

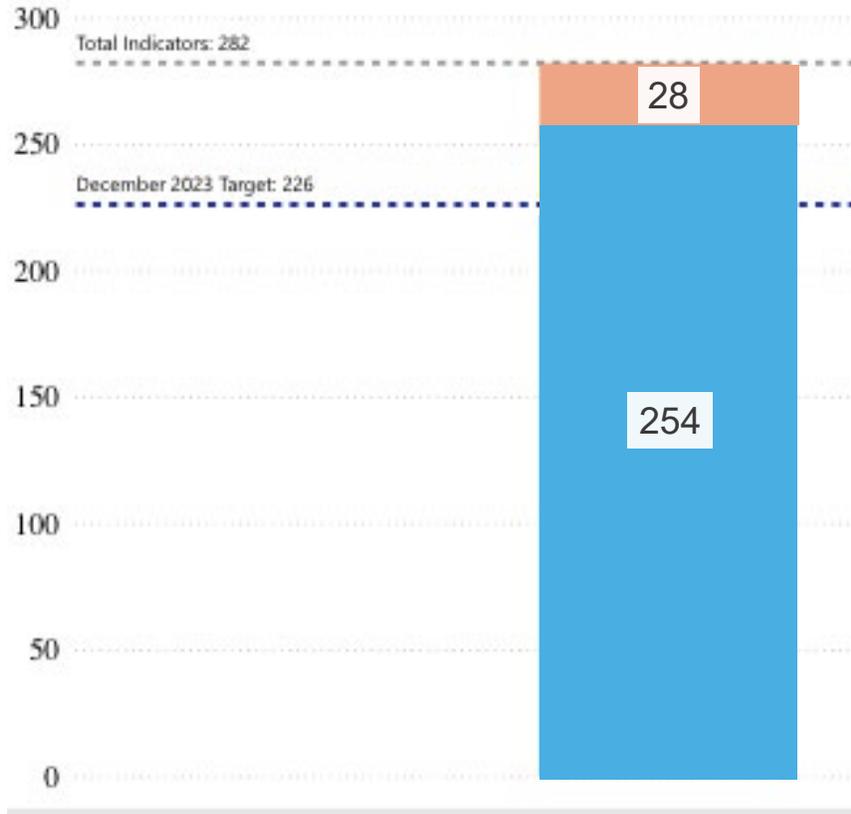


DBHDS Updates

HHR Oversight Subcommittee

Nelson Smith, Commissioner
Department of Behavioral Health &
Developmental Services





- The Commonwealth is currently in compliance with **83% of provisions** and **90% of indicators**.
- Motion for Permanent Injunction submitted:
 - Outlines responsibilities for remaining non-compliant indicators
 - Sets long-term commitments for reporting
- Hearing Scheduled for August

As Part of *Right Help, Right Now*, the Governor 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 3% rate increase each year of the biennium.

Three Types of Developmental Disability (DD) Waivers:

- Building Independence
- Family and Individual Support
- Community Living



DBHDS guide for families about the resources, supports, and services Virginia offers to people with developmental disabilities.

Currently Served on DD Waivers

17,484 Individuals

Waiting List for Waiver Slots

Priority 1

Projected to need services in a year

3,258 Individuals

Priority 2

Expected to need services in 1-5 years

6,561 Individuals

Priority 3

Expected to need services in 5+ years

5,155 Individuals

May 2024

FY 2024 Slots

Community Living

- 100 slots awarded as part of biennial budget
- All slots except for one have been assigned
- 1 remaining slot will be used for reserve slot
 - No one on P1 currently in need of residential services

Family Individual Support

- 500 slots
- All 500 have been assigned at least one time
- 15 CSBs with 10 or fewer people on Priority 1 waiting list
 - 1 CSB with no one
 - 3 CSBs with one person

FY 2025 Slots

- Amendments with CMS
- Process to begin 8/1/2024





Intellectual/Developmental Disability Waiver Slots

Years	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024	FY 2025 Budget	FY 2026 Budget
	CDL/ID Waiver Slots								
	11,032	11,516	11,736	11,896	12,006	12,006	12,176	12,348	12,520
	FIS/DD Waiver Slots								
Types of waivers	1,762	2,176	2,983	3,633	4,533	4,533	5,463	7,011	8,559
	BI/DS Slots								
	360	360	400	400	400	400	400	400	400
Total	13,154	14,052	15,119	15,929	16,939	16,939	18,039	19,759	21,479

DMAS Waiver Expenses

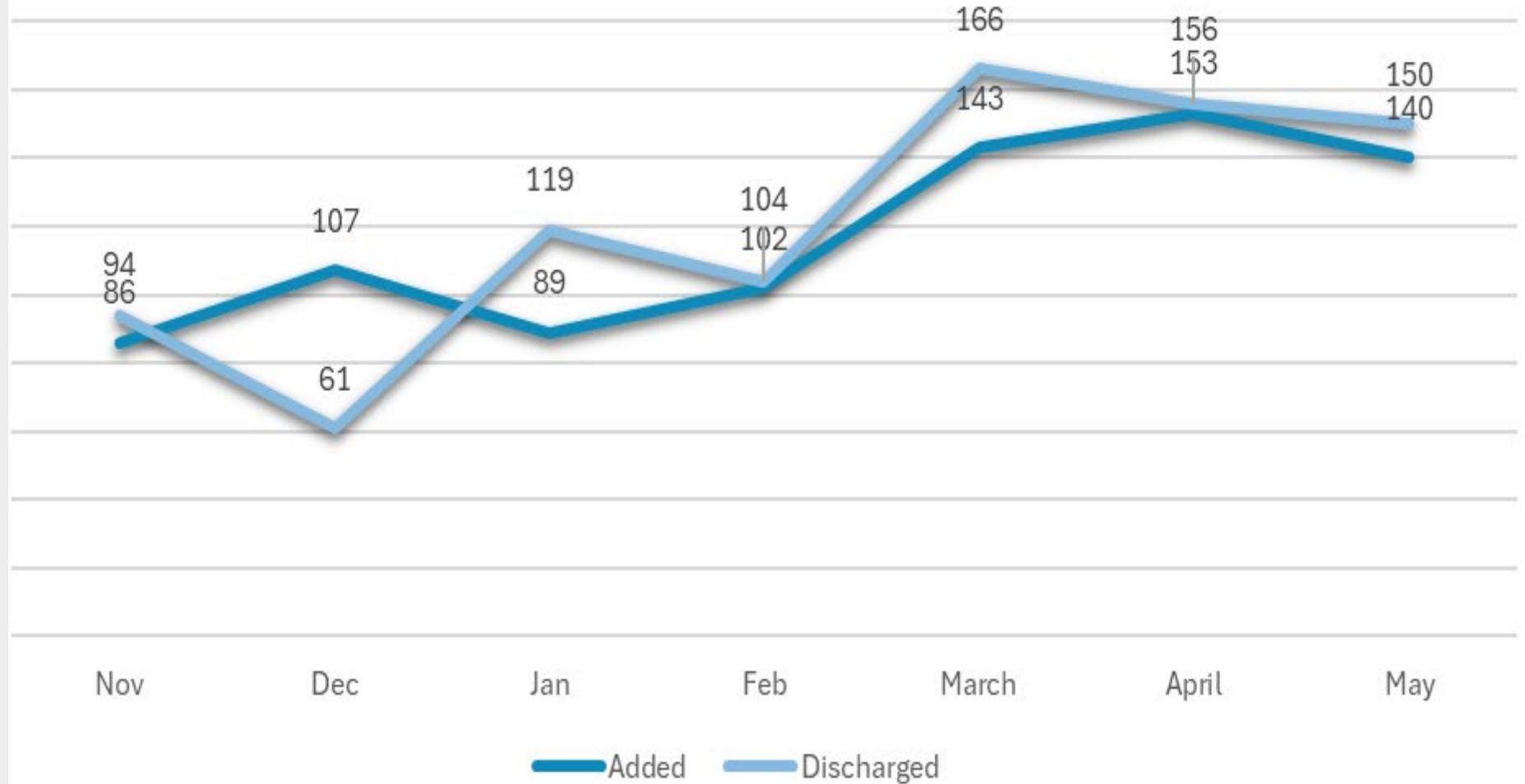
FY	Total Expenditures	General Fund	Year over year growth
FY 2018	\$900M	\$440M	
FY 2019	\$958M	\$479M	+ 6%
FY 2020	\$1,020M	\$495M	+ 3%
FY 2021	\$1,050M	\$460M	- 7%
FY 2022	\$1,243M	\$545M	+ 18%
FY 2023	\$1,735M	\$757M	+ 39%
FY 2024 (Projected)	\$1,812M	\$880M	+ 16%
Total	\$8,719M	\$4,064M	



The EBL includes adult state hospital patients who are deemed clinically ready for discharge but remain for at least 7 days after that determination because needed services are not available for a safe discharge.

Not a static list. People are constantly added and discharged.

The EBL averages 175 civil and forensic patients





Barrier	Civil	Forensic
Willing provider	71	3
Awaiting Discharge/Discharge Date Scheduled	14	1
CSB Tasks	17	0
DD Waiver Process	2	0
Guardianship	22	0
Hospital Tasks	2	0
Individual, Guardian or AR Unwilling to Work Toward Discharge	7	2
NGRI Process	0	28
Other	4	2
Securing Identification Documents or Financial Information	3	0
Total	142	36

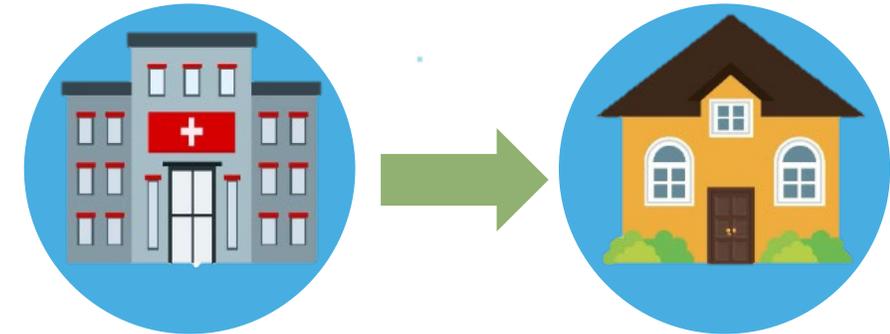
Breakdown of “Willing Provider” Barrier

Needed Providers	People on current EBL w/ this barrier
Assisted Living Facility/ALF	25
Group Home/Transitional Placement	6
Developmental Disability	2
Memory Care	6
Nursing Home	29
Permanent Supportive Housing	6

June 17, 2024



- Adoption and Implementation of DAP Rate Study
- Over 282 placement beds including ALF, NH and Transitional Housing
- Increase in Memory Care Beds at partner CSBs from 20 to 28
- Building 72 MH group home beds through *Right Help Right Now*. Adding 28 more beds
- Personality disorder training and consultation for facilities and community partners
- Partnering with PSH to increase referrals from state hospitals to community placements
- Developing statewide training for CSBs and hospital discharge planners to better equip staff
- Two pilot projects at four hospitals to address process barriers to discharge planning





Permanent Supportive Housing (PSH-SMI)

- **FY 2025 Funding - \$86.1M**
- 36% of state funds are spent on direct services; 57% on rental assistance; 7% on one-time client assistance (security deposits, furnishings, etc.)
- More than 3,000 PSH slots
- Operated by 26 CSBs and 1 non-profit

State Rental Assistance Program (SRAP)

- **FY 2025 Funding - \$17.2M**
- DD/Settlement Agreement population
- 881 SRAP slots
- Managed by 23 contractors

Permanent Supportive Housing (PSH) Outcomes

- 92%** of PSH participants remain housed for at least one year
- 48%** of PSH participants had a state hospitalization in their lifetime
- 20%** had a state hospitalization in the year before PSH move-in
- 293** individuals were discharged from a state hospital directly to PSH
- 76%** fewer state hospital bed days are used by participants after one year of PSH
- 42 months** is average length of stay





Catawba/Blue Ridge Behavioral Health PSH Pilot (2020)	Possibilities Project (2022-23)	Supporting Community Integration Initiative (2022 – present)
<ul style="list-style-type: none"> • Added PSH slots and Peer Bridger position • Reviewed discharge process and roles and responsibilities of hospital and CSB staff • Results: Increase in number of individuals enrolled in BRBH PSH form Catawba 	<ul style="list-style-type: none"> • DBHDS examined needs of individuals with DD in state psychiatric hospitals to improve linkages to integrated housing • Results: common discharge barriers identified; recommended use of common screening tool 	<ul style="list-style-type: none"> • Improve understanding of integration obligations and best practices to increase discharges to PSH • Steering committee comprised of OCH, Facility, and CSB staff • Developed training modules on community integration for hospital and CSB staff • Mt. Rogers and SWVMHI are working with Advocates for Human Potential (AHP) to improve coordination and increase discharges • Results: PSH referrals have already increased and new coordination strategies are implemented





Link to Public Dashboard

dbhds.virginia.gov/about-dbhds/strategic-plans/

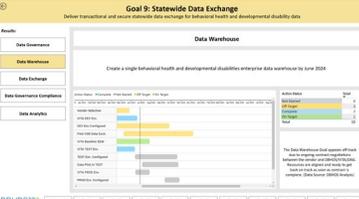
The dashboard tracks progress as DBHDS works to support individuals by promoting recovery, self-determination, and wellness in all aspects of life. The dashboard is available on the DBHDS website.



The screenshot shows the 'Home Page' of the 'Community Services Boards (CSB) Performance Dashboard'. It features a navigation bar with 'Home', 'CSB Profile', 'Community Need', 'Finances', 'Operations', and 'Program Outcomes'. The main content area includes the DBHDS logo, a welcome message, and a map of Virginia by CSB Catchment Areas. Below the map are icons and buttons for 'CSB Profile', 'Community Need', 'Finances', 'Operations', and 'Program Outcomes'. A 'CSB Background' section is also visible on the right side.

CSB Background
Beginning in the late 1940s, DBHDS established and operated mental hygiene clinics across the state to provide local mental health services. Eventually, the Department transferred all of its clinics to CSBs. In 1968, the General Assembly enacted Chapter 10 of Title 37.1, the CSB enabling legislation. Arlington and Prince William Counties established the first two CSBs in 1968.
Today, 40 CSBs provide services to individuals in all 133 cities or counties in Virginia. Community Services Boards (CSBs) are by statute the single points of entry into publicly funded mental health, developmental disabilities, and substance use disorder services at numerous locations throughout the Commonwealth.



Currently Addressing	JLARC	Dashboard	Page
1. Aggregating CSB performance measures	Rec. 20	CSB Performance Dashboard – CSB Version	 <p>CSB Profile, Community Need, and more</p>
2. Showing CSB staff turnover and vacancy rates by position type	Rec. 4	CSB Performance Dashboard – CSB Version	 <p>Workforce Turnover & Vacancy Rate</p>
3. Showing CSB Medicaid revenue	Rec. 14	CSB Performance Dashboard – CSB Version	 <p>[New Page] Medicaid Revenue (self reported by CSBs)</p>
4. Tracking Data Exchange timelines and progress, project risks, and funding	Rec. 19	DBHDS Goals Dashboard	 <p>Goal 9 Page</p>





- Statewide consult and care navigation for adults with substance use disorders to access specialized mental health services and prepare primary care and emergency clinicians to support patients' behavioral health needs.
- Builds on the success of the Virginia Mental Health Access Program (VMAP) for children.
- Provides healthcare providers tools, and training to help effectively diagnose, prescribe, and assist patients in substance use recovery care.
- Three components: Provider education, telephonic consultations and care navigation assistance.
- Plan to expand the program to mental health.
- Partnering with MSV.

