



COMMONWEALTH of VIRGINIA

NELSON SMITH
COMMISSIONER

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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March 1, 2025

To: The Honorable Glenn A. Youngkin, Governor
The Honorable L. Louise Lucas, Chair, Senate Finance & Appropriations Committee
The Honorable Luke E. Torian, Chair, House Appropriations Committee

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

Item 311.J of the 2024 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 2024 DBHDS annual report.

CC:
Secretary Janet Kelly
Susan Massart
Mike Tweedy

DRAFT



Fiscal Year 2024 Annual Report

(Item 311.J)

January 1, 2025

DBHDS Vision: A Life of Possibilities for All Virginians

Preface

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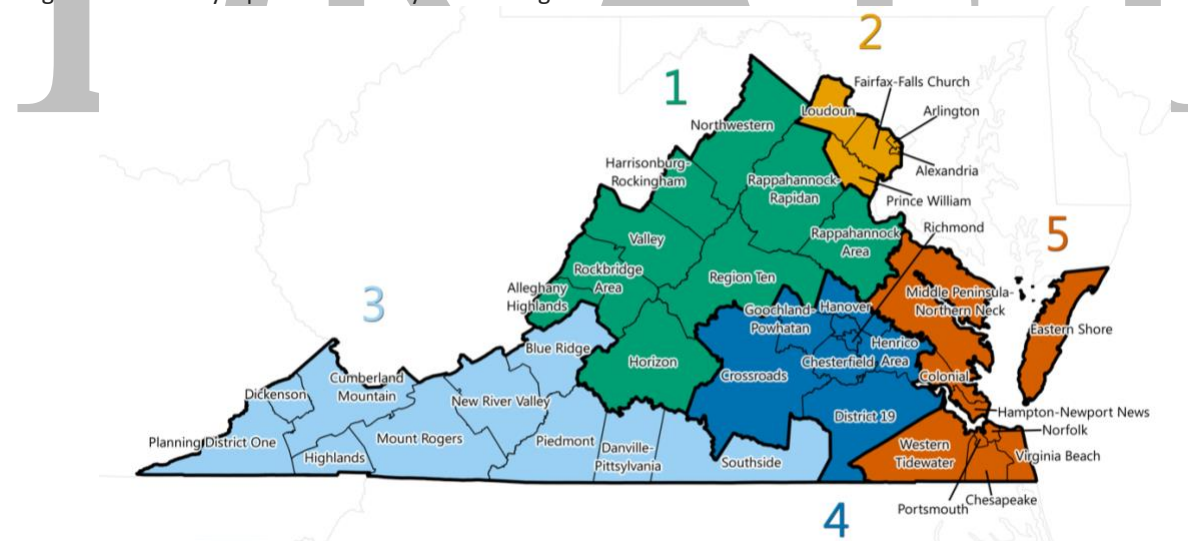
Introduction

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 locally operated 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), local CSBs (shown below) 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 2,206 private and community providers of mental health, substance use disorder, and developmental services in 11,455 locations throughout Virginia.

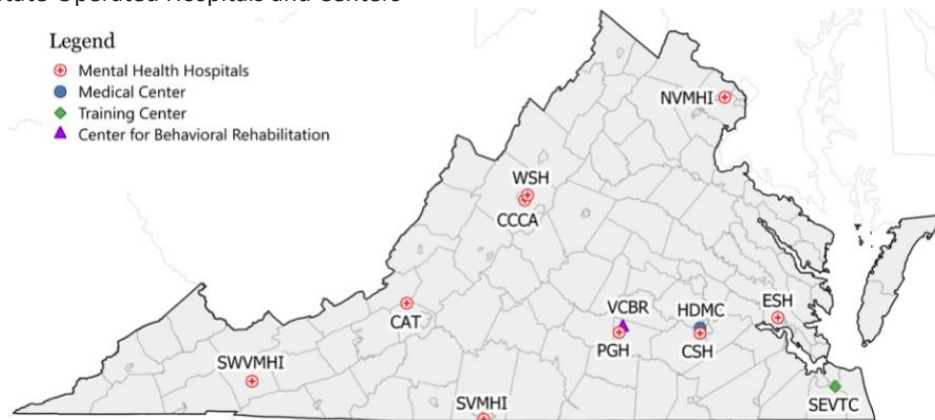
In FY 2024, **209,207** unduplicated people received public behavioral health or developmental disability services: **208,306** unduplicated people received CSB services, and **5,770** unduplicated people received services in DBHDS facilities. Many people received services from both.

Virginia's 40 Locally Operated CSBs by DBHDS Region



DBHDS operates 12 state hospitals and centers (shown below). 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 provider medical services for patients in state hospitals or other centers. DBHDS also provides rehabilitation services for persons court-determined to be sexually violent predators.

Virginia's 12 State-Operated Hospitals and Centers



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 (SWVMI) 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

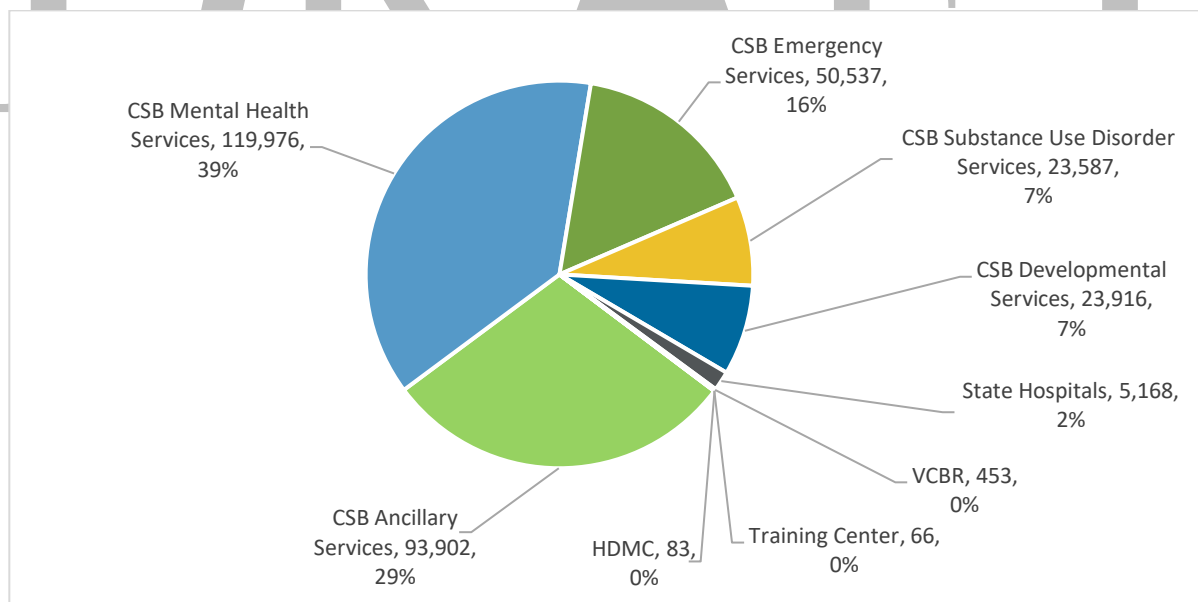
Governor Youngkin's transformational, three-year *Right Help, Right Now* plan offers a road map to ensure every Virginian experiencing crisis, behavioral health disorders or developmental disabilities the help they need, right when they need it. The plan is carefully crafted and comprehensive, making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

expanding community capacity, and innovating service delivery. This report covers the last six months of *Right Help, Right Now* year one, and the first six months of year two. In FY 2024, DBHDS made significant strides advancing the goals of *Right Help, Right Now*, and accomplished targets on its internal strategic plan to support transformation and other system modernization efforts.

Importantly, 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 2024, **209,207** *unduplicated* people received public behavioral health or developmental disability services: **208,306** unduplicated people received CSB services, and **5,770** unduplicated people received services in DBHDS facilities. Many people received services from both, and most of these individuals receive multiple services throughout the year. The image below shows the unduplicated numbers of individuals who received services from among the 40 local CSBs or the 12 DBHDS state hospitals and centers during FY 2024.



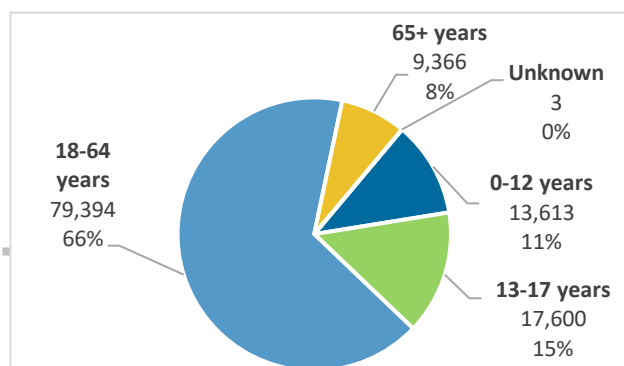
Notes: (1) State hospital services include maximum security.

(2) Ancillary services are motivational treatment, consumer monitoring, early intervention, and assessment and evaluation.

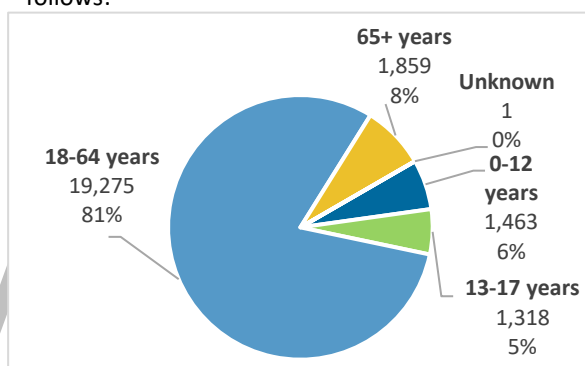
The following charts show more information about the individuals served by Virginia's CSBs:

Age by CSB service area in FY 2024

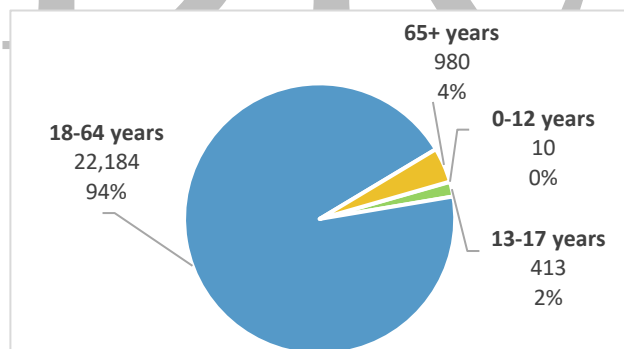
119,976 unduplicated individuals received mental health services from CSBs. Ages are as follows:



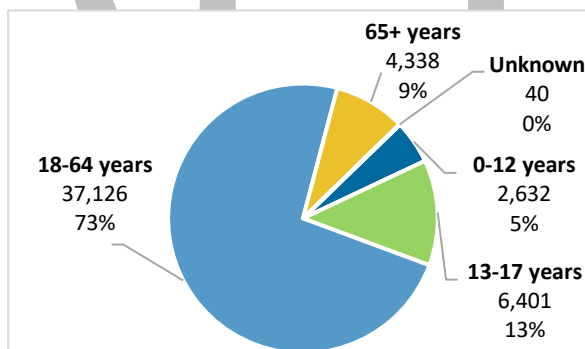
23,916 unduplicated individuals received developmental services from CSBs. Ages are as follows:



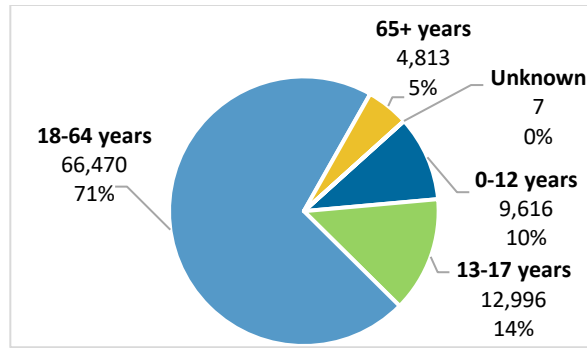
23,587 unduplicated individuals received substance use disorder services from CSBs. Ages are as follows:



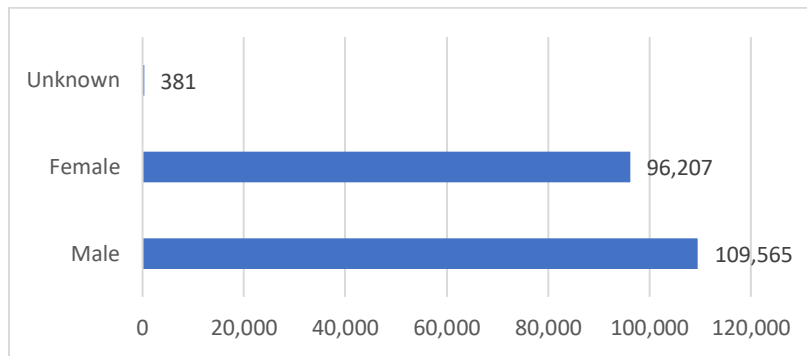
50,537 unduplicated individuals received emergency services from CSBs. Ages are as follows:



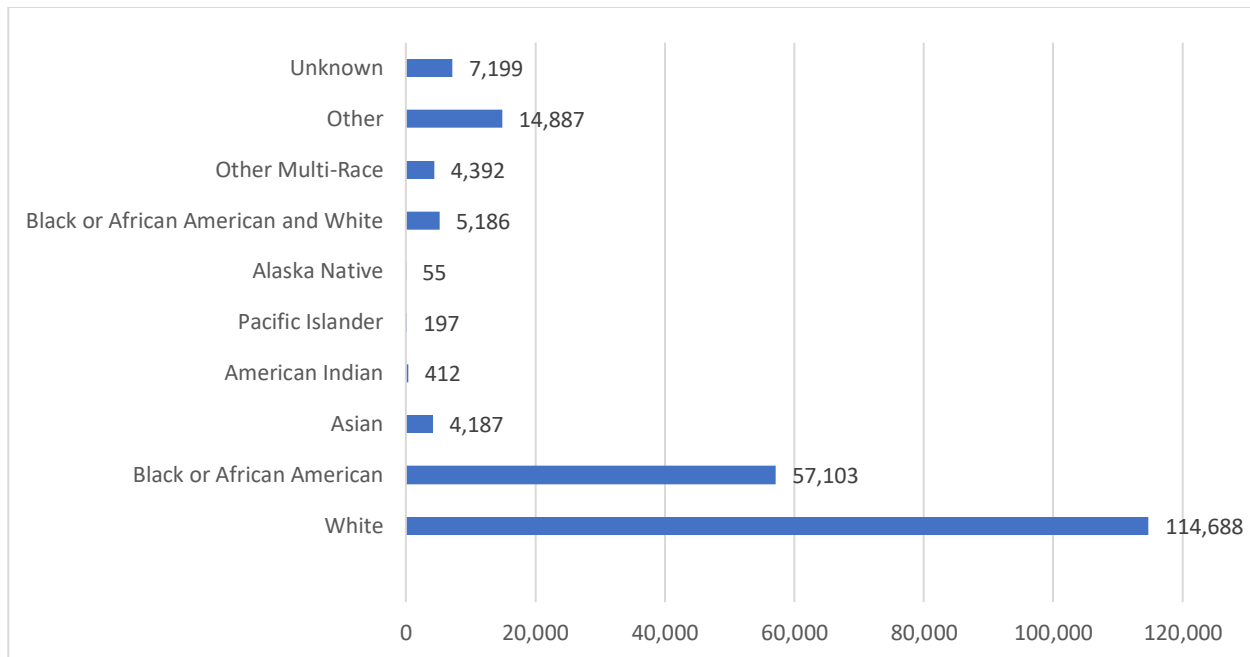
93,902 unduplicated individuals received ancillary services from CSBs. Ancillary services are motivational treatment, consumer monitoring, early intervention, and assessment and evaluation. Ages are as follows:



Gender of individuals receiving CSB services in FY 2024



Races of individuals receiving CSB services in FY 2024



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.

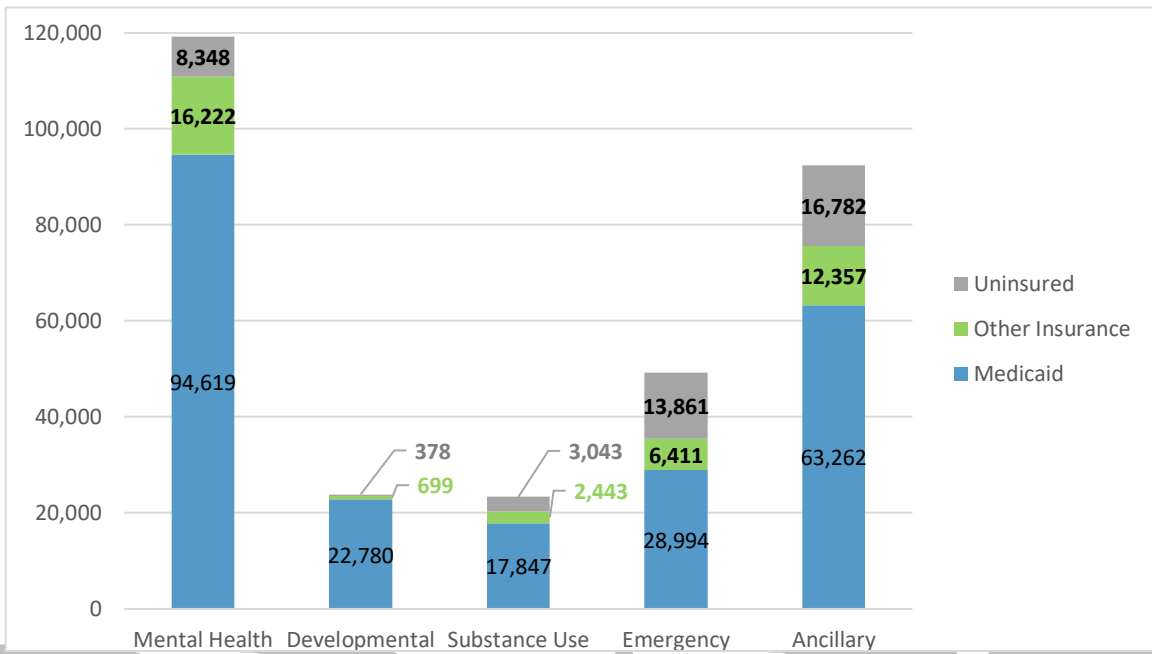
Individuals Who Received CSB or State Facility Services in FY 2024

Notes: 1) The DBHDS data warehouse identifies uniquely each individual who receives services. These are

Total Emergency Services	50,537	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, 4,213 individuals participated in these services.		
Motivational Treatment Services	3,850			
Consumer Monitoring Services	17,662			
Early Intervention Services	2,500			
Assessment and Evaluation Services	81,594			
Services Available in Program Areas	Mental Health	Develop-mental	Substance Use	Total²
CSB SUD Inpatient Medical Detox Services			525	525
CSB MH or SUD Inpatient Services (LIPOS)	865		55	920
Total CSB Inpatient Services	865		567	1,428
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				83
VCBR				453
Total State Facility Inpatient Services	5,739	69		5,804
Outpatient Services	55,485	11	15,294	68,257
Medical Services	72,532	249	2,397	74,632
Intensive Outpatient Services			2,968	2,968
Medication Assisted Treatment			5,188	5,188
Assertive Community Treatment	2,989			2,989
Total Outpatient Services¹	102,738	260	20,724	116,226
Total Case Management Services	57,308	22,116	7,558	85,337
Day Treatment or Partial Hospitalization	1,098		112	1,210
Rehabilitation or Habilitation	2,541	2,123		4,654
Total Day Support Services	3,637	2,123	112	5,862
Sheltered Employment	0	315		315
Individual Supported Employment	1,003	1,006	17	2,021
Group Supported Employment	4	324		328
Total Employment Services	1,007	1,570	17	2,589
Highly Intensive Residential Services	74	221	1,613	1,908
Residential Crisis Stabilization Services	2,154	276	74	2,469
Intensive Residential Services	203	470	1,075	1,747
Supervised Residential Services	1,162	467	399	2,023
Supportive Residential Services	3,621	664	58	4,335
Total Residential Services	6,941	2,045	2,757	11,541

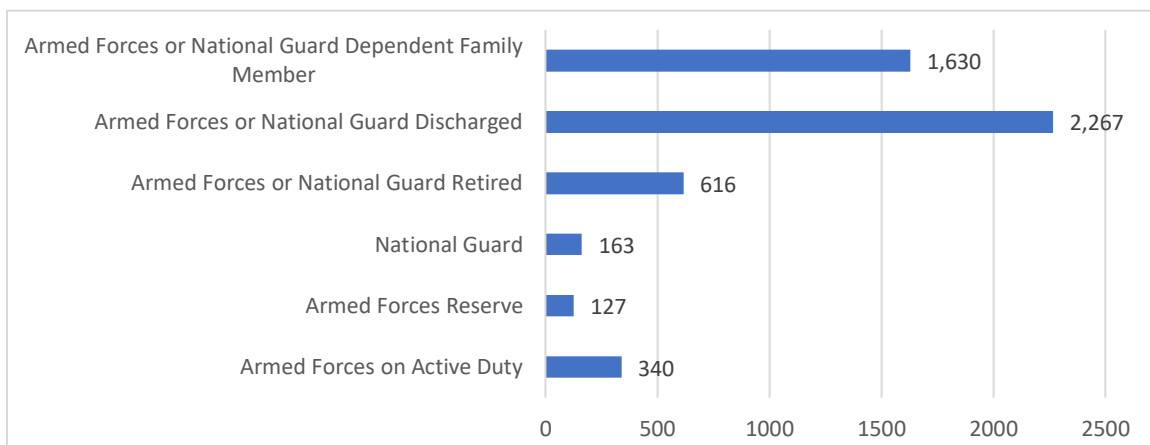
unduplicated: If someone received services at more than one CSB or at CSBs and state facilities, the individual is counted once. 2) Individuals in Figure 1 total more than the unduplicated number of individuals because many received services in multiple areas.

Individuals enrolled in Medicaid or uninsured who received CSB services in FY 2024



Military status of individuals receiving CSB services in FY 2024

In FY 2024, a total of 152,059 individuals with a military status received CSB services:



Residential status for individuals who received CSB mental health, developmental, substance use disorder, or emergency services in FY 2024

Residential Status	Mental Health	Developmental	Substance Use	Emergency
Private Residence/Household	95,458	16,570	18,265	30,851
Homeless/homeless shelter	7,930	1,116	1,091	11,962
Veterans Health Administration	2,722	288	897	2,213
Community Residential	1,939	3,837	172	437
Local Jail/Correctional Facility	1,627	14	793	1,435
Licensed Home for Adults (CSB or non-CSB)	1,945	581	34	439
Shelter	787	24	256	360
Boarding Home	445	116	122	109
Foster Home/Family sponsor	725	752	12	159
Residential Treatment/ Alcohol and Drug Rehabilitation	528	115	297	221
Inpatient Care	373	31	22	486
Nursing Home/Physical Rehabilitation	272	108	7	165
State Correctional Facility	272	108	7	165
Juvenile Detention Center	222	2	25	42
Other Institutional Setting	193	132	40	67
Adult Transition Home	143	4	105	42
Other Residential Status	15,284	1,629	3,427	15,706
Total Unduplicated individuals	119,976	23,916	23,587	50,537

Employment status for individuals who received CSB services in FY 2024

Employment Status	Mental Health	Developmental	Substance Use	Emergency	Ancillary	Undupl. Total
<i>Total Adults (18+) Who Received Services</i>	88,760	21,134	23,164	41,464	71,283	16,2541
Employed Full Time (35+ hr./wk.)	12,356	244	5,799	4,174	11,998	21,955
Employed Part Time(<35 hr./wk.)	9,200	1,561	2,477	2,385	6,871	14,263
In Supported Employment	422	1,107	41	59	403	1,386
In Sheltered Employment	147	415	16	20	137	489
Total Adults Employed	22,125	3,327	8,333	6,638	19,409	38,093
Unemployed	14,576	1,720	6,754	6,204	14,059	25,225
Not In Labor Force: Homemaker	1,339	27	270	326	795	1,811
Not In Labor Force: Student/Job Training	5,887	2,994	340	1,913	5,185	11,652
Not In Labor Force: Retired	2,452	329	376	1,078	1,757	4,082
Not In Labor Force: Disabled	24,239	7,375	2,657	5,761	11,130	33,376
Not In Labor Force: Institution or inmate	2,743	250	833	2,667	4,112	6,960
Not In Labor Force: Other	8,555	4,018	1,920	2,842	5,826	14,940
Total Adults Unemployed	66,635	17,807	14,831	34,826	51,874	124,448
Unknown	2,880	271	781	2,583	2,166	6,220
Not Collected	3,964	823	900	11,452	6,844	20,182

Specialized Initiatives

Individuals Who Received Services in Specialized Initiatives in FY 2024

Medicaid Developmental Disability (DD) Waiver Services	17,459
Developmental Enhanced Case Management (ECM) Services	6,608
Substance Use Disorder Medication Assisted Treatment (MAT)	3,738
Mental Health Child and Adolescent Services Initiative	2,527
Program of Assertive Community Treatment (PACT)	2,445
Mental Health Services for Children in Juvenile Detention Centers	2,365
Projects for Assistance in Transition from Homelessness (PATH)	1,434
Discharge Assistance Program (DAP)	1,268
Project LINK	1,444
Mental Health Mandatory Outpatient Treatment (MOT) Orders	298
Substance Use Disorder Recovery Support Services	799

Staffing of CSBs and DBHDS

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

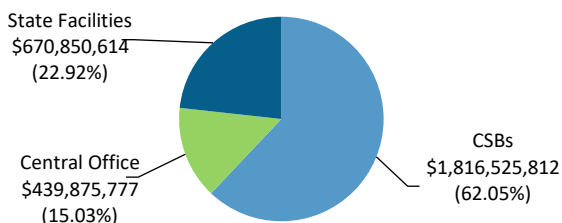
	Direct Care Staff	Peer Staff	Support Staff	Total Staff
DBHDS Staff				
DBHDS Central Office (CO)	20	0	661.5	681.5
State Hospitals	2584.5	6.5	1737.5	4328.5
Training Centers	211	0	93.5	304.5
HDMC	121	0	61.5	182.5
VCBR	463.5	0	100	563.5
Total State Hospital and Center and CO, FY 2023	3,400	6.5	2654	6060.5
CSB Staff				
CSB Mental Health Services	4,926	219	737	5,881
CSB Developmental Services	3,286.5	3	359	3,649
CSB Substance Use Disorder Service	1,260	192	290	1,742
CSB Emergency & Ancillary Service	1,194	45	210	1,449
CSB Administration	0	0	1,847.5	1,847.5
Total CSB FY 2024	10,666.81	458.5	3,443.5	14,569

Notes: A full-time equivalent is not the same as a position; a 20-hour/week part-time position is one position but ½ 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.

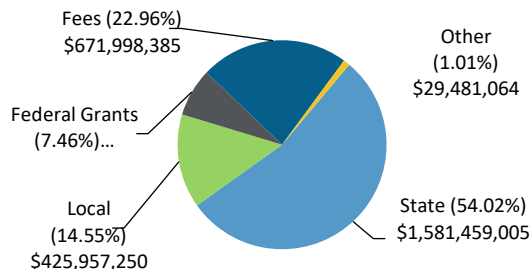
Funds Received by CSBs and DBHDS

The charts below show 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.

FY 2024 Total Funds in the Publicly Operated Behavioral Health & Developmental Services System: \$2,927,252,203



FY 2024 Total Funds Received by Type: \$2,927,252,203



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.

FY 2024 CSB Funds Received by Program Area

Funding Source	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Funds	Percent of Total
State Funds	\$551,966,525	\$55,623,555	\$85,947,152	\$693,537,232	38.18%
Local Funds	\$229,615,799	\$138,004,212	\$58,337,239	\$425,957,250	23.45%
Medicaid Fees	\$179,834,003	\$254,217,307	\$24,585,495	\$458,636,805	25.25%
Other Fees	\$63,895,648	\$28,980,326	\$8,926,038	\$101,802,012	5.60%
Federal Funds	\$43,223,632	\$0	\$65,030,637	\$108,254,269	5.96%
Other Funds	\$13,936,686	\$2,966,854	\$11,434,704	\$28,338,244	1.56%
Total Funds	\$1,082,472,293	\$479,792,254	\$254,261,265	\$1,816,525,812	100.00%
Percent of Total	59.59%	26.41%	14.00%	100.00%	

FY 2024 State Facility Funds Received by Type of State Facility

Funding Source	State Hospitals	Other State Facilities ¹	Training Center	Total Revenues	Percent of Total
State General Funds	\$495,747,644	\$69,760,935	\$6,252,123	\$571,760,702	85.4%
Federal Funds	\$644,999	\$209,812	\$56,996	\$911,807	0.1%
Medicaid	\$18,332,557	\$17,634,234	\$33,745,879	\$69,712,670	10.4%
Medicare	\$12,548,589	\$260,502	-	\$12,809,091	1.9%
Commercial Insurance	\$11,524,374	\$23,721	-	\$11,548,095	1.7%
Private Payments	\$1,686,252	\$161,916	\$633,084	\$2,481,252	0.4%
Other Revenues	\$81,178	\$6,853	\$38	\$88,069	0.0%
Total Revenues	\$540,565,593	\$88,057,973	\$40,688,120	\$669,311,686	

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.**

FY 2024 CSB Expenditures by Program Area				
	Mental Health Services	Developmental Services	Substance Use Disorder Services	Total Expenditures ¹
CSB Services	\$895,029,999	\$446,811,476	\$231,529,194	\$1,573,370,669
Percent of Total	56.89%	28.40%	14.71%	100.00%

¹ This figure includes \$224,533,819 for CSB administrative expenses, 14.27 percent of the total CSB expenditures.

FY 2024 State Facility and Central Office Expenditures		
	Expenses	Percent of Total
State Hospitals	\$547,351,305	61.2%
Other State Facilities ¹	\$89,862,690	10.0%
Training Centers	\$32,932,207	3.7%
Central Office	\$224,751,555	25.1%
Total Expenditures	\$894,897,757	100%

¹ Other State Facilities are HDMC and VCBR.

Major New Initiatives and Accomplishments

FY 2024 marked major progress and development across DBHDS.

Advancing Right Help, Right Now – Throughout the year, every DBHDS division engaged in advancing efforts of Governor Youngkin’s [Right Help, Right Now](#) plan to transform Virginia’s behavioral health and developmental disability services system. Several of DBHDS’ contributions to *Right Help, Right Now* in FY 2024 included:

- Ensuring the expansion of the crisis services system and ending FY 2024 with 98 mobile crisis teams, as well as 236 active crisis receiving center chairs and crisis stabilization center beds with 307 more in development.
- Launching marketing efforts for 988, which can be found here: 988va.org/.
- Conducting a school-based mental health pilot program with 23 school districts, community services boards (CSBs), and the Department of Education, which served 4,908 students and led to a total of 38,693 mental health interactions provided to students.
- Training over 21,500 people to use life-saving naloxone through the REVIVE! program and enabling 15,800 participants received no-cost naloxone at the trainings.
- Working intensely with CSBs to ensure the successful implementation of the Governor’s plan to infuse \$300 million to eliminate the Priority 1 waiting list for Medicaid developmental disability (DD) waiver slots.

Improving Service Delivery – In FY 2024, DBHDS modernized the way crisis services are delivered, developed the capacity for continued progress throughout the behavioral health system of care, and continued to make meaningful progress in exiting the DOJ settlement agreement and developing the DD system Virginians deserve. The graphic below shows the DBHDS behavioral health activities underway in FY 2024 to improve system outcomes. Included around the edge of the graphic are the major issues currently faced by the system and the people it serves. Many of

the efforts to solve these major issues are included in *Right Help, Right Now*, or are DBHDS strategic plan priorities. For example, in addition to the massive changes to the crisis system, DBHDS is easing the burden of law enforcement through alternative transportation and alternative custody programs like utilizing special conservators of the peace and off-duty deputies. All these efforts are being conducted in a data-driven plan to ensure Virginians have an accessible, quality system of behavioral healthcare. The graphic illustrates how these efforts are strategic and connected:




Improving Performance – Several efforts in FY 2024 to improve the performance of DBHDS operations, including throughout the 12 facilities, included:

- **DBHDS Strategic Plan** – 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.
- **Central Office Reorganization** – DBHDS Commissioner Nelson Smith announced the next phase of an 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. The restructuring included realigning administrative services, creating an office of Strategic Planning and Execution, and continuing to implement plan to redesign the DBHDS Facility Services division into a high-performance hospital system.
- **Engagement Survey** – Over 3,100 DBHDS staff members responded to an engagement survey designed to improve DBHDS' work culture, increase trust and communication, and help ensure you are better recognized for the tremendous work you do. Action plans were then created to put into practice using this invaluable feedback.

Expanding Transparency and Accountability – DBHDS launched a public dashboard to allow internal and external stakeholders track progress on achieving strategic plan goals. The dashboard can be found [here](#). In addition, to advance data-driven transparency and accountability, DBHDS began working on a new CSB Performance dashboard that will be publicly available in FY 2024.

Strengthening Internal and External Communication – In addition, DBHDS launched new efforts to improve internal and external communication in FY 2024, including:

- **Launch of the new DBHDS brand** – DBHDS rebranded in FY 2024 and created brand guidance on its mission and vision, values, language, colors, materials such as PowerPoint templates and email signatures, and a new logo, found below. The arrows in the new DBHDS logo and the transition from blue to green symbolize words commonly used across DBHDS systems and services: possibility, recovery, forward movement, progress, growth, and hope. The dots that make up the arrows symbolize both the individuals DBHDS serves and the people who contribute to a system of care across the Commonwealth.



OneDBHDS – working to thousands of employees Commonwealth from different backgrounds and in many different disciplines, like nursing, IT, waiver services, or procurement. The OneDBHDS concept launched in FY 2024 promotes that together we are OneDBHDS, working towards our shared vision of a life of possibilities for all Virginians. More can be found [here](#).

Conversations with the Commissioner – DBHDS developed a quarterly video series to help with internal communication, recruitment and retention. Each quarter, select staff in Central Office or a facility are featured with the Commissioner to discuss agency priorities and other hot topics, found [here](#).

DBHDS is also better unite the DBHDS across the

The following sections describe major new initiatives and accomplishments throughout DBHDS Central Office and facilities during FY 2024.

Administrative Services

Human Resources Management

DBHDS continued to update and integrate human capital policies, programs, and practices within human resources management as it transitioned to more standardized and centralized business processes. Initiatives and accomplishments include:

- In FY 2024, DBHDS accomplished several workforce initiatives, beginning with the Workforce Summit centered on the newly created DBHDS workforce initiatives framework. Summarized below are key strategic accomplishments:
 - Conducted a Central Office Professional Development Needs Assessment to help develop competencies that establish a galvanized and empowered workforce.

- Created Moving Forward Together Companion Toolkits for nursing administrators and nursing staff, including funding sources (education tuition and loan repayment resources for all behavioral health professions).
- Created the Behavioral Health Academy, a pipeline initiative for use with high school students. This initiative will also serve as approved training for SB403 (2024) implementation, a *Right Help, Right Now*, initiative to create a new category of behavioral health professionals.
- From FY 2023 to FY 2024, increased direct service associates (DSAs) from 1,681 to 1,842 a net increase of 161 employees; increased overall nursing staff from 705 to 762, a net gain of 57, and increased security staff from 293 to 338, a net gain of 45 employees. Overall vacancy rates went from 19 percent in FY 2023 to 15 percent in FY 2024. DSA vacancy rates went from 22 percent to 16 percent. Nursing went from 23 percent to 20 percent. All disciplines saw a reduction in vacancy rates to some extent.
- Launched a successful inaugural Summer Internship Academy at Central Office for 15 summer interns across multiple disciplines.
- Developed a standardized de-escalation training program for DBHDS facilities aimed to reduce incidents of aggression and violence at inpatient facilities.
- Thirty employees participated in the SystemLEAD, a nine-month program that helps to define a leader's roles, abilities, and pathway to improvement.
- Continued to support the Virginia Public Sector Leadership (VPSL), a leadership development program operated by Virginia Tech. DBHDS staff completed a total of 106 VPSL certificates in FY 2024. Of that total, 56 completed VPSL I, 30 completed VPSL II, and 20 completed the highest level VPSL III. The cumulative total of VPSL certificates completed by DBHDS employees since the start of the program in 2015 increased to 905 of which 503 are VPSL I, 262 VPSL II, and 140 VPSL III certificates.

Information Technology (IT)/Security

IT made significant progress during FY 2024 establishing an IT Strategic Roadmap to support technology/application/system modernization. The modernization initiatives will allow DBHDS to evaluate whether to “build” or “buy” desired solutions.

- The new Enterprise Data Warehouse and Data Exchange has been launched and is providing the foundation for all subsequent application/system modernizations.
- The first application modernization “build” (Discharge Assistance Program) has been identified/approved and will begin work in the first quarter of FY 2025, integrating directly with the new Enterprise Data Warehouse.
- Delivered Enterprise Provider Dictation Solution (Dragon Medical One) to increase provider workflow efficiency.
- Built 42 custom Electronic Health Record (EHR) reports and completed 164 change requests providing new/enhanced capabilities, streamlined workflows, and improved performance. Supported a 67 percent increase in Millennium Lights On® EHR metric dashboard usage indicating improved facility interest and involvement.
- Automated 16 Department of Justice (DOJ) reports ensuring process efficiency.
- Decommissioned 54 applications via consolidation and workflow efficiency.
- Resolved 51 IT audit findings.

Internal Audit

- Conducted four facility audits, five CSB audits, two IT system security audits, and four facility physical security control audits.
- Conducted Seven CSB follow-up reviews and six facility follow-up reviews to focus on previous years findings that have yet to be resolved by the CSB or Facility. 35 of 49 (71 percent) findings reviewed during the CSB follow-up reviews, and 77 of 107 (72 percent) findings reviewed during the facility follow-up reviews have been corrected and corresponding recommendations were implemented.
- Investigated eight cases from State Inspector General’s Fraud, Waste, and Abuse Hotline.
- The following table depicts the audit and investigation results during FY 2024:

FY2024 Facility Audit Summary Results	
Number of Findings	56
Number of Recommendations for Improvement	88
Number of Commendations Written	27
FY2024 CSB Audit Summary Results	
Number of Findings	71
Number of Recommendations for Improvement	115
Number of Commendations Written	74
FY2024 Follow up Review Results	
Number of findings reviewed	156
FY2024 Information Technology Audit Summary Results	
Number of Findings	35
Number of Recommendations for Improvement	50
Number of Commendations Written	0
FY 2024 Special Investigations and Projects	
Number of Findings	16
Number of Recommendations for Improvement	20
Number of Commendations Written	0
Other Results	
OSIG Fraud, Waste, and Abuse Hotline Cases Investigated	8

Procurement and Administrative Services

- Managed 309 contracts, representing over \$225 million in contractual obligations for DBHDS.
- Initiated critical enterprise solution solicitations for the Revenue Cycle System and Custody and Alternative Transportation.
- Completed a key enterprise solution for the Enterprise Data Warehouse.
- Launched an interactive eVA Support Lounge twice weekly to enhance end-user support and promote staff development.

Finance

- Started the replacement project for DBHDS’s financial system.
- Successful fielding of Web Grant system and 10 federal audits performed.
- Matrix organization with facilities created and updated including starting reimbursement-focused efforts at all DBHDS facilities.
- Retirement of CSB Little Cars reporting apparatus.

- Successfully reworked cost allocation plan to split up billing according to DMAS request.

Diversity, Opportunity, and Inclusion (ODOI)

ODOI worked collaboratively with agency leaders and workforce members to cultivate a strong organizational infrastructure to increase investment in the agency workforce through professional development and upskills training, implement strategies for transparency and accountability for leadership development, and support a mission of cultural proficiency and health equity in the agency continuum of care. Major accomplishments included:

- Established Americans with Disabilities Act (ADA) Representative Cohort (Title II) programmatic infrastructure.
- Sponsored a national certificate training through the Equal Employment Opportunity Commission (EEOC) Training Institute.
- Provided in-person and virtual training and coaching sessions for DBHDS staff and CSBs.

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 division aims to support the agency in ensuring that all individuals receive high-quality care and integrate evidence-based practices and data-driven decision-making to inform behavioral health and developmental disability policy identify opportunities and implement solutions for system enhancement.

Cross-Disability Quality Management

Established the UpSkill program, DBHDS's first data literacy program designed to help DBHDS program and service areas understand how to read, work with, and critically analyze data.

Developmental Disabilities Quality Management

- Expanded Consultation and Technical Assistance (CTA) to additional developmental disability (DD) service providers on DBHDS licensing regulation 12VAC35-105-620 C.2, which requires licensed service provider quality improvement plans to contain measurable goals and objectives. As of June 2024, 91 percent of licensed DD service providers receiving this targeted CTA gained compliance with 620.C.2.
- Established and completed a Quality Improvement Learning Collaborative to improve providers' knowledge, skills, and abilities to reduce the risk of urinary tract infections in Region 4. This Learning Collaborative was the first of its kind at DBHDS.
- Implemented 26 statewide and regional quality improvement initiatives to improve assessment of risks, overall health of individuals, outcome development for employment, integrated community involvement, community integration, and improving compliance.
- In FY 2024, there were 817 National Core Indicator interviews with individuals receiving DD waiver services with Virginia Commonwealth University to assess the outcomes of services provided to individuals and families, and 1,050 quality service reviews with Health Services Advisory Group to assess the quality of services provided to individuals receiving DD waiver services.

Behavioral Health Quality Management

Designed and implemented the Behavioral Health Quality Management System (BHQMS) including the establishment of several committees to improve quality, review risk management, and review key performance areas.

Mortality Review

The Mortality Review Committee (MRC) reviewed 336 deaths of individuals in Virginia with DD in FY 2024. The MRC documents recommendations for systemic quality improvement initiatives from patterns of individual reviews on an ongoing basis. Key recommendations implemented in FY 2024 include:

- Developed a Medical Emergency Toolkit for distribution to DBHDS licensed providers by December 31, 2024.
- Began utilizing the International Classification of Diseases, tenth revision (ICD-10) for use in cause of death identification. This more specific use of a standardized disease classification system results in identifying more targeted interventions and focused education for individuals with DD.

Quality Assurance and Healthcare Compliance

This office was assigned oversight of the agency-wide policy management system. A restructure was launched to standardize the management process and establish governance in January 2024. Work sessions were facilitated to identify opportunities for improvement and orient those impacted by the new system. Resources from each division were identified to assume the responsibility of managing policies and procedures relative to the division that outline requirements for complying with legal, regulatory, and policy.

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.

- Supported initiation of DBHDS enterprise-wide implementation of Automatic Dispensing cabinets for medications in facilities.
- Established pathway for implementing 24/7 medication access in DBHDS licensed crisis programs. Medication dispensing technology is now active in three DBHDS-licensed crisis programs; multiple other sites are in process.

Facility Services

The DBHDS Facility Services Division has restructured to support the operation of the 12 state hospitals and centers as a high-performance hospital system to deliver care that is high quality, efficient, and modernized to meet current and future challenges. This transformation includes the development of an organizational structure similar to the private sector. This is a coordinated effort to ensure enterprise and standardized policies and procedures, improved patient outcomes, and workforce development and retention.

State Behavioral Health Hospitals and Centers

Virginia's 12 state-operated hospitals and centers served a total of 5,770 unduplicated individuals throughout FY 2024. Major accomplishments from among the hospitals and centers statewide include:

- Eastern State Hospital (ESH), the oldest state hospital in the United States, celebrated its 250th anniversary.
- Western State Hospital (WSH) added 28 additional beds, increasing their capacity to 272 beds. This has supported increased admission of forensic patients from the region.
- Eastern State Hospital (ESH) celebrated 250 years in operation with a three-day commemoration in October 2023. ESH first opened in October 1773 and was the first psychiatric hospital in the United States,
- Piedmont Geriatric Hospital (PGH) hosted a historical marker dedication ceremony to honor its history as Piedmont Sanatorium, the first institution in the United States built solely for the treatment of tuberculosis in African Americans.
- Southwestern Virginia Mental Health Institute (SWVMHI) achieved Platinum Level Bell Seal Award for 2024 from Mental Health America, which indicates the organization is aligning wellness investments with topline industry best practices.

Environment of Care (formerly Architecture and Engineering Services)

This 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. During FY 2024, enhancements were made including a facility alerting system, updated platforms and capabilities for food services software, coordination of training exercises across all facilities, and a new committee to address safety concerns across all facilities. Several capital projects were initiated and in progress during FY 2024, including: continued expansion at VCBR, advanced safety and hardening measures at ESH, replaced HVAC at SWVMHI, replaced VCBR rooftop units, upgraded PGH boiler plant, replaced NVMHI chiller, steam line replacement at SVMHI, replaces waterline at CAT, ESH, and surplus land (CSH, CVTC).

Quality Improvement

For FY 2024, the Office of Quality Improvement (OQI) focused on ADA (Americans with Disabilities Act) compliance, data integrity, and standardizing the tools and resources used across the facilities. In FY 2024, OQI implemented in all 12 hospitals and centers the "Tracers with AMP plus CMS," a Joint Commission software tool that collects and analyzes data and ensure compliance with regulatory standards and requirements. To begin this work, hospitals and centers completed 86 Environment of Care "Tracer" observations with an average compliance rating of 97 percent.

Office of Clinical Services

The Office of Clinical Services provides oversight of state hospital admissions and discharges, including management of the hospital waitlists, discharge planning, and community integration. The team assists and trains state hospital admissions staff, CSB preadmissions screeners, state hospital social workers, and CSB discharge planners, and administers Discharge Assistance Plan (DAP) and Local Inpatient Purchase of Service (LIPOS) funds. In FY 2023:

- **State Hospital Admissions** – The admission specialist worked to integrate the state waitlist into Virginia Crisis Connect (VCC) a platform to track and provide transparency in the centralized state hospital waitlist.

- **Discharge and Diversion** – For FY 2024, the focus for discharge and diversion was the expansion of the continuum in the community as a part of *Right Help Right Now*, including contracting for 72 additional Mental Health Group Home beds to serve specialized populations. These populations included forensically involved and diagnostically specific populations such as personality disorders.
- **Extraordinary Barriers to Discharge List (EBL)** – Individuals on the EBL have been clinically ready to leave the hospital for at least seven days but cannot be safely discharged due to non-clinical barriers. Over the last two years, the average EBL was 174 individuals; but importantly, 35 percent of the individuals on the EBL discharge each month. The team addressed the discharge barriers by separating forensic and civil patients. Additional data is being collected on the turnover of the EBL.

Forensic Services

In FY 2024, there were 2,413 forensic admissions to state hospitals, which is 120 more than in FY 2023. Community treatments for forensic patients are growing, but slowly. In FY 2024, there were 20 outpatient temporary custody orders, resulting in significant cost savings and bed days used. In addition, CSBs requested reimbursement for 374 outpatient restoration cases. Three additional accomplishments for FY 2024 were 1) visiting hospitals and completing reviews of forensic evaluation and patient flow to improve efficiencies, 2) completing more intensive violence risk assessment training for DBHDS psychologists to assist with the management of insanity acquittees, and 3) participating in a SAMHSA Policy Academy on Competency Restoration. In addition:

- **Jail Diversion and Forensic Discharge Planning** – In FY 2024, 21 CSBs are providing forensic discharge planning services in 22 local or regional correctional facilities in the Commonwealth. DBHDS provides partial funding to six of the operating Behavioral Health Dockets to support staffing and treatment services.
- **Juvenile Competency Restoration and Evaluation** – At the close of FY 2024, the Juvenile Competency Restoration Program had 287 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 treatment consistency and build a continuum of care and supervision across Virginia. 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.

Community Services

Behavioral Health Community Services

Adult Behavioral Health Services

- **System Transformation Excellence and Performance (STEP-VA)** – STEP-VA is Virginia’s initiative to require that all 40 CSBs implement nine essential services, referred to as steps, and require consistent quality measures and oversight. In FY 2024, DBHDS focused on carefully examining each aspect of STEP-VA with stakeholders to ensure that the project is appropriately aligned with the intentions of the Administration, General Assembly, and with national best practices. **All 40 CSBs are currently delivering all nine of the core services required by STEP-VA in varying degrees.** An annual report on STEP-VA provided to the General Assembly. Highlights from the FY 2024 STEP-VA report:
 - Same Day Access – 51,568 Same Day Access assessments completed and 81 percent of those needing follow-up services after the assessment kept that first appointment within 30 days (consistent with percentages in FY 2023 and FY 2022).
 - Primary Care Screenings – 72,814 primary care screenings were conducted for 32,868 individuals. 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 2024, 75 percent of children ages 6 to 17 received a screening (consistent with percentages in FY 2023) and 74 percent of adults received a screening (up from 71 percent in FY 2023). 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).
- **Assertive Community Treatment (ACT)** – ACT is an evidence-based practice (EBP) to improve outcomes for people with severe mental illness, reduce hospitalizations and incarceration, increase housing stability, and improve quality of life for people with the most severe symptoms of mental illness. In this year’s two-year pre/post study for ACT:
 - The average cost per individual served by ACT teams in FY 2022 was \$15,453.
 - State hospitalization usage for all ACT-served individuals admitted was reduced by 42 percent, a cost avoidance of \$11,484,010 for this population.
 - All new 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.
 - Local psychiatric hospitalization utilization for all ACT-served individuals admitted had a \$43 million reduction, a cost avoidance of over \$2.9 million.

Child and Family Behavioral Health Services

- **The Virginia Mental Health Access Program (VMAP)** – VMAP offers consultation for primary care providers for patients 21 and under for child and adolescent psychiatrists,

developmental pediatricians, and licensed mental health professionals, and offers education and care navigation for providers.

- To date the VMAP line completed 4,081 mental/behavioral health consultations, and 4,113 care navigation requests and in addition to these direct services and has trained 1,335 primary care provider participants.
- In 2024, VMAP launched the VMAP Moms+ initiative. VMAP acquired additional state funding to launch a perinatal expansion—VMAP for Moms+. Perinatal psychiatrists licensed mental health professionals, and care navigators who all specialize in this branch of mental health will join the VMAP Line.
- **Early Intervention/Part C** – These services are provided for infants and toddlers (age 0-36 months) with disabilities and their families.
 - Served 23,139 infants and toddlers through Early Intervention/Part C. This is an increase of almost 10 percent over the previous year.
- **School-Based Mental Health** – Awarded school-based mental health grants to 23 school divisions, an increase from six the previous year.

Behavioral Health Wellness and Suicide Prevention

- **Lock and Talk Virginia Lethal Means Safety Initiative** – Lock and Talk promotes safe and responsible care of lethal means and encourages conversations around mental wellness and suicide prevention. Over 27,000 medication safety devices and over 18,500 gun locks were distributed with education across all 40 participating CSBs this year.
- **Applied Suicide Intervention Skills Training (ASIST)** – ASIST helps caregivers recognize the risk of suicide, intervene to prevent immediate harm, and link persons at risk to the next appropriate level of care. CSBs report training 494 individuals in ASIST in FY 2024 bringing total individuals trained up to 5,224 since 2015.
- **SafeTALK (Suicide Alertness for Everyone)** – SafeTALK increases participant's awareness of suicide and preparedness to connect individuals with suicidal thoughts appropriate resources. CSBs report training 1,772 individuals in SafeTALK bringing the total trained to 7,538 individuals since 2015.
- **Mental Health First Aid (MHFA)** – Trained 13,214 individuals bringing the total number trained up to 106,842 since 2014. MHFA is available in person and virtually.
- **Behavioral Health Equity** – Developed a system for DBHDS and CSB staff to request translations. Created educational materials defining language access and reviewing legal requirements. Began a Language Access Needs Assessment in collaboration with Virginia Tech to determine language access needs across DBHDS Central Office and 12 CSBs. Hosted the Socially Marginalized Youth Summit with over 100 attendees.
- **Adverse Childhood Experiences (ACE) & Trauma Informed Care** – In FY 2024, delivered 637 ACE presentations to 5,050 participants. Led seven presenter cohorts training a total of 105 new facilitators across the state to deliver the ACE Interface curriculum.
- **Problem Gambling Prevention** – Of the total \$2,306,899 budget allocation for problem gambling services, \$1,277,718 was dedicated to prevention and \$1,029,181 to treatment and recovery services. DBHDS was also given a temporary allowance to spend \$198,855, for a total allocation of \$2,505,754. In FY 2024, 39 CSBs have disseminated information on safer gambling practices, preventing underage gambling, and problem gambling, and

20 CSBs conducted problem gambling merchant education. 28 CSBs conducted media campaigns to raise awareness and knowledge of problem gambling and existing supports.

- **Synar** – The federal Synar Amendment requires states to have laws prohibiting the sale and distribution of tobacco products to minors. CSBs conducted 5,197 store assessments. The combined total for the two-year cycle was 7,635. This represents 110 percent of Virginia’s retailers from July 1, 2022, through June 30, 2024. 747 retailers, from a statewide, random sample of 812, received a Synar compliance check resulting in a Retailer Violation Rate (RVR) of 12.4 percent, a reduction of 24.8 percent from the previous year.
- **Cannabis Use Prevention** – In FY 2024, 27 CSB prevention teams implemented 491 marijuana-focused activities with a reach of 4,273,196 adults, 488,533 youth, and 3,505 age unknown. Also, DBHDS 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

DBHDS provides oversight of state and federal substance use funding and leads the systematic design for the delivery and expansion of substance use services throughout the Commonwealth.

- **State Opioid Response (SOR) Activities** – The SOR grant has been provided since 2018 by the Substance Abuse and Mental Health Services Administration (SAMHSA). For September 30, 2023 to September 30, 2024, DBHDS was awarded \$28,929,334. Eligible entities include behavioral health organizations such as non-profits, for-profit, educational institutions, correctional facilities, and other public/state establishments.
 - **SOR Prevention Supported Activities** – FY 2024 highlights included:
 - Distributed 2,070 trigger lock boxes for the Lock and Talk in Virginia.
 - Distributed 66,244 drug deactivation kits and 17,773 drug lock boxes.
 - More than 32,408 Naloxone kits were distributed at CSBs, local health departments and other providers.
 - Funded 26,304 fentanyl test strips, up from 18,457 the previous year.
 - **SOR Treatment Supported Activities** – Provided funding for 6,958 individuals to receive SUD treatment services. Treatment clients also received other services, such as transitional housing, residential treatment, or wellness support. In FY 2024:
 - An average of 1,409 individuals each quarter received wrap-around services such as case management, transportation, and childcare, allowing them to engage in treatment services.
 - An average of 594 individuals per quarter participated in contingency management.
 - An average of 193 individuals received treatment services in justice settings.
 - 25 correctional entities within the Virginia Department of Corrections, local jails, and Recovery Courts supported with substance use treatment funding.
 - Funded 15 pilot sites for the Medication Assisted Reentry Initiative.
 - **SOR Recovery Supported Activities** – 29,895 people received recovery services in emergency departments, recovery courts, and local health departments. In FY 2024:
 - Maintained collegiate recovery to colleges/universities with an increase in seven percent of student members in Collegiate Recovery Programs (CRPs). CRPs served 226 students and supported 274 recovery campus events.
 - Community based organizations provided peer support to 27,023 individuals.
 - The Virginia Department of Health provided peer support to 2,131.

- “Project Recover”, a peer-supported program where peers work alongside law enforcement and other community agencies made initial contact with 1,142 individuals and provided 632 follow-up encounters.
 - Peer supporters at 24 organizations provided housing supports to approximately 2,245 individuals in the first quarter.
 - 15 organizations provided temporary recovery housing support.
- **SOR Supported Initiatives** – Faith and community-based micro-grants of \$15,000 were awarded to 21 organizations as part of the *Right Help, Right Now* initiative.
- **Harm Reduction/REVIVE! Programs** – Harm reduction is an evidence-based approach in overdose prevention, risk reduction, and health promotion. Harm reduction included providing overdose and infectious diseases education, referrals to medical, treatment, and recovery services, stigma reduction, first aid kits, gun locks, and REVIVE! kits.
 - REVIVE! provides training on how to recognize and respond to an opioid overdose emergency using naloxone. In FY 2024:
 - Approximately 21,500 people were trained, and 15,800 participants received no-cost naloxone at the training.
 - REVIVE! education specialist provided monthly training of trainers sessions.
 - Increased certification of Master Trainers by 30 percent, concentrating in rural areas of need.
 - Created a comprehensive training manual found on the [REVIVE! website](#).
- **Women’s Services** – In FY 2024, CSBs provided SUD services to 12,420 women. These services include case management, behavioral outpatient treatment, Intensive Outpatient Treatment (IOP), Medication Assisted Treatment (MAT), and or residential treatment. The following is a categorical description of women served: Women Treatment: 9,440; Pregnant and Parenting: 136; Pregnant: 172; Parenting Only: 2,672.
- **Project LINK** – 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 who have been affected by substance use.
 - As of FY 2024, there are 14 Project Link programs in the Commonwealth located in regions 1, 3, 4, and 5.
 - Provided federal grants including Substance Abuse Block Grant and APRA Women’s Set Aside to fund 12 Project LINK peer recovery positions for the Parenting and Pregnant Women population and implement two Project LINK programs.
 - Utilized Consolidated Appropriations Act (CAA) funds to assist several Project LINK programs with purchasing vehicles to transport women and children to treatment and recovery appointments.

Recovery Support Services

Trained and certified Peer Recovery Specialist (PRS) workforce. There are over 1,250 peers in active Certified Peer Recovery Specialist (CPRS) status with the Virginia Certification Board and over 700 of those are registered with the Board of Counseling. In addition:

- 276 people took the DBHDS 72-hour Peer Recovery Specialist training in FY 2024. Over 4,836 people have completed the training since January 2017. 142 people completed the online, on-demand supervisor training in FY 2024.
- Regional Recovery-Oriented Services Coordinator trained a total of 2,052 individuals across the Commonwealth. The training included peer staff within the public behavioral health system, recovery communities, non-profit organizations, and private providers.

Community Housing

Invested \$73.1 million to establish and sustain 27 permanent supportive housing (PSH) providers to serve more than 1,900 individuals with serious mental illness. The DBHDS annual report on PSH can be viewed on the Reports to the General Assembly website, highlights include:

- 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 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 FY 2024, nearly nine percent of adults in the DOJ Settlement Agreement population were living independently with housing opportunities provided primarily through DBHDS' State Rental Assistance Program funding and through 227 housing choice vouchers committed through housing authority preferences. Since these housing efforts were initiated, 2,185 individuals have been assisted to live independently.

Crisis Services

- **Regional 988 Call Centers** – The five DBHDS regions continue to contract with Regional Crisis Contact Centers, and Hopelink Behavioral Health (previously PRS CrisisLink) is contracted to serve as the primary center for Regions 1, 2, 4, and 5, while Frontier Health is the primary center for Region 3. Virginia has been successful in receiving over \$10 million in federal grants to help add additional capacity to our call centers as volume has grown 157 percent in the past year.
- **Virginia Crisis Connect (VCC)** – Centralized dispatch of mobile crisis response teams from calls routed to VCC went live on December 15, 2023, allowing for better data tracking, increased security for the individual, provider, and community, and more efficient use of resources. Over 13,000 publicly funded and private providers have been dispatched from that date through June of 2024. Call centers also received access to all 211 resources on the platform to better serve Virginians in need.
- **Mobile Crisis Response (MCR)** – As of June 30, 2024, there were 98 fully operational and funded teams are in place, representing 68 percent staffing. There were more than 13,000 completed dispatched in the second two quarters of FY 2024, with an average response time of under 1 hour, which is the national target. In February 2024, DBHDS allocated \$1,597,000 to each of the five regional HUBs for recruiting and retaining cross-trained MCR team members. Additionally, in June 2024, the MCR training was updated to provide all providers statewide with comprehensive, lifespan-inclusive instruction, ensuring consistency in training delivery.
- **Crisis Sites** – In FY 2024 there were eight new crisis receiving center (CRC) projects created with expected additions of 152 new chairs. The identified projects will utilize about \$55 million of the \$58 million allocated in FY 2024 through *Right Help, Right Now* for these projects. Additionally, DBHDS is working to verify compliance and license CRCs as all CRCs are now required to obtain a specific CRC license.

- **CSB Emergency Services (ES)** – During FY 2024, ES programs saw 58,895 individuals in crisis. Of those, 38,170, or 65 percent, were not hospitalized under a civil temporary detention order (TDO) following an evaluation conducted by a certified preadmission screening clinician (CPSC). There were 716 criminal temporary detention orders executed following the recommendation of a CPSC. SB 34 was also implemented in FY 2024, which includes training, orientation, certification, and oversight of certified evaluators at Riverside Mental Health and Recovery Center.
- **Children’s Crisis Services** – A pilot project for Children’s Community Crisis Stabilization has been established at four CSBs: Northwestern, Western Tidewater, Portsmouth, and Mt. Rogers. This initiative extends the typical Medicaid length of stay, allowing youth and their families to access crisis stabilization services for up to 45 days.
- **Regional Education Assessment Crisis Services Habilitation (REACH)** – The REACH program provides community crisis stabilization, and non-residential and residential (Crisis Therapeutic Homes) services for individuals with a developmental disability. In FY 2024, REACH received a total of 2,038 adult referrals and 1,505 referrals for the youth, and staff completed a total of 2,193 mobile crisis assessments with adults and 1,263 crisis assessments. Also in FY 2024:
 - 601 adults and 489 youth admitted or readmitted into the non-residential service.
 - In residential homes, 231 individuals admitted for crisis stabilization, 34 for crisis prevention, and 63 individuals were stepped down post-psychiatric hospitalization for further stabilization.
 - Provided 20,010 hours of prevention services for adults and 11,031 hours for youth.
 - Trained 5,240 community partners in prevention and in decreasing stressors that may lead to a crisis for the individual or family/provider.
- **Alternative Custody and Transportation** – DBHDS implemented two new programs during FY 2024 to maintain custody of more highly acute individuals and reduce the use of restraint. Allied Universal conducted one program in a five CSB catchment area in the northern region using Vistelar™ de-escalation training and healthcare RIPP™ restraints. Steadfast Security is running the second program in a three CSB catchment area using Special Conservators of the Peace (SCOPs) and standard law enforcement restraints. Based on the success of these programs, DBHDS substantially revised the scope of work for a new statewide contract to include both custody and transport services for individuals under a temporary detention order (TDO). A new Request for Proposals (RFP) was issued in May 2024 and DBHDS plans to have a new vendor on board by January 2025.

Developmental Community Services

U.S. Department of Justice (DOJ) Settlement Agreement

- Since 2012, Virginia has been in a settlement agreement with DOJ 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 settlement agreement are published [here](#). As of June 2024, Virginia is in compliance with 285 of 317 (90 percent) of compliance indicators and is in compliance or sustained compliance with 101 of 122 provisions of the settlement agreement (83 percent).

- In FY 2024, the Commonwealth of Virginia and DOJ jointly proposed a permanent injunction to the Court that will terminate and replace the settlement agreement and minimize the need for active court oversight. The permanent injunction contains expectations for services and supports to individuals, a quality management system, compliance monitoring, maintaining a publicly accessible document library, and retains the Independent Reviewer for another two years. In addition, the injunction requires Virginia to conduct rate studies of certain services and then to make best efforts during upcoming legislative sessions to fund implementation of the rates recommended by the studies. The permanent injunction reflects the Commonwealth's ongoing commitment and plan of action for supporting Virginians with developmental disabilities. The injunction was not approved by the Court in FY 2024, but a public hearing is expected in the coming months.

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 percentage of individuals with a DD waiver employed increased from a low of 17 percent up to 22 percent.

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.
- In FY 2024, As Part of *Right Help, Right Now*, Governor Youngkin proposed \$300M to eliminate the Priority 1 waitlist. The 2024 General Assembly agreed to a phased approach to add 3,440 slots and provide a three percent rate increase each year of the biennium. DBHDS will be working extremely closely with the CSBs, individuals and families, and other providers as these new slots become available.
- Waiver Services and Waitlist – As of August 1, 2024, there were 17,484 individuals assigned a waiver slot. The wait list for slots included:
 - Priority One (services needed within one year): 3,668;
 - Priority Two (services needed in 1-5 years): 6,602; and
 - Priority Three (services needed in 5+ years): 5,223

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 of 98 percent.

Integrated 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 the risk of injury or fatal outcomes. Circulated 22 monthly newsletters and health and safety alerts promoting best practices in 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)** – PASRR is a federally mandated process that ensures individuals with DD or severe mental illness admitted to nursing facilities meet the criteria for admission. The PASRR team completed 943 evaluations for individuals who were referred to or seeking admission to nursing homes.

Provider Network Supports

- 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, and 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 support to over 15,000 individuals. Accomplishments include:

- Received 4,914 applications and awarded funds to 3,770 applicants. The total amount of funding awarded was \$2,499,620.20.
- The My Life My Community 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. Updates included:

- Release the Regional Support Team (RST) module and enhancements to automate the 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

Through the single point of entry process, any Virginian seeking placement in an intermediate care facility (ICF) is screened to determine eligibility. In FY 2024, 58 Virginians with intellectual disabilities were screened for ICF placement (29 adults and 29 children).

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 section of the organizational chart. In FY 2024, Enterprise Management finalized the amended FY 2024-2025 community services performance contract and supplemental documents, effective July 1, 2024, to include required Code and budget amendment language related to DBHDS' relationship with the CSBs for compliance with the community services performance contract, program service access, outcomes, and quality. The office also provided support for STEP-VA enhancement and Certified Community Behavioral Health Clinic initiatives.

Licensing and Human Rights

Licensing

The Office of Licensing continued implementing streamlined process for high-priority / high-need services in the DBHDS strategic plan. This resulted in over 98 percent of new applicants being approved within 90 days and 85 percent of modification requests (location and service) being approved within 30 days of a provider submitting a completed application. In FY 2024:

- 675 new provider applications were approved with 98 percent of the applications approved within 90 days, exceeding the goal of 85 percent. The average time on the waitlist for applications for priority services was two business days, compared to approximately 18 months for FY 2022.
- Approved 1,100 location and service modifications.
- The number of licensed providers increased by 55 percent and the number of licensed services increased by 36 percent.
- The Incident Management Unit (IMU) triaged 22,020 serious incidents and deaths. The IMU reviews all serious incidents reported by licensed providers and follows up when necessary to ensure that individuals are being protected from harm. 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 Specialized Investigation Unit (SIU) completed 579 death investigations and 210 complaint investigations for individuals with developmental disabilities. The SIU supplements licensing specialists' investigations to protect the health and safety of people with developmental disabilities and improve the overall quality of services and supports. 1,286 death/complaint/serious incident investigations were completed in FY 2024.
- Processed 1,042 complaints which is a 7.4 percent increase in the number of complaints compared to FY 2023 (970):

Overview of Licensing Statistics in FY 2024

Fiscal Year	2012	2014	2016	2018	2020	2022*	2023	2024
Licensed Providers	744	917	1,041	1,071	1,290	1,434	1,830	2206
Licensed Services	1,860	2,218	2,608	2,780	3,200	3,664	4,189	4918
Licensed Locations	6,302	7,519	8,447	8,778	10,753	11,660	10,904	11,455

**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 differences in the categorization of information.*

Services in FY 2024 - Providers may be licensed for multiple services

Residential Crisis Stabilization 7	61	Nonresidential Crisis Stabilization/crisis intervention	365
Inpatient Psychiatric Unit (41 adults/15 children)	57	SA Medically Monitored Intensive Inpatient Srv-adult (3.7) - 04-015	37
SA Medically Managed Intensive Inpatient Srv - adult (4.0) – 04-013	1	SA Medically Managed Intensive Inpatient Srv (4.0) – 0 children/adolescent -04-014	0
SA Medically Monitored High-Intensity Inpatient Services children/adolescent (3.7) 04-016	2	SA Clinically Managed High-Intensity Residential Srv -30 3.5 Adult -01-043	30
SA Specific High-Intensity Residential Srv Adult (3.3) – 01-044	3	SA Clinically Managed Low-Intensity Residential Srv adult– (3.1) -01-045	38
SA Clinically Managed, Medium-Intensity Residential Srv for Children and adolescents (3.1)-children/adolescents – 14-060	2		
DD Supportive In-Home	401	MH Intensive In-Home children/adolescents	431
Supervised Living	69	Sponsored Residential	248
Brain Injury Residential Tx Service	2	MH Correctional Facility RTC	3
MH skill building	556	Case Management	221
Psychiatric Residential Treatment Facility children/adolescents	37	Therapeutic Group Home children/adolescents	75
Group Home Service and ICF/IID for adults	674	DD Children Group Home Residential and ICF/IID	21
Substance abuse partial hospitalization	129	Mental health partial hospitalization	50
Substance abuse intensive outpatient	256	Mental health intensive outpatient	80
Substance abuse outpatient	137	Mental health outpatient	146
MH Psychosocial Rehabilitation	83	Therapeutic Day Treatment	6
DD Day Support	523	Respite (residential, in-home, centered based	23
ACT/ICT	56	Medication Assisted Opioid Treatment	41

Human Rights

Virginia’s 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 2024 included:

- Completed 431 AIM onsite reviews (Assess safety, Initate process, Monitor compliance) to ensure the safety of individuals following substantiated cases of serious abuse involving sexual assault, restraint with serious injury, and physical abuse with injury.
- Received over 1,350 referrals from multiple sources. Reviewed and triaged 703 referrals from the DBHDS Office of Licensing.
- Facilitated 11 statewide training seminars for approximately 1,898 registered licensed providers and DBHDS facility staff participants and provided 56 distinct consultations and targeted technical assistance/training sessions attended by 457 licensed providers and DBHDS-operated facility staff.

Abuse/Neglect and Human Rights Complaint Statistics FY 2024 (July 1, 2023 – June 30, 2024): The HRR requires all providers of services that are licensed, funded, or operated by DBHDS to report complaints. Complaints that allege a violation other than abuse, neglect, and/or exploitation are referred to as “complaint reports” while complaints that allege abuse, neglect, and/or exploitation are referred to as “abuse reports.” A report that results in a violation is also referred to as a substantiated complaint.

- Of the 210 (11 percent of complaints that resulted in a violation, 31 percent occurred in licensed community MH service settings, 27 percent occurred in DBHDS-operated facilities, 19 percent occurred in licensed community DD service settings, and 5 percent occurred in licensed community SUD service settings. Overall, the largest violation area was under dignity, which was 59 percent of all substantiated complaint reports.
- Of the 1,467 (19 percent) of reports that resulted in a substantiated violation involving abuse, neglect, and/or exploitation of an individual receiving services, 49 percent occurred in licensed community MH service settings, 39 percent occurred in licensed community DD service settings, 6 percent occurred in DBHDS-operated facilities, 4 percent occurred in licensed community SUD service settings, and less than 1 percent occurred in services identified for individuals with a brain injury. The most prevalent type of violation was neglect (including peer-on-peer aggressions and other subcategories of neglect), accounting for 71 percent of all substantiated abuse reports.
- Of the 9,711 total complaints (including those alleging abuse, neglect, and exploitation), individuals escalated 24 complaints to the Local and State Human Rights Committee.

FY 2024 Human Rights Complaint Data Reported by Community Providers and DBHDS Hospitals and Centers

Total Number of Complaint Reports		1,943	
Total Number of Complaint Reports that resulted in a human rights violation		210	
Total Number of Abuse Reports		7,768	
Total Number of Abuse Reports that resulted in a human rights violation		1,467	
Substantiated Abuse Reports by Type			
Physical Abuse	147	Neglect	956
Verbal Abuse	125	Neglect (Peer-to-Peer)	114
Sexual Abuse	11	Exploitation	68
Unauthorized use of Seclusion	13	Unauthorized use of Restraint	67