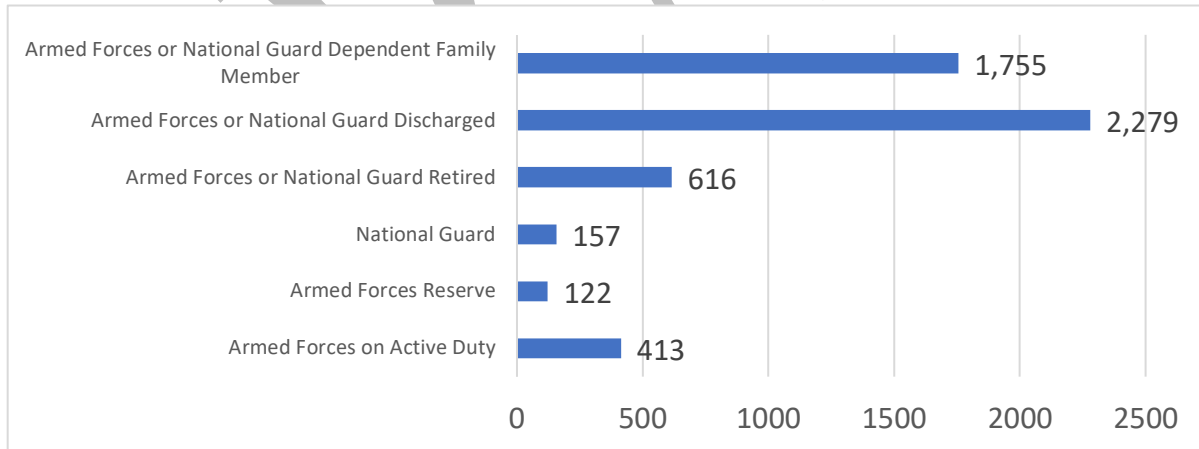
Individuals Who Received CSB or State Facility Services in FY 2023				
Total Emergency Services	52,543	Community Consumer Submission 3 (CCS 3) does not include data on individuals in consumer-run services, so other tables do not include them. CARS collects a count of participants; in this FY, 4,873 individuals participated in these services.		
Motivational Treatment Services	2,873			
Consumer Monitoring Services	16,928			
Early Intervention Services	2,292			
Assessment and Evaluation Services	80,130			
Total Ancillary Services	102,223			
Services Available in Program Areas	MH	DD	SUD	Total²
CSB SUD Inpatient Medical Detox Services			501	501
CSB MH or SUD Inpatient Services (LIPOS)	748		65	812
Total CSB Inpatient Services	748		557	1,303
Training Center ICF/ID Services		69		69
State Hospital ICF/Geriatric Services	412			412
State Hospital Acute Psychiatric Inpatient Services	3,331			3,331
State Hospital Extended Rehabilitation Services	1,520			1,520
State Hospital Forensic Services	1,038			1,038
HDMC				91
VCBR				456
Total State Facility Inpatient Services	5,739	69		5,804
Outpatient Services	55,683	15	15,910	68,973
Medical Services	74,360	187	2,275	76,358
Intensive Outpatient Services			2,867	2,867
Medication Assisted Treatment			4,878	4,878
Assertive Community Treatment	3,528			3,528
Total Outpatient Services¹	104,081	202	20,395	117,087
Total Case Management Services	57,200	21,658	7,627	84,803
Day Treatment or Partial Hospitalization	1,124		133	1,126
Rehabilitation or Habilitation	2,531	2,072		4,597
Total Day Support Services	3,614	2,072	129	5,809
Sheltered Employment	7	329		335
Individual Supported Employment	1,056	1,015	43	2,108
Group Supported Employment	4	368		372
Total Employment Services	1,067	1,624	43	2,727
Highly Intensive Residential Services	80	252	1,448	1,780
Residential Crisis Stabilization Services	2,253	210	63	2,499
Intensive Residential Services	215	517	1,044	1,773
Supervised Residential Services	1,147	466	379	1,989
Supportive Residential Services	3,433	657	50	4,132
Total Residential Services	6,825	2,052	2,514	11,187

Notes: 1) The DBHDS data warehouse identifies uniquely each individual who receives services. These are unduplicated: If someone received services at more than one CSB or at CSBs and state facilities, the individual is counted once. 2) Individuals in Figure 1 total more than the unduplicated number of individuals because many received services in multiple areas.

Individuals enrolled in Medicaid or uninsured who received CSB services in FY 2023



Military status of individuals receiving CSB services in FY 2023



Residential status for individuals who received CSB mental health, developmental, substance use disorder, or emergency services in FY 2023

Residential Status	MH	DV	SA	ES
Private Residence/Household	97,416	16,317	18,406	3,0003
Homeless/homeless shelter	8,142	1,112	1,049	11,708
Veterans Health Administration	2,701	274	851	2,312
Community Residential	1,970	3,772	158	416
Local Jail/Correctional Facility	1,592	9	783	1,595
Licensed Home for Adults (CSB or non-CSB)	2,087	576	23	443
Shelter	781	20	269	393
Boarding Home	465	118	118	146
Foster Home/Family sponsor	833	755	10	179
Residential Treatment/ Alcohol and Drug Rehabilitation	467	123	274	227
Inpatient Care	311	29	17	427
Nursing Home/Physical Rehabilitation	231	100	4	150
State Correctional Facility	231	100	4	150
Juvenile Detention Center	348	2	10	53
Other Institutional Setting	193	134	29	71
Adult Transition Home	129	5	96	53
Other Residential Status	13,554	1577	3,028	14,990

Employment status for individuals who received CSB services in FY 2023

Employment Status	MH	DD	SUD	Emergency	Ancillary	Undupl.
<i>Total Adults (18+) Who Received Services</i>	89,621	20,603	22,885	40,026	67,907	160,564
Employed Full Time (35+ hr./wk.)	12,765	266	6,040	4,137	12,040	22,540
Employed Part Time(<35 hr./wk.)	9,375	1,503	2,519	2,388	65,88	14,360
In Supported Employment	399	1,072	31	80	415	1,365
In Sheltered Employment	186	470	23	29	144	551
Total Adults Employed	22,725	3,311	8,613	6,634	19,187	38,816
Unemployed	14,769	1,617	6,678	6,101	13,382	24,953
Not In Labor Force: Homemaker	1,358	22	240	309	671	1761
Not In Labor Force: Student/Job Training	6,026	2,848	265	2,009	4,895	11,476
Not In Labor Force: Retired	2,390	301	308	1,031	1,505	3,810
Not In Labor Force: Disabled	24,961	6,908	2,587	5,604	10,317	33,649
Not In Labor Force: Institution or inmate	3012	886	858	2,869	4,155	7,706
Not In Labor Force: Other	8,814	3,782	1,987	2,786	5,323	14,788
Total Adults Unemployed	61,330	16,364	12,923	20,709	40,248	98,143
Unknown	1,584	140	572	2,565	1,618	4,597
Not Collected	3,982	788	777	10,118	6,854	19,008

Specialized Initiatives

Individuals Who Received Services in Specialized Initiatives in FY 2023	
Medicaid Developmental Disability (DD) Waiver Services	16,324
Developmental Enhanced Case Management (ECM) Services	6,456
Substance Use Disorder Medication Assisted Treatment (MAT)	3,408
Mental Health Child and Adolescent Services Initiative	2,630
Program of Assertive Community Treatment (PACT)	2,468
Mental Health Services for Children in Juvenile Detention Centers	2,024
Projects for Assistance in Transition from Homelessness (PATH)	1,410
Discharge Assistance Program (DAP)	1,306
Project LINK	1,237
Mental Health Mandatory Outpatient Treatment (MOT) Orders	235
Substance Use Disorder Recovery Support Services	754

Staffing of CSBs and DBHDS

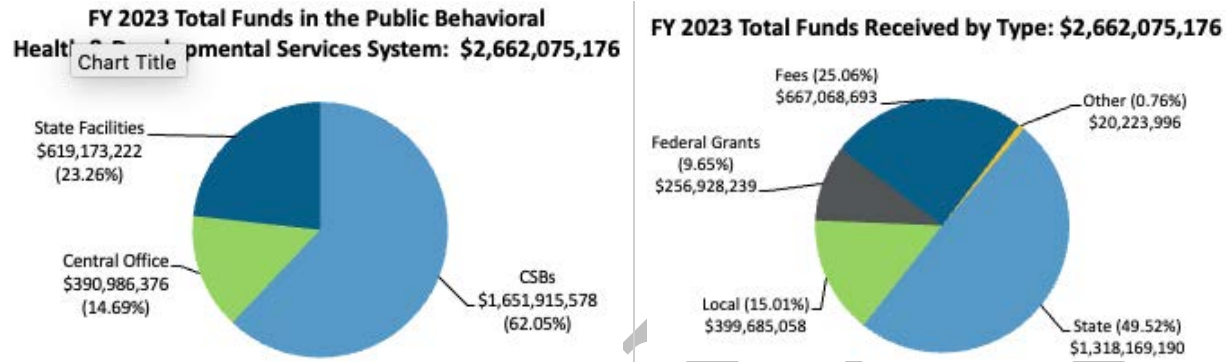
The staffing data below is expressed as numbers of full time equivalents (FTEs).

	Direct Care Staff	Peer Staff	Support Staff	Total Staff
DBHDS Staff				
DBHDS Central Office (CO)	22	2	497	521
State Hospitals	2,290	6	1,472	3,804
Training Centers	152	0	150	302
HDMC	126	0	48	175
VCBR	251	0	305	320
Total State Hospital and Center and CO, FY 2023	2,841	8	2,472	5,122
CSB Staff				
CSB Mental Health Services	4,393	184	74	5,322
CSB Developmental Services	2,950	16	379	3,345
CSB Substance Use Disorder Service	1,182	112	270	1,564
CSB Emergency & Ancillary Service	1,074	64	173	1,311
CSB Administration	0	0	1,582	1,582
Total CSB FY 2023	9,599	376	3,148	13,123

Notes: A full-time equivalent is not the same as a position; a 20-hour/week part-time position is one position but 1/2 FTE. FTEs are a more accurate indicator of available personnel resources. Peer staff receive or have received services and are employed as peers to deliver services. Only FTEs in programs CSBs directly operate are included; contract agencies are not represented.

Funds Received by CSBs and DBHDS

The charts below shows the total funds in Virginia’s public system, and the funds received for by type. Fees include Medicaid payments, which consist of federal and state funds. DBHDS submits a separate report on Part C services to the General Assembly.



The tables below display the funds from all sources reported by CSBs and state facilities. CSBs reported receiving more than \$1.6 billion from all sources to provide community services. For the CSBs, local funds include local government appropriations, charitable donations, and in-kind contributions. The localities that established the 40 CSBs provide the majority of local funds. Fees include Medicaid, Medicare, private insurance payments and payments from individuals. Other funds include workshop sales, retained earnings, and one-time funds.

Funding Source	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Funds	Percent of Total
State Funds	\$424,143,184	\$50,386,700	\$71,654,561	\$546,184,445	33.06%
Local Funds	\$215,976,983	\$127,550,676	\$56,157,399	\$399,685,058	24.20%
Medicaid Fees	\$211,546,764	\$258,181,910	\$28,135,467	\$497,864,141	30.14%
Other Fees	\$46,990,588	\$16,987,668	\$7,920,217	\$71,898,473	4.35%
Federal Funds	\$48,394,404	\$1,074	\$68,879,320	\$117,274,797	7.10%
Other Funds	\$11,049,433	\$2,418,620	\$5,540,611	\$19,008,664	1.15%
Total Funds	\$958,101,356	\$455,526,648	\$238,287,575	\$1,651,915,579	100.00%
Percent of Total	58.00%	27.58%	14.42%	100.00%	

Funding Source	State Hospitals	Other State Facilities ¹	Training Center	Total Revenues	Percent of Total
State General Funds	\$445,822,438	\$62,948,867	\$4,870,605	\$513,641,910	82%
Federal Funds	\$17,509,635	\$6,928,391	\$1,936,775	\$26,374,801	4%
Medicaid	\$11,078,459	\$16,426,289	\$28,368,689	\$55,873,437	9%
Medicare	\$12,624,593	\$345,967	-	\$12,970,560	2%
Commercial Insurance	\$11,260,614	\$7	-	\$11,260,621	2%
Private Payments	\$2,547,842	\$293,938	\$636,449	\$3,478,229	1%
Other Revenues	\$1,031,512	\$12,750	\$43	\$1,044,305	0%
Total Revenues	\$501,875,093	\$86,956,209	\$35,812,561	\$624,643,863	100%

¹ Other State Facilities are HDMC and VCBR.

Expenditures by CSBs and DBHDS

The tables below show expenditures reported by CSBs, state facilities, and central office. **About 65 percent of central office funds are spent on contracts for community services.**

Figure 20: FY 2023 CSB Expenditures by Program Area

	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Expenditures ¹
CSB Services	\$811,811,549	\$416,830,603	\$211,393,227	\$1,440,035,379
Percent of Total	56.37%	28.95%	14.68%	100.00%

¹ This figure includes \$193,148,933 for CSB administrative expenses, 13.41 percent of the total CSB expenditures.

FY 2023 State Facility and Central Office Expenditures

	Expenses	Percent of Total
State Hospitals	\$500,959,153	62%
Other State Facilities ¹	\$86,016,807	11%
Training Centers	\$31,449,931	4%
Central Office	\$183,692,580	23%
Total Expenditures	\$802,118,471	100%

¹ Other State Facilities are HDMC and VCBR.

Major New Initiatives and Accomplishments

FY 2023 marked major progress and development across DBHDS.

Most importantly, an unprecedented level of support from Governor Youngkin to transform Virginia’s behavioral health and developmental services led to an announcement of his multi-year *Right Help, Right Now* plan along with \$230 million plan to address gaps in how the state cares for adults and children facing behavioral health disorders in year one. *Right Help, Right Now* is a comprehensive and carefully crafted plan to address Virginia’s behavioral health challenges through initiatives that ensure better crisis care access, reduce law enforcement burdens, provide substance use disorder support, strengthen the behavioral health workforce, and deliver service innovations. The Governor’s plan will give Virginians someone to call, someone to respond, and a place to go, and allow them to get critical help closer to home. In FY 2023, staff throughout DBHDS and multiple agencies and stakeholders worked hard ensure the success of *Right Help, Right Now*.

In addition, in FY 2023, DBHDS advanced implementation of its strategic plan to 1) strengthen the workforce systemwide, 2) expand the comprehensive continuum of care, and 3) modernize DBHDS business systems and processes. DBHDS launched a public dashboard to allow internal and external stakeholders track progress on achieving strategic plan goals. The dashboard can be found at dbhds.virginia.gov/about-dbhds/strategic-plans.

In early FY 2023, DBHDS Commissioner Nelson Smith announced a new organizational structure to fortify DBHDS' position for transformational success, improve internal operations, better support staff, and help achieve a strong customer service focus both internally and externally. Changes included creating a new Chief of Staff position, moving all crisis-related services under a new Assistant Commissioner, adding a new workforce position, and strengthening marketing and communications capabilities.

Additionally, the Commissioner restructured the Facility Services division to support the operation of the 12 state facilities as a high-performance hospital system to deliver care that is high quality, efficient, and coordinated to meet current and future challenges. The new structure will allow the state facilities to operate as a high-performance hospital system in the delivery of quality, recovery-focused, person-centered behavioral health and developmental services as part of Virginia's continuum of care. The 12 state facilities are now operating as one system with standardization across all workflows and functions. The new structure is ensuring economies of scale and increased productivity by identifying inefficiencies, maximizing revenue generation across all settings, and producing data-driven performance reports to better support decision making and resource requests.

Throughout FY 2023, DBHDS prioritized *Right Help, Right Now* efforts, made critical strategic plan implementations, underwent significant organizational restructuring, particularly for Facility Services, modernized the way crisis services are delivered, developed the capacity for continued progress throughout the system of care, and continued to make meaningful progress in exiting the DOJ settlement agreement and developing the DD system Virginians deserve.

The following sections describe major new initiatives and accomplishments throughout DBHDS Central Office and facilities during FY 2023.

Administrative Services

Human Resources Management

DBHDS continued to integrate human capital policies, programs, and practices into human resources management. This includes expanding learning management opportunities, developing additional career pathways, enhancing recruitment and retention strategies, evaluating compensation tools, and succession planning. Initiatives and accomplishments include:

- Developed a DBHDS workforce planning framework, an internal Workforce Steering Committee, and an external behavioral health workforce collaborative to improve workforce development.
- Created HR dashboards to help streamline reporting for vacancies, disciplinary actions, hires/transfers, workers compensation.
- HR has successfully implemented a new recruitment management system, Page Up, and was able help navigate this change with minimal effects on the recruitment results.
- Worked with DHRM to change the pay bands of Counselor I roles from a pay band 3 to a pay band 4; and the Counselor II role from a pay band 4 to a pay band 5. This creates a social work and counseling career ladder that is similar to nursing.

- Increased Direct Service Associates (DSAs) from 1509 to 1669, a net increase of 160 employees; Increased overall nursing headcount from 691 to 700, a net gain of 9, and increased the Security headcount from 212 to 254, a net gain of 42 employees.
- SystemLEAD, a long-term organizational strategy, clearly defines a leader's roles, abilities, and pathway to improvement. DBHDS offers this nine-month program annually. There were 24 employees who started SystemLEAD in FY 2023. Since the start of the program in 2015, 227 people have participated in the SystemLEAD programs.
- The Virginia Public Sector Leadership VPSL Certificate program is a leadership development program of Virginia Tech. DBHDS staff members completed a total of 98 VPSL Certificates in FY 2023. Of that total, 51 completed VPSL I, 25 completed VPSL II and 22 completed VPSL III. The cumulative total of VPSL certificates completed by DBHDS employees since the start of the program in 2015 increased to 799 of which 447 are VPSL I, 232 VPSL II and 120 VPSL III certificates.

Information Technology/Security

DBHDS Information Technology made significant progress during FY 2023 towards IT modernization. The organization is actively working to establish a Data Governance Model, a solicitation for a new Enterprise Data Warehouse and a timeline of adherence to these new principles within the next two years. With the introduction of Data Governance, the agency will have guidelines it can provide to vendors who provide IT solutions to the agency so that adherence to data validity standards, modern interfaces and a trustworthy Data Warehouse can become reality. The office has continued to deliver on a wide variety of initiatives including:

- Overall modernization of IT Solutions: the number of applications in the IT Portfolio was reduced to fewer than 100. New procurements will continue to drive modernization in the overall IT environment with a continued focus for Facility IT solutions to be Enterprise vs. Individual facility focused.
- Website redesign (all facility websites are now incorporated within a comprehensive agency website).
- Versatrack critical environment monitoring solution for DBHDS facilities.
- Migration to a single data analytics tool (PowerBI) from four different reporting solutions.
- Procurement of a new facilitywide nutrition system (CBORD).
- Migration to the MS Outlook solution.
- Implemented Electronic Mortality Review Application.
- Implemented a new Policy Management solution.
- Migrated the old Forensic IT Solution from MS Access to be fully integrated with DBHDS' Electronic Health Care record system.

Numerous enhancements were also completed by the Electronic Health Record Team (EHR) in response to requests from facilities. Examples are listed below:

- Built and implemented a new Forensic Information Management System (FIMS) application that replaced the legacy standalone application.
- SynMed Pharmacy Automation integration with the Millennium EHR at Virginia Center for Behavioral Rehabilitation (VCBR) and Piedmont Geriatric Hospital (PGH).
- Oracle 19C Upgrade – Best practice platform upgrade.

- Train Domain Rebuild – Refresh of the train domain to mimic production environment.
- Learning Framework Portal – Learning Management System for Millennium EHR Users at all facilities.
- 67 percent increase in Millennium Lights On® EHR metric dashboard usage (indicates improved facility interest and involvement).

Internal Audit

- Five facility audits, primarily in administrative areas, including Human Resources, Payroll, Procurement, Accounts Payable, Financial Reconciliation and Fixed Assets.
- Audit reviews are based on the DBHDS policy requirements, facility policies & procedures and state requirements including DHRM, APSPM and CAPP manual.
- Eight IT system security audits and one facility physical security control audit.
- Four CSB audits: Each audit consists of 17 areas of programmatic and administrative review, largely tied to expectations outlined in the Performance Contract.
- Nine virtual CSB follow-up reviews and three facility follow-up reviews. These reviews focus on areas where there are findings from previous years that have yet to be resolved:
 - 34 of 50 (68 percent) findings reviewed during the CSB follow up reviews have been corrected and corresponding recommendations were implemented.
 - 33 of 49 (67 percent) findings reviewed during the facility follow up reviews have been corrected and corresponding recommendations were implemented.

The following table depicts the audit and investigation results during FY 2023:

FY2023 Facility Audit Summary Results	
Number of Findings	85
Number of Recommendations for Improvement	199
Number of Commendations Written	1
FY2023 CSB Audit Summary Results	
Number of Findings	44
Number of Recommendations for Improvement	73
Number of Commendations Written	28
FY2023 Follow up Review Results	
Number of findings reviewed	99
FY2023 Information Technology Audit Summary Results	
Number of Findings	122
Number of Recommendations for Improvement	176
Number of Commendations Written	2
FY 2023 Special Investigations and Projects	
Number of Findings	9
Number of Recommendations for Improvement	9
Number of Commendations Written	0
Other Results	
OSIG Fraud, Waste, and Abuse Hotline Reports Issued	12

Procurement and Administrative Services

- Executed and managed 309 contracts totaling more than \$204 million of contractual obligations on behalf of DBHDS.
- Provided procurement and administrative support for newly organized Opioid Abatement Authority (OAA) and Health and Human Resources Secretariat.
- Initiated critical enterprise solutions solicitations for Incident Management System and Enterprise Data Warehouse.
- Consolidated procurement records into one source, eliminating outdated Access database.
- Developed active contract listing; to be used to track renewals, obligations, and source data for import for tracking expenditures in planned financial solutions.
- Finalized eVA transition to new eVA procurement platform for agency records.

Diversity, Opportunity and Inclusion

The DBHDS Office of Diversity Opportunity and Inclusion implemented initiatives with a continued focus on bolstering workforce development, community engagement partnerships and health equity advocacy during FY 2023. Accomplishments included:

- Provided and sponsored trainings to promote inclusive workplace cultures that embrace global diversity, while also enhancing accessible, respectful patient care.
- Supported the successful planning and implementation of a Behavioral Health Tech Certification program in partnership with Germanna Community College, the Rappahannock Community Service Board (CSB) and other statewide leaders. The certification program initiated its first cohort of participants in FY 2023. It is a model “learn and earn” program providing students opportunities for clinical and workforce experiential learning, healthcare credentialing and facilitates employment within behavioral healthcare environments.

Clinical and Quality Management

The Division of Clinical and Quality Management provides cross disability clinical and technical expertise and support across all program areas of the agency, to aid in leading system-wide transformation and enhance cross disability collaboration. The aim of the division is to support the agency in ensuring that all individuals receive high quality care and integrates evidence-based practices and data driven decision making to inform behavioral health and developmental disability policy and identify opportunities and implement solutions for system enhancement.

Clinical Quality Management and Community Quality Improvement

- Cross-Disability Quality Management – Provided technical assistance to over 60 CSBs, licensed service providers, and DBHDS central office personnel across 600 instances of technical assistance throughout the year. Developed and distributed an array of resources to help enhance DBHDS employee, CSB, and licensed provider quality improvement process and procedural knowledge and skills. Expanded the *Consultation and Technical Assistance* (CTA) pilot project to include an additional 35 licensed DD service providers. This project increased compliance with licensing requirements for monitoring and evaluating service quality (2VAC35-105-620 C.2) among participating providers.

- DD Quality Management System – Implemented 31 statewide and regional quality improvement initiatives. Tracked and analyzed data for over 26 performance measure indicators for health, safety, well-being, community inclusion and integration of individuals receiving DD waiver services, as well as DD service provider competency and capacity.
- DD Services Quality Reviews – DBHDS partnered with VCU Project Living Well to conduct over 700 National Core Indicator (NCI) interviews with individuals receiving DD waiver services. NCI are standard measures used across states to assess the outcomes of services provided to individuals and families.
- Regional Quality Councils (RQC) – RQC membership and DBHDS subject matter experts devoted over 1030 hours to meetings, orientation, and training. Hosted 90 presentations related to KPAs (Key Performance Areas) and PMIs (Performance Measure Indicators) (SMEs) to aid RQCs analyzing data, identifying trends, and making recommendations for improvement in their regions. BHDS and the VCU Partnership for People with Disabilities co-sponsored the RQC Summit with participation from 102 RQC members.
- Behavioral Health (BH) Quality Management – The core infrastructure for the BH Quality Management System was developed and implemented, including the establishment of the BH Quality Improvement Committee, the BH Risk Management Review Committee, and the BH Key Performance Area Committee.

Mortality Review

The Mortality Review Committee reviewed 396 deaths of the 416 that occurred, a 4.7 percent increase in deaths reviewed from FY 2022.

Quality Assurance and Healthcare Compliance

Conducted first systemwide compliance assessment, through the newly restructured Office of Quality Assurance and Healthcare Compliance. Five focus areas were evaluated to identify opportunities for enhancement and gaps in current DBHDS establishment and oversight of processes, procedures, protocols, and tools: 1) DI/Policy & Procedure Management Process, 2) Virginia Administrative Code (VAC) Regulatory Process Review, 3) Complaint Process Review, 4) External Reviews Process, 5) Identify Baseline Compliance Measures.

Pharmacy Services

Provided clinical support across multiple DBHDS programs to enhance clinical cost effectiveness, technical advancements (through pharmacy automation), cost savings access to necessary therapeutics, and clinical decision support tools to support the safe and effective use of medical and psychiatric medications.

- Established 24/7 medication access in DBHDS licensed crisis programs by securing necessary approval from the Va. Board of Pharmacy, securing sole source approval, and assisting with the establishment of a statewide contract to secure access to automated dispensing technology in DBHDS crisis settings.
- Coordinated with community programs to provide Naloxone nasal spray to Revive training participants. Over 500 units of naloxone nasal spray have been distributed to Revive trained participants, at community health clinics in the southwestern Virginia.

COVID-19 Mitigation Team

The focus of this team over the past year was to 1) Develop expertise in public health and

infection prevention within the behavioral health system; 2) Integrate infection prevention and control principles specific to the behavioral health settings; 3) Support full re-opening of behavioral health services post-pandemic while implementing sound health and safety practices.

Community Services

Behavioral Health Community Services

System Transformation Excellence and Performance (STEP-VA)

DBHDS continued working with the Administration, the General Assembly, and stakeholders to implement STEP-VA, an initiative that features a uniform set of services with consistent availability and improved oversight of services across all Virginia communities. A full annual report on STEP-VA implementation is provided to the General Assembly each November. Some highlights from the FY 2023 STEP-VA report include:

- Same Day Access – There were 51,568 Same Day Access assessments completed and 82 percent of those needing follow-up services after the assessment kept that first appointment within 30 days (up from 80 percent in FY 2022).
- Primary Care Screenings – A total of 72,814 primary care screenings were conducted for 32,868 individuals. A total of 33,823 metabolic screens were conducted for 13,008 individuals.
- Outpatient Services – The Columbia suicide screening was implemented for all individuals receiving mental health and substance use services. In FY 2023, 74 percent of children ages 6 to 17 received a screening (up from 65 percent in FY 2022) and 71 percent of adults received a screening (up from 61 percent in FY 2022). Also, of the 2,072 eligible staff, 1,958 met the minimum eight-hour trauma training requirement (93 percent), which is a significant increase from the previous year (79 percent).

Implementation follows a three-phase approach, with phase one representing the initial stage and phase three representing full implementation:

STEP	Phase 1 CSBs	Phase 2 CSBs	Phase 3 CSBs
Same Day Access	0	0	40
Primary Care Screening	0	0	40
Outpatient Services	0	0	40
Crisis Services	0	0	40
SMVF (Veterans)	0	0	40
Peer and Family Supports	0	40	0
Case Management	0	40	0
Psychiatric Rehabilitation	0	40	0
Care Coordination	0	40	0

Community Adult Behavioral Health Services

- Coordinated Specialty Care – CSC is a team-based, collaborative, recovery-oriented treatment model that emphasizes outreach to identify and engage people experiencing a first episode of psychosis into treatment. An additional CSC program was added in FY 2023 to Virginia’s behavioral healthcare system, bringing the total number of CSBs offering this service to 11.
- Assertive Community Treatment (ACT) – ACT is an evidence-based practice proven to improve outcomes for people with severe mental illness. The program consists of a self-contained trans-disciplinary team. Treatment is assertive in that the team is proactive and persistent in efforts to engage individuals and retain them in services. Virginia operates 41 ACT teams with 26 CSB teams and another six teams operated by non-CSB providers. DBHDS reported the following from a two-year pre/post study for ACT in FY 2023:
 - The average cost per individual served by ACT teams in FY 2022 was \$15,453, representing a consistent trend with the previous fiscal year.
 - State hospitalization usage for all ACT-served individuals admitted in FY 2020 was reduced by 42 percent, a cost avoidance of \$11,484,010 for this population.
 - All new FY 2020 ACT-served individuals accounted for 24,091 state hospital bed days in the two years prior to ACT admission, and just 13,873 in the two years post admission.
 - Across the FY 2016 to FY 2020 cohorts, ACT contributed to an overall cost avoidance of \$55,064,180 in state hospital costs in the two years following initiation of ACT services.
 - Local psychiatric hospitalization utilization for all ACT-served individuals admitted in FY 2020 had a 43 million reduction, a cost avoidance of \$2,938,996 for this population.
 - Across the FY 2016 to FY 2019 cohorts, the ACT program contributed to an overall cost avoidance of \$2,929,363 in jail costs in the two years post initiation of ACT services.

Community Child and Family Behavioral Health Services

The Virginia Mental Health Access Program (VMAP)

- Continues to operate fully staffed regional hubs providing behavioral health consultation and care navigation services to the region’s primary care providers (PCPs) who treat children and adolescents (North, East, Central, West, and Southwest).
- To date the VMAP line completed 2,799 mental/behavioral health consultations, 2,036 care navigation requests and has served 3,360 Virginia pediatric patients.
- VMAP began adding multiple early childhood physicians (e.g. early childhood child and adolescent psychiatrists, developmental/behavioral pediatricians) to the VMAP line. These early childhood physicians are available to consult with PCPs on patients aged 0-5 (8 percent of calls in 2022).
- Data specialists and evaluators were hired to support an increase in analysis demands and to demonstrate the impact of VMAP across Virginia. Transitioned all data collected for the VMAP Line to a Customer Relations Management platform that allows real-time program management, data visualization, and reporting in 2022.

Early Intervention/Part C

- Early Intervention’s six-year State Systemic Improvement Plan focuses on improving positive social-emotional skills for infants and toddlers.
- Served 23,139 infants and toddlers in FY 2023 through Early Intervention/Part C. This is an increase of almost 10 percent over the previous year.
- Awarded school-based mental health grants to six school divisions.
- Funded two CSBs to provide one-time start-up funds to expand or establish comprehensive treatment and recovery services for adolescents ages 12-18 with substance use disorders (SUDs) and/or co-occurring disorders (CODs), and their families.
 - Region 5 will provide an ASAM Level 2.1 Intensive Outpatient Service for adolescents.
 - Region 3 will provide and ASAM Level 3.7 Medically Monitored High-Intensity Inpatient Service for adolescents.

Behavioral Health Wellness and Suicide Prevention

Mental Wellness Community Trainings

- Lock and Talk Virginia Lethal Means Safety Initiative – Lock and Talk promotes safe and responsible care of lethal means while encouraging community conversations around mental wellness and suicide prevention. Over 18,000 medication safety devices and over 17,500 gun locks were distributed with education across all 40 participating CSBs this year.
- Applied Suicide Intervention Skills Training (ASIST) – ASIST helps caregivers recognize risk for suicide, intervene to prevent immediate harm and link persons at risk to the next appropriate level of care. Trained 747 individuals in ASIST in FY 2023 (increased from 138 trained last year) bringing total individuals trained up to 4,730 since 2015.
- SafeTALK (Suicide Alertness for Everyone) – SafeTALK increases participants awareness of suicide and preparedness to connect individuals with suicidal thoughts appropriate resources. Trained 3,022 individuals in SafeTALK (increase from 205 trained last year) bringing the total trained to 5,766 individuals since 2015.
- Mental Health First Aid (MHFA) – Trained 7,565 individuals in MHFA bringing the total number trained up to 93,717 since 2014. MHFA is available in-person and virtually.

Behavioral Health Equity

- Language Access – Developed a system for DBHDS and CSB staff to request translations by DBHDS or CSB staff step-by-step guides. Created educational materials defining language access and reviewing legal requirements.
- Awarded over \$350,000 in behavioral health equity grants for the 2023 cycle to ten CSBs and 16 community organizations.
- Collaborated with VCU to create the Virginia Wellbeing Dashboard to visualize the behavioral health index and the social determinants of behavioral health.
- Virginia Refugee Healing Partnership – Provided 11 mini-grants for youth substance use prevention training for refugees and immigrants. Conducted a statewide needs analysis survey on refugees. Led training on trauma-informed care for 39 facilitators and 216 community members and translated the module into multiple languages. Completed behavioral health interpreter training with 741 successful participants to date.

Adverse Childhood Experiences (ACE) & Trauma Informed Care

- Delivered 412 ACE presentations to 6,315 participants. Led three presenter cohorts training a total of 38 new facilitators across the state to deliver the ACE Interface curriculum.
- Provided financial support to The United Way of Southwest Virginia for its Trauma-informed Schools Pilot program.
- Supported VDOE in their Peer Support School Pilot program in Fairfax County, providing education and program development on trauma-responsive approaches to social connection and youth mental health prevention.
- Funded Lift Up Virginia platform focusing on capturing and recording the growth of community resilience across the state.

Problem Gambling Prevention

- Formed and hosted the first two meetings of the new Problem Gambling Treatment and Support Advisory Committee composed of state government and community stakeholders.
- Of the total \$2,000,378 budget allocation for problem gambling services half (\$1,000,189) was dedicated to prevention and half (\$1,000,189) to treatment and recovery services. Prevention spent 91 percent of its budget allotment and Treatment/ Recovery spent 30 percent of its allotment.
- All 40 CSBs have disseminated information on safer gambling practices, preventing underage gambling, and problem gambling. 20 CSBs have added problem gambling merchant education to their strategic plans and are currently in process of implementation.

Synar

The federal Synar Amendment requires states to have laws prohibiting the sale and distribution of tobacco products to minors.

- There were 2,454 store assessments conducted by the CSBs. This represents 34 percent of Virginia's retailers.
- 721 retailers, from a statewide, random sample of 834, received a Synar compliance check resulting in a Retailer Violation Rate (RVR) of 16.5 percent. This is down by 1.8 percent from the previous year.

Youth Cannabis Use Prevention

- In FY 2023, 17 CSB prevention teams implemented 54 marijuana-focused activities with a reach of 808,516 adults and 49,518 youth.
- Convened a Youth Cannabis Advisory Workgroup to ensure that all agencies involved in the oversight and prevention of youth cannabis use were coordinated and working together and aligning strategies.

Substance Use Disorders

In FY 2023, DBHDS re-established the Office of Substance Use Services. The office includes the following programs: State Opioid Response (SOR), Harm Reduction, Women's Services, REVIVE, State Opioid Treatment Authority (SOTA) which governs Medications for Opioid Use Disorder programs, and Substance Use Treatment.

State Opioid Response (SOR) Activities

DBHDS has received a federal State Opioid Response (SOR) grant funding beginning October 2018 through September 2024 for prevention, treatment, and recovery. In FY 2022 and 2023, Virginia received \$27.9 million in SOR funding.

- Prevention SOR grant accomplishments included:
 - Funded the purchase of 18,457 Naloxone kits for distribution by CSBs, local health departments and numerous other treatment and recovery services providers.
 - Funded nearly 17,000 fentanyl test strips for CSBs and local health departments.
 - Developed the Commonwealth's first Naloxone Saturation and Distribution Plan through partnership with the Virginia Department of Health (VDH).
 - Increased the number of safe storage and disposal efforts to decrease the availability of prescription and over the counter drugs for misuse. These efforts included distribution of drug deactivation packets, prescription drug lockboxes, and smart pill bottles. Communities also participated in drug take-back events and arranged for the installation of permanent drug drop boxes or drug incinerators.
 - Media campaigns included: 1) Utilized DEA's One Pill Can Kill campaign to educate communities, especially youth, across the Commonwealth about fake prescription pills containing fentanyl, xylazine, and other deadly additives. Translated the Fake Pill Fact Sheet into ten languages this year. Increased community awareness of local opioid overdose problems. 2) The SOR-funded "Activate Your Wellness" statewide media campaign, based on SAMHSA's Eight Dimensions of Wellness, launched in July 2022. The focus audience is communities of color, primarily Black, African American, Hispanic, Latino, bi-racial or multi-racial. The initial three-month campaign delivered almost 18 million impressions across all media outlets and reached more than one million individuals.
- Treatment SOR grant accomplishments included:
 - Provided funding for 7,865 individuals to receive SUD treatment services in the commonwealth. Treatment clients also received other services, such as transitional housing, residential treatment, or wellness support.
 - Awarded three mini-grants to CSBs for the purchase of mobile vehicles to provide SUD treatment and comprehensive harm reduction services. SOR has now funded a total of five mobile units for SUD services.
- Recovery SOR grant accomplishments included:
 - Provided funding and resources for 30,633 Virginians to receive recovery services. 88 percent of these services were provided by SOR-funded peer recovery specialists.
 - Expanded collegiate recovery to three new colleges/universities – University of Lynchburg, Wytheville Community College, New River Valley Community College, making a total of ten higher education schools with SOR-funded collegiate recovery communities.
 - 21 regional jails are now providing SOR-funded medication assisted treatment (MAT) and/or recovery services.

Harm Reduction Programs

Harm reduction is an evidence-based approach in overdose prevention, risk reduction, and health promotion. DBHDS harm reduction services included providing overdose and infectious diseases

education, referrals to medical, treatment, and recovery services, reduction of stigma campaigns, first aid kits, gun locks, and REVIVE! kits.

- REVIVE! – REVIVE! provides training on how to recognize and respond to an opioid overdose emergency using naloxone. In FY 2023, approximately 18,000 people were trained, and 13,425 received no-cost naloxone at the trainings (submitted information from trainers). Provided monthly REVIVE! Training of Trainers sessions (TOT) to increase number of trainers statewide capable of leading basic REVIVE! training. Increased certification of Master Trainers by 30 percent, with concentration in rural areas of need.
- State Opioid Treatment Authority (SOTA) – Expanded to 48 OTPs in FY 2023 (two OTPs closed and five new OTPs were licensed). All 48 OTPs have become naloxone only distribution sites in accordance with VDH requirements to receive free naloxone for distribution to clients.

Women's Services

In FY 2023, all 40 CSBs provided SUD services to women. There was a total of 12,420 women served in SUD services across the CSBs: Women Treatment: 9440; Pregnant and Parenting: 136; Pregnant: 172; Parenting Only: 2672.

- Project LINK is an interagency, community-based collaborative program designed to coordinate and enhance existing services to help meet the extensive and multiple needs of women and their children whose lives have been affected by substance use. Two additional Project LINK programs were implemented in FY 2023: Allegheny Highlands CSB (Region 1) and Allegheny Highlands CSB (Region 3). There are now a total of 14 Project Link programs in the Commonwealth. Expanded all Project Link programs to include services for pregnant and parenting substance using individuals under the age of 18.
- Provided CAA supplemental funds to enhance and support five residential SUD treatment programs for women licensed by DBHDS.
- Enhanced seven CSBs' women's services programs through ARPA and CAA funding allocations.

Recovery Support Services

Trained and certified Peer Recovery Specialist (PRS) workforce. There are currently 1,113 individuals in active Certified Peer Recovery Specialist (CPRS) status with the Virginia Certification Board and 576 of those are registered with the Board of Counseling. In addition:

- 966 people took the DBHDS 72-hour Peer Recovery Specialist training in FY 2023. Over 4,560 people have completed the training since January 2017. 130 people completed the online, on demand supervisor training in FY 2023.
- Regional Recovery-Oriented Services Coordinator trained a total of 1,408 individuals across the Commonwealth. The trainings included peer staff within the public behavioral health system, recovery communities, non-profit organizations, and private providers. Trainings included but were not limited to: DBHDS 72-Hour PRS Training, Action Planning for Prevention and Recovery (APPR), Peer Support in the Workplace, Ethical Decision-Making, Trauma Informed Peer Supervision, Peer Group Facilitation, CPRS Prep Exam Training, and Crisis Services.

Developmental Community Services

U.S. Department of Justice Settlement Agreement

- Virginia is in the 12th year of a Settlement Agreement with the U.S. Department of Justice to improve and expand services and supports for individuals with developmental disabilities (DD) and to create a comprehensive system of home and community-based services that promotes community integration and quality improvement. Reports associated with the DOJ Settlement Agreement are published here: <https://dojsettlementagreement.virginia.gov>.
- As of the Independent Reviewer’s June 2023 report, Virginia is in compliance with (or in compliance pending data validation) with 238 of 317 (75 percent) of compliance indicators. The report also found Virginia in compliance or sustained compliance with 83 of 122 provisions of the Settlement Agreement (68 percent).
- In July 2023, Virginia was relieved of 35 compliance indicators in sections III.C.7.a, III.D.6, V.E.2, V.I.1., V.I.2, and V.I.3. Relief of these indicators also resulted in the Commonwealth being relieved of four provisions of the Settlement Agreement: III.D.6, V.I.1, V.I.2, and V.I.3. As a reporting cycle has not yet been completed since relief of these provisions and indicators in July 2023, the data on compliance in the first two bullet points do not reflect these updates.

Supported Employment Services

Virginia is an “Employment First” state and continues to promote the value of employment for all persons with disabilities. DBHDS published two semi-annual reports on employment with 100 percent participation from employment service organizations. The percent of individuals with a DD waiver employed increased from a low of 17 percent up to 22 percent in FY 2023.

Medicaid Waiver Services for Individuals with Developmental Disabilities (DD)

- The Medicaid Home and Community-Based Services (HCBS) waivers prescribe the types of services Virginia may offer based on approved applications to the U.S. Centers for Medicare & Medicaid Services (CMS). HCBS waivers provide the funding for most children and adults receiving services through a combination of state and federal funding.
- Waiver Services and Waitlist – As of August 1, 2023, there were 16,638 individuals assigned a waiver slot. The total wait list was 15,019 and included:
 - Priority One (services needed within one year): 3,536;
 - Priority Two (services needed in 1-5 years): 6,437; and
 - Priority Three (services needed in 5+ years): 5,046
- Virginia’s HCBS Waivers (DD Waivers) are subject to the 2014 HCBS Settings Regulation (Final Rule) which prescribes specific characteristics that must be present in settings where waiver services are provided to demonstrate a community experience versus an institutional one. HCBS settings nationwide were required to demonstrate compliance with the rule by December 31, 2025 to continue participating in the Medicaid waivers program. There are approximately 4,450 of these settings serving children and adults in Virginia. Each group home, group day, sponsored residential, supported living, and group-supported employment setting was required to be assessed for compliance with the requirements. Virginia received a corrective action plan (CAP) allowing the state to continue validating

settings on a staggered timeline. As of FY 2023, DBHDS and DMAS have completed approximately 79 percent of the reviews.

Supports Intensity Scale®

The Supports Intensity Scale (SIS®) is a comprehensive assessment used to identify the practical supports required for individuals enrolled in DD waivers. In Virginia, external organizations accredited to perform the SIS contract with DBHDS to conduct the assessment.

- SIS vendors completed a total of 3,006 SIS assessments.
- Surveys showed an overall satisfaction rate in FY 2023 of 98 percent.

DD Waivers Customized Rate Program

The DD Waiver customized rate program helps individuals successfully live in the community and avoid unnecessary hospitalization or involvement with the criminal justice system by providing funding for additional staffing supports, and/or funding to support staff with higher levels of education and training which is necessary to support the individual's unique needs. From the start of the program in 2017 to date, 1,403 applications have been received and processed of which 1,037 were approved. In FY22, there were 255 applications processed, of which 207 were approved. Application processing remained stable in FY 2023 with 252 applications processed of which 169 were approved.

Integrated Health

The Office of the Integrated Health Support Network (OIH-HSN) focuses on improving access to health and safety services through the commonwealth by identifying barriers and working toward filling gaps in services to improve quality of life and overall health.

- Health Support Network Mobile Rehab Engineering – Performed 6,700 repairs to 4,567 pieces of durable medical equipment and assistive technology items (i.e. wheelchairs). The team completed a total of 2,838 appointments and completed 28 custom adaptations.
- Community Nursing – Facilitated 57 regional community nursing meetings with a combined 973 attendees. Presented 86 educational trainings with 4,347 attendees on topics addressing challenges in health and safety and reducing risk of injury or fatal outcomes. Circulated 22 monthly newsletters and health and safety alerts promoting best practices in the health care and promoting safety interventions that can mitigate risk.
- Dental – There are currently 1,960 active individuals with DD in the dental program. The Mobile Dental Team completed 404 appointments in FY 2023. Completed quality reviews of 217 behavior support plans.
- Preadmission Screening and Resident Review (PASRR) – The PASRR process is a federally mandated process that ensures individuals with DD or severe mental illness admitted to nursing facilities meet criteria for admission. The PASRR team completed 943 evaluations for individuals who were referred to or seeking admission to nursing homes.

Provider Network Supports

The Office of Provider Development is now called the Office of Provider Network Supports. This change was made to better reflect collaboration with providers and our intention to be a resource in accomplishing their missions in Virginia. The office focuses on developing and

sustaining a qualified community of providers so people with DD and their families have choice and access to options that meet their needs. FY 2023 accomplishments include:

- Awarded \$181,175 to create integrated service options in underserved areas.
- Held quarterly provider round table and support coordinator meetings attended by 2,018 representatives to share updates, initiatives, and obtain stakeholder feedback.
- Met with 100 unique providers seeking to diversify or expand services.

Individual and Family Support Program (IFSP)

IFSP is designed to assist individuals on the DD Waivers Waiting List and their families access short-term, person/family-centered resources, supports, and services to establish and maintain an independent life in the community. Since its initiation in 2013, the IFSP has grown to extend varying types of supports to over 15,000 individuals. FY 2023 accomplishments include:

- Received 4,914 applications and awarded funds to 3,770 applicants. The total amount of funding awarded was \$2,499,620.20.
- IFSP emergency regulations were approved and new funding guidelines were developed based on the regulations.
- The IFSP network-funded *Family to Family* contract through the VCU The Center for Family Involvement (CFI), reported 635 unduplicated calls for support in FY 2023. From January through June 2023, CFI reported 69 requests for support from families on Waitlist, and 23 from families with DD Waiver funding. Those families received mentoring support.
- The My Life My Community (MLMC) website received 76,260 visits from 66,009 users.
- Outreach materials were distributed to 95 percent of individuals on the Waitlist via the Annual Waitlist Notification mailer.

Waiver Management System (WaMS)

WaMS is the DBHDS waiver management system. FY 2023 updates included:

- Release Regional Support Team (RST) module and enhancements to automate RST process and data reporting.
- Update to ISP (version 3.4) to enhance electronic health record integration and to align with DOJ compliance indicators.

Single Point of Entry and Children's ICF Initiatives

DBHDS, along with DMAS, began the single point of entry process in May 2018. Through this process, any Virginian seeking placement in an intermediate care facility (ICF) is screened to determine eligibility. In FY 2023, 58 Virginians with intellectual disabilities were screened for ICF placement (29 adults and 29 children).

Community Housing

- Invested \$45 million to establish and sustain 27 permanent supportive housing (PSH) providers across the state to serve more than 1,900 individuals with SMI. DBHDS annual report on PSH can be viewed on the Reports to the General Assembly website.
- Contracted with three non-profit service providers to work with owners of Low Income Housing Tax Credit properties to provide on-site services to tenants with SMI or I/DD.
- Invested \$3.4 million to serve 150 households with a pregnant or parenting woman with substance use disorders.

- Allocated \$1.5 million in federal Projects for Assistance in Transition from Homelessness (PATH) funds to 14 CSBs to provide outreach and case management services to people with SMI experiencing homelessness. Virginia PATH providers engaged more than 2,000 homeless individuals through street outreach and shelter in-reach.
- By the end of the fiscal year, nearly nine percent of adults in the Settlement Agreement population were living independently. Their housing opportunities were provided primarily through DBHDS's State Rental Assistance Program funding and through 227 housing choice vouchers committed through housing authority preferences. Since these housing efforts were initiated, 2,084 individuals have been assisted to live independently.

Crisis Services

Formed FY 2023, Crisis Services is focused on the development and implementation of an integrated continuum of community-based crisis intervention services. Over the past year, Crisis Services has grown by nine staff and undergone considerable re-organization. This includes the creation of two offices, one focused on the operational infrastructure and systems of the integrated continuum, and the other focused on the support and monitoring of service providers.

Office of Crisis Services

The Office of Crisis Services supports, oversees, and evaluates core components of the integrated continuum of services, including Mobile Crisis Response, Crisis Stabilization Unit and Crisis Receiving Center, CSB Emergency Services, Children's Crisis Services, and REACH (Regional, Education, Assessment, Crisis Services, Habilitation).

- Mobile Crisis Response (MCR) – Cross-trained behavioral health and developmental services specific mobile teams to ensure adequate statewide 24/7 coverage. Early in 2023 each team type was around 40 percent staffed and there were under 40 behavioral health teams. Now combined, the teams are over 65 percent staffed, with over 90 teams. Collaborated in the build out and implementation of the Virginia Crisis Connect portal to facilitate the MCR dispatch function and access to authorization codes for billing.
- Crisis Receiving Centers and Crisis Stabilization Centers – DBHDS has supported the establishment of four operational CRCs. An additional 11 have been provided funding and are in various stages of development. FY 2024 projects are being advanced in 2023, and are expected to bring a combination of over 200 new 23-hour chairs and crisis stabilization beds into development in 2023 and 2024, specifically:
 - New River Valley Community Services opened the first adult Crisis Receiving and Stabilization Center in the state with the capacity for 16 adult residential beds when fully staffed.
 - Hampton-Newport News is expanding from an 11-bed to a 16-bed CSU, to be combined with a CRC.
- Community Services Board Emergency Services – During FY 2023, the emergency services (ES) programs saw 57,962 individuals in crisis. Of those, 37,684, or 65 percent, were not hospitalized under a civil temporary detention order following an evaluation conducted by a certified preadmission screening clinician (CPSC). There were 666 criminal temporary detention orders executed following the recommendation of a CPSC. The requirements for CPSCs were changed in September 2022 in response to the growing concern over workforce shortages. The changes allow individuals with a minimum of a bachelor's degree and a QMHP registration to be eligible to become CPSCs.

- REACH - (Regional, Education, Assessment, Crisis Services, Habilitation) – The REACH program provides crisis services for individuals with a developmental disability. In FY 2023, REACH received a total of 1,903 adult referrals and 1,259 referrals for the youth. The REACH regional programs’ staff combined to complete a total of 1,809 crisis assessments with adults and 1,025 crisis assessments with the youth as part of their continued mobile crisis response service. REACH supports individuals with DD by providing community crisis stabilization, non-residential and residential (Crisis Therapeutic Homes) services. In FY 2023:
 - 434 adults and 347 youth were admitted or readmitted into the non-residential service during this fiscal year.
 - In residential homes, 124 individuals were admitted for crisis stabilization, 72 for crisis prevention, and 51 individuals were stepped down post psychiatric hospitalization for further stabilization.
 - Provided 20,469 hours of prevention services for adults and 11,466 hours for youth.
 - Trained 4,815 community partners in prevention and in decreasing stressors that may lead to a crisis for the individual or family/provider.

Office of Crisis Operations

The office of crisis operations has worked to expand reporting, analytic, and system development crisis infrastructure. The office led expansion across the following service areas:

- Regional Crisis Call Centers – The five DBHDS regions in Virginia sought and selected proposals for call center services. PRS CrisisLink was contracted to serve Regions 1, 2, 4, and 5, while Frontier was contracted for region 3. Continued infrastructure build out has a primary focus on workforce development, capacity enhancement, and chat/text services. In Virginia, each participating call center has successfully increased its capacity to meet the anticipated rise in demand, as indicated by the current in-state answer rate of 92 percent.
- Alternative Transportation and Custody – There has been an overall decline in the percentage of TDO transports since FY 2022. The reasons for this decline are multifaceted including staff recruitment and retention challenges, increasing clinical acuity of individuals under a TDO making it unsafe for them to be transported without restraints and systemic challenges resulting in state facility bed shortages and waiting lists. The initial contract period with Allied (which purchased G4S) will end in September of 2024 and DBHDS will issue a new Request for Proposals as required. DBHDS submits a separate report for Alternative Transportation which can be found on the General Assembly website.
- Virginia Crisis Connect (VCC) (formerly the Crisis Data Platform) – VCC acts as a centralized tool for crisis services provided through the continuum. VCC expanded in FY 2023 to include enhanced Risk Assessment capabilities for the Call Centers and the ability to geolocate and dispatch Mobile Crisis Responders.
- Marcus Alert/Co-Responder Program – Marcus Alert is a statewide framework that was developed alongside community stakeholders. The Marcus Alert legislation required five areas to implement the Marcus Alert by December 1, 2021. The next five areas that were required to implement Marcus Alert launched their local programs on July 1, 2023.
- Crisis Intervention Team – The CIT Assessment Site program operates 37 locations in all Virginia regions. These locations are supported by 38 of 40 CSBs (the remaining two have

access to sites in neighboring localities). Referrals to the CIT Assessment sites by law enforcement continue to surpass 10,000 per year.

Enterprise Management Services

Enterprise Management Services includes a portfolio of programs that are critical in nature, broad in scope, and not well-placed within any particular section of the organizational chart.

Management Services

- Finalized the FY 2024-2025 Community Services Performance Contract and supplemental documents, effective July 1, 2023.
- Expanded team size to better support our internal and external stakeholders.

Emergency Management

- Supported response to 18 emergencies impacting DBHDS facilities and Virginia.
- Provided technical assistance and training regarding disaster behavioral health planning and provision of services throughout Virginia: 60 facility visits to provide guidance, assistance, and training; conducted ten Stop the Bleed classes for facility staff; facilitated five Stress First Aid orientations to colleagues from prevention services, CSBs, social services, victim services, DBHDS hospital facilities and the Virginia Department of Health; delivered Disaster Behavioral Health Orientation to New River Valley CSB.

Community Operations Program

In September 2022, a Deputy Director of Enterprise Management Services position was created and staffed for Oversight of Community Operations. The focus on this office is on improving the intersection of the DBHDS Community Services Divisional offices and the community-based safety net of publicly funded services. Achievements for this fiscal year include:

- Completed a full personnel accounting of the Administrative Corrective Action Plans (CAPs) related to all six block grants.
- Implemented State Fiscal Agreement (SFA) tracking across offices for the supplemental block grants allowing for better access to funds.

Facility Services

Transformation of Facility Services

The DBHDS Facility Services Division has restructured to support the operation of the 12 state facilities as a high-performance hospital system to deliver care that is high quality, efficient, and coordinated to meet current and future challenges. This transformation includes the development of a data management position and establishment of four new offices to provide oversight of essential state facility administrative and programmatic operations. The new offices include the Office of Administrative Services, the Office of

Environment of Care, the Office of Quality Improvement, and the Office of Program Services. FY 2023 Facility Services accomplishments include:

State Behavioral Health Hospitals and Centers

- Western State Hospital (WSH) increased bed capacity following critical staffing levels and COVID pandemic impacts, restoring 55 beds to the state hospital system.
- Commonwealth Center for Children & Adolescents (CCCA), achieved Joint Commission accreditation as a Behavioral Health Hospital in June 2022 and renewal in August 2023.
- Southern Virginia Mental Health Institute (SVMHI) remained fully accredited with deemed status by The Joint Commission on July 14, 2023.
- Eastern State Hospital (ESH) again received the Malcolm Baldrige National Quality Award (MBNQA). Established by the U.S. Congress in 1987 to recognize U.S. companies with successful quality management systems, the award is the nation's highest presidential honor for performance excellence.
- Central State Hospital (CSH), located in Dinwiddie County, Virginia was awarded the 2023 Outstanding Business Partner of the Year by Petersburg High School.
- Southwestern Virginia Mental Health Institute (SWVMHI) met the requirements for the Mental Health America Bell Seal Award, Bronze Level.
- The nurse aide education program training site and curriculum at Hiram W. Davis Medical Center (HDMC) was approved by the Virginia Board of Nursing.
- Virginia Center for Behavioral Rehabilitation, located in Burkeville (VCBR) continues to lead the nation in the number of individuals safely and successfully discharged from a sexually violent predator civil commitment facility. The facility's expansion project received LEED Silver rating from the United States Green Building Council.

Environment of Care (formerly Architecture and Engineering Services)

The Office of Environment of Care (OEOC) was created during FY 2023 to house operational oversight for Emergency Services, Public Safety and Security, and Environmental Services while maintaining management of Capital and Maintenance Reserve projects, Food Services, and Operations Management. The OEOC team collaborates with facility leadership and the Department of General Services (DGS) to manage all aspects of physical plant maintenance, nutrition services, housekeeping, and safety. Capital Projects in FY 2023 include but are not limited to VCBR expansion, ESH safety and hardening, surplus land (CSH, CVTC), DGS managed umbrella projects – fire alarm, access controls, and window replacements.

Clinical Program Services

The Office of Clinical Program Services (OCPS), created in FY 2023, consolidated DBHDS' clinical consultant services into one office. The OCPS team serves as technical advisors and subject matter experts who work directly with and in the state facilities. The office consists of the clinical program director, a clinical operations consultant, a behavioral analyst (pending funding), as well as pharmaceutical and medical consultants. Among other initiatives, the office is supporting the facilities' efforts to conform to and maintain certification and accreditation standards with the Joint Commission, Centers for Medicare and Medicaid Services, and other regulatory oversight bodies, and supporting with recruitment and retention initiatives.

Facility Administrative Services

Office was created in FY 2023 with two full-time executives, the Director of Facility Administrative Services in January 2023 and Business Process Improvement Manager, February 2023. The emergent areas for improvement identified include:

- Completed review of all enterprise applications, including reduction of outdated or unsecure applications, RFP process for Avatar replacement, and implementation of governance structure on how to address any new enterprise solution.
- Human capital management and payroll process review.
- Developed a monthly scorecard for each facility with the following categories: Financial, Safety, Human Capital Management, and Operations.

Quality Improvement

Created in FY 2023, the purpose of the OQI is to ensure an organizational culture of continuous self-monitoring through effective strategies, best practices, and activities at all levels of the DBHDS operated facilities. The OQI team provides support and leadership to the facilities to ensure a systemic approach in quality patient care, utilization review, infection control, incident management, safety, electronic health record optimization, and operational compliance. The following initiatives have already been implemented:

- Developed a tool that requires facility directors to validate the facility's compliance as it relates to regulatory and agency standards.
- Developed a mock survey tool and assembled a team of subject matter experts to conduct an unannounced audit at one facility each month. The survey is conducted in the same way regulatory surveyor's complete audits and aims to better prepare facility staff for certification and/or accreditation reviews.
- Developed a tool that tracks external complaint cases and documentation requests, regulatory reviews, and plan of correction compliance.

Patient Continuum of Services

The Office of Patient Continuum Services provides development and oversight of state hospital admissions and discharges, including management of the hospital waitlists, and discharge planning and community integration of individuals discharging from state hospitals. The team assists and trains state hospital admissions staff, CSB preadmissions screeners, state hospital social workers, and CSB discharge planners. The team administers Discharge and Diversion funding, including Discharge Assistance Plan (DAP) funds and Local Inpatient Purchase of Service (LIPOS) funds. FY 2023 accomplishments include:

- State Hospital Admissions: The team added a full-time position to provide management and triage of the state hospital waitlists (civil and forensic) as well as to provide guidance in the streamlining of admissions processes among the state hospitals.
- Extraordinary Barriers to Discharge List (EBL) – Individuals on the EBL have been clinically ready to leave the hospital for at least seven days; however, cannot be discharged safely due to non-clinical barriers. The average number of individuals on the EBL grew from 153 in FY 2015 to a high of 250 in FY 2019. In FY 2022 the average number of individuals on the EBL was 199 and in FY 2023 it was 164.
- Discharge and Diversion – DAP is a major tool for overcoming barriers to discharge for individuals in state mental health hospitals who are clinically ready to leave but unable to do so due to the lack of needed community services. Total DAP funding amount is

approximately \$86 million. In FY 2023, DAP funds served nearly 1,700 individuals, of which approximately 530 were new discharges from state hospitals. Additional projects and partnerships included:

- Supported 145 assisted living facility beds in three locations.
- Supported 110 transitional group home beds in locations throughout the state. All of these beds are used exclusively for individuals discharging from or diverting from state hospitals.
- Served 122 individuals in transitional group homes.
- Served 173 individuals in assisted living facilities.
- Serve approximately 65 individuals through partnerships with Mount Rogers CSB and Western Tidewater CSB to provide enhanced behavioral support at local nursing homes for individuals discharging from state hospitals.
- Supported three programs that focus on assisting individuals with dementia who have been hospitalized at or are at risk of state hospitalization, and their families and caregivers in Northern Virginia, Southwest Virginia, and Tidewater.

Forensic Services

In FY 2023, there were 2,293 forensic admissions to state hospitals, which is 365 more than in FY 2022. However, community treatments for forensic patients is slowly growing: In FY 2023, there were 32 outpatient temporary custody orders, resulting in significant cost savings and bed days used. In addition, CSBs requested reimbursement for 418 outpatient restoration cases. Two additional accomplishments for FY 2023 was 1) establishing the Central Office Forensic Evaluation Team, which completed 202 evaluations for DBHDS facilities, and 2) launching the new Forensic Information Management System (FIMS) on June 22, 2023. In addition:

- Jail Diversion – Provided oversight and support to 15 jail diversion programs. Provided oversight and support to 11 forensic discharge planning programs at six regional jails, 11 local jails, and in collaboration with 19 CSBs. Partially funded behavioral health dockets at Arlington, Blue Ridge, Richmond, and Valley CSBs.
- Juvenile Competency Restoration and Evaluation – During FY 2023, there was no waiting list for the provision of Juvenile Restoration Services. At the close of FY 2023, the Juvenile Competency Restoration Program had 193 new court orders to provide juvenile restoration services across the Commonwealth.
- Sexually Violent Predator (SVP) Program – Continued to facilitate a multi-agency committee to coordinate sex offender treatment services across DBHDS, Department of Corrections (DOC), and community treatment providers to improve improving treatment consistency and build out a continuum of care and supervision across Virginia. In addition, the updated SVP screening protocol developed in collaboration with DOC appears to be successfully reducing the number of SVP evaluations requested and increasing the accuracy of the screening process.

Licensing and Human Rights

Licensing

The Office of Licensing had several key initiatives this year including 1) streamlining the initial application process so that at least 85 percent of completed applications for high priority/high need services are licensed within 90 days and 2) streamlining the location and service modification process so that at least 85 percent of completed applications for modifications are licensed within 30 days.

- Between January 1, 2023 when the initiative began and June 30, 2023, 387 new providers were licensed with over 98 percent of applications being approved within 90 days, which far exceeds the goal of 86 percent. Average time on the waitlist for applications of priority services was 2 business days, compared to approximately 18 months, the previous year.
- Between January 1, 2023 when the initiative began and June 30, 2023, 1,014 location and service modifications were approved.
- The number of licensed providers increased by 31 percent and the number of licensed services increased by 15 percent during the first 6 months of the initiative
- Incident Management Unit (IMU) – The IMU supports OL’s ability to implement the recommendations contained within the Office of the State Inspector General’s Review of Serious Injuries and allows for better monitoring of providers’ compliance with the serious incident reporting requirements contained within the Licensing Regulations. In addition, there are a number of settlement agreement provisions and indicators that tie to the timely and accurate reporting of incidents. The IMU provides regular training and technical assistance to providers, and monitors data including specific individual, provider, and system trends related to serious incidents and deaths. The IMU triaged 22,672 serious incidents and deaths in FY 2023.
- The Specialized Investigation Unit (SIU) – The SIU was developed to supplement the efforts of licensing specialists in conducting investigations to protect the health and safety of individuals with DD; and to ultimately improve the overall quality of services and supports. During FY 2023, the SIU completed 557 death investigations for individuals with developmental disabilities. The Office of Licensing completed a total of 1,157 death/complaint/serious incident investigations during the year.
- During FY 2023, the OL processed 970 complaints which is a 10 percent increase in the number of complaints compared to FY 2022:

Overview of Licensing Statistics in FY 2023*							
Fiscal Year Change:	2012	2014	2016	2018	2020	2022	2023
Licensed Providers	744	917	1,041	1,071	1,290	1,434	1,830
Licensed Services	1,860	2,218	2,608	2,780	3,200	3,664	4,189
Licensed Locations	6,302	7,519	8,447	8,778	10,753	11,660	10,904

*FY2022 data includes data from the previous licensing system (OLIS) and the new system (CONNECT) and may be impacted by the conversion of data and difference in categorization of information.

Services in FY 2023 - Providers may be licensed for multiple services			
Residential Crisis Stabilization 7	35	Nonresidential Crisis Stabilization/crisis intervention	365
Inpatient Psychiatric Unit (41 adults/14 children)	56	SA Medically Monitored Intensive Inpatient Srv- adult (3.7) - 04-015	32
SA Medically Managed Intensive Inpatient Srv - adult (4.0) – 04-013	1	SA Medically Managed Intensive Inpatient Srv (4.0) – children/adolescent -04-014	0
SA Medically Monitored High-Intensity Inpatient Services children/adolescent (3.7) 04-016	3	SA Clinically Managed High-Intensity Residential Srv - 3.5 Adult -01-043	29
SA Specific High-Intensity Residential Srv Adult (3.3) – 01-044	3	SA Clinically Managed Low-Intensity Residential Srv adult– (3.1) -01-045	24
SA Clinically Managed, Medium-Intensity Residential Srv for Children and adolescents (3.1)-children/adolescents – 14-060	2		
DD Supportive In-Home	318	MH Intensive In-Home children/adolescents	387
Supervised Living	33	Sponsored Residential	175
Brain Injury Residential Tx Service	2	MH correctional Facility RTC	3
MH skill building	541	Case Management	209
Psychiatric Residential Treatment Facility children/adolescents	26	Therapeutic Group Home children/adolescents	81
Group Home Service and ICF/IID for adults	652	DD Children Group Home Residential and ICF/IID	21
Substance abuse partial hospitalization	79	Mental health partial hospitalization	39
Substance abuse intensive outpatient	216	Mental health intensive outpatient	52
Substance abuse outpatient	138	Mental health outpatient	133
MH Psychosocial Rehabilitation	85	Therapeutic Day Treatment	64
DD Day Support	396	Respite (residential, in-home, centered based	22
ACT/ICT	41	Medication Assisted Opioid Treatment	40

Human Rights

Virginia Code authorizes the Human Rights Regulations (HRR) to further define and protect specific assured rights for individuals receiving services in DBHDS operated facilities and programs that are licensed and/or funded by DBHDS in the community. Significant activities in FY 2023 included:

- Completed 352 AIM (Assess safety, Initiate process, Monitor compliance) review to ensure the safety of individuals receiving services following substantiated cases of serious abuse involving sexual assault, restraint with serious injury, and physical abuse with injury.
- Collaborated with Adult Protective Services (APS) and Child Protective Services (CPS) to validate accurate reporting of allegations of abuse and neglect in licensed and operated DBHDS provider settings. Received over 1,200 referrals, 272 (27 percent) were determined to be known by the provider but not reported in the human rights database, “CHRIS.”
- Issued a total of 1,535 OHR-Only licensing reports. 884 specifically for violations to 12VAC35-115-50(B)(2) - abuse, neglect and/or exploitation.
- Issued 127 Violation Letters to DBHDS facilities: 62 percent were identified through the DI 201 Investigation process and resulted from substantiated complaints of abuse, neglect or exploitation.
- Facilitated 23 statewide training seminars to approximately 1,971 licensed provider & facility staff participants.

- Provided 58 distinct consultation and targeted technical assistance/training sessions attended by 452 licensed provider and facility staff.
- Reviewed and approved Human Rights Complaint Resolution Policies for 264 new licensed community providers, and conducted additional 19 onsite reviews to new HCBS waiver providers to ensure compliance with HRR and HCBS.

Abuse/Neglect and Human Rights Complaint Statistics (July 1, 2022 – June 30, 2023) for community providers and DBHDS state hospitals and centers:

FY 2023 Human Rights Complaint Data Reported by Community Providers			
Total Number of Complaint Reports			1,199
Total Number of Complaint Reports that resulted in a human rights violation			132
Total Number of Abuse Reports			9,438
Total Number of Abuse Reports that resulted in a human rights violation			1,252
Substantiated Abuse Reports by Type		Exploitation	35
Physical Abuse	116	Neglect	895
Verbal Abuse	132	Neglect (Peer-to-Peer)	69
Sexual Abuse	6	Unauthorized use of Seclusion or Restraint	17
Resolution Levels for All Reports			
Director	10,622		
Local Human Rights Committee	9	State Human Rights Committee	6

FY 2023 Human Rights Complaint Data Reported by DBHDS Hospitals and Centers			
Total Number of Complaint Reports			771
Total Number of Complaint Reports that resulted in a human rights violation			103
Total Number of Abuse Reports			585
Total Number of Abuse Reports that resulted in a human rights violation			114
Substantiated Abuse Reports by Type		Exploitation	3
Physical Abuse	16	Neglect	45
Verbal Abuse	25	Neglect (Peer-to-Peer)	12
Sexual Abuse	1	Unauthorized use of Seclusion or Restraint	2
Resolution Levels for All Reports			
Director	1,340	State Human Rights Committee	3
Local Human Rights Committee	4	SHRC Appeals Subcommittee*	9

Notes: The Human Rights Regulations define complaint to mean an allegation of a violation of the Human Rights Regulations or a provider’s related policies and procedures. For the purposes of this section, complaints that alleged a violation other than abuse, neglect and/or exploitation are referred to as “Complaint Reports”. Human Rights complaints that alleged abuse, neglect and/or exploitation are referred to as “Abuse Reports”. A Report that resulted in a violation is also referred to as a substantiated complaint. A critical function of the OHR is due process via the Local and State Human Rights Committees. Of the 11,993 total complaints (including those alleging abuse, neglect and exploitation), individuals escalated 31 complaints to the Local and State Human Rights Committee. This is less than one percent and an indicator of resolution to individuals’ complaints at the lowest/earliest level of the process. **9 complaints resolved at the SHRC level were reviewed by the SHRC Appeals Subcommittee per a variance allowing alternative procedures for addressing complaints by individuals in maximum security at CSH and residents of VCBR, when the individual is not satisfied with the director’s response.*

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