

**WELCOME AND INTRODUCTIONS**

**10:00 AM**

*Pat Bennet (PAIR), Mark Diorio (NVTC), Becky Woodruff (Family Member), Chuck Hall (HNNCSB), David Coe (Colonial CSB), Bob Shrewsbury (SEVTC), Alice Johnson (Family Member), Lee Price (DBHDS), Sen John Miller (General Assembly), Jim Reinhard (DBHDS), Heidi Dix (DBHDS), Jennifer Fidura (VNPP), Chip Dodd (Private Provider), Brian Whitesell (SEVTC), Sherwin Davis (SEVTC), Jason Rachel (DMAS and Olmstead), Jonathan Martinez (VOPA), Mark Stevens (VOPA), Wanda Bernard-Bailey (City of Chesapeake), Jamie Trosclair (The Arc), Senator Harry Blevins (General Assembly), Delegate Robert Tata (General Assembly)*

**UPDATE ON PPEA PROCESS**

**10:10 AM**

*Joe Cronin, Director of A&E Services for DBHDS, gave an overview of the Public, Private Education and Infrastructure Act (PPEA) and the activities to date on the capital project for SEVTC and the community homes. Proposals have been received from WM Jordan and Gilbane developers. The Department of General Services (DGS) has convened a panel to review the proposals and select a final developer. Both proposals were very different and there will be a request to both developers to “normalize” the proposals so that they will both be based on the same criteria and approach. Once a developer is selected, an interim agreement will be formed with the chosen developer so that the design process may begin and be finalized in the form of a comprehensive agreement.*

*Jennifer Fidura asked if both proposals are on the DGS website. Joe Cronin responded that they are not and explained that both are being considered proprietary until a more formal stage is achieved. This is so the two developers cannot view the other’s proposal. The Commissioner asked about the time frame for construction to begin and be completed. It is anticipated that this will occur by early 2012.*

*Pat Bennett asked if principles of green design and energy conservation are being incorporated into the plans. Joe responded that the latest criteria from the state require this from the proposers. Joe also said that another requested feature is universal design. Alice Johnson asked.*

*Wanda Bernard Bailey asked if any contacts have been made with the City of Chesapeake yet. Joe answered that to his knowledge contacts have not been made by DGS or the developers.*

*Becky asked where people can go online to get information once the developer is selected. Joe responded that DGS’ website will be the primary place for information, but the DBHDS website will have a link to the DGS website. E-Virginia is where all of the public announcements are made for the PPEA process.*

*Senator Miller asked if assurances can be made that there will be a 75 bed facility built on the current site. Joe responded that is how it is outlined by the General Assembly and that the Department and DGS are carrying out those expectations by the legislature. The completion of the 75-bed project is the task that was assigned to DGS and DBHDS by the General Assembly and is being implemented.*

**COMMITTEE REVIEW AND DISCUSSION OF PROPOSED  
SELECTION CRITERIA AND PROCESS  
FOR NEW SEVTC FACILITY**

**10:30 AM**

*Dr. Reinhard opened with explaining that he gave a presentation to the BHC subcommittee of JCHC earlier this week. This included an update on the ID system and the training centers. There was particular interest in the capital bond projects for SEVTC and CVTC to invest in community housing. Dr. Reinhard acknowledged that part of what started this process was the proposal to close SEVTC and CCCA last winter. Both proposals were considered controversial and within time frames that were very challenging. As we know today, that proposal did not succeed and now DBHDS is working in partnership with DGS to rebuild SEVTC at 75 beds and expand community ICF/MR and waiver housing with the capital bond money. Dr. Reinhard explained that one of the questions that came up from the BHC was how the future of training centers will be considered. Dr. Reinhard emphasized the importance of additional waiver slots for those transitioning from training centers and those on waiting lists in the community. He added that the budget reduction process for Virginia is not over and the Governor has instructed all state agencies to present 5%, 10% and 15% reduction strategies. The BHC asked if facility closures were proposed from DBHDS this year and the Commissioner responded that closures were not included this year. Any closure would be of beds in behavioral health facilities, not full facilities. Any plans going forward for training centers will be based on House Document 76 that focused on the training centers becoming smaller over time, investing in more and enhanced community options, and will be done in a planned way and as part of an overall public policy. Dr. Reinhard commented that he hopes we are back on that track with SEVTC in having the Advisory Committee to discuss issues and have input in a planned process.*

*The current census at SEVTC is now 155 and there must be a process for determining who will reside in the new facility. All of the questions may not be answered today, but the Committee will be able to hear about and give input on the selection process that has been proposed. We do have some time related to the construction to determine specifically where people will be. The Commissioner provided a slide presentation on the selection process (which will be posted on the DBHDS website). During the presentation, the following discussions occurred:*

*Jonathan Martinez asked if people selected for the new SEVTC will be current residents of SEVTC and Dr. Reinhard responded that they will be.*

*Alice Johnson inquired when the ICFs in the community begin, will the individuals not meeting the criteria to reside at SEVTC be considered first for the ICF homes? Dr. Reinhard responded that this is the intention.*

*Jonathan Martinez asked if the selection process will result in 75 individuals with the most severe issue residing at the new facility and the remainder transitioned to community homes. The Commissioner replied yes. Mark Diorio added that individual and family preference will also be part of the selection process and if individuals meet the criteria to remain at SEVTC they can still choose a community option. Chuck Hall commented that there is cross-pollination of the selection committees which will assist in ensuring that new home designs are state of the art based on the needs of the individuals will reside there.*

*Pat Bennett asked if we are building in time for people to adjust to community placements and to have the opportunity to return to the centers if they were found to not adjust to or benefit from community placements. Dr. Reinhard replied that we building some capacity into the new 75-bed SEVTC for transitional services like this. The current thinking is that there will be approximately 10 of the beds that can be used for these types of situations, including respite and crisis stabilization for those in the community.*

*Jamie Trosclair commented that so many people are on the Medicaid Waiver and on the Waiver waiting lists that meet the same criteria outlined for this process. She asked if equivalent services will be provided in the community for individuals. Dr. Reinhard commented that while this is a model of what we want to achieve across Virginia, ultimately it is a resource issue when it comes to equivalent supports and the Department may not be the best to answer the resource issue. Alice Johnson added that it has been a long struggle since December to keep SEVTC and recent actions by The Arc to get the SEVTC money for others need to stop. She emphasized that this money was meant for SEVTC and she prefers that needs for individuals waiting for the Waiver should not continue to be discussed at the Advisory Committee meetings. Dr. Reinhard responded that SEVTC can't operate in a vacuum in the future and that SEVTC is and will continue to be a part of the community continuum. Chuck Hall added that the purpose should be to implement policy of the General Assembly to determine the best for SEVTC and community options and that there will be other times to work on other public policy.*

*Becky Woodruff asked if the selection criteria related to age would include a ceiling and basement number. Sherwin Davis replied that age was listed as an example of other things that can be considered and that no specific age numbers will be used.*

*At the close of the presentation, Dr. Reinhard shared that of the 155 current residents the pilot test of the selection criteria in general terms showed that 65 people could be recommended to reside at SEVTC, 68 people for community ICFs and 22 for waiver supported homes.*

*Jonathan Martinez asked if it is known why the 75 number was determined for SEVTC. Dr. Reinhard responded that he does not know why but some General Assembly members have said at previous meetings that there was not a specific science, formula or study to determine the number. Alice Johnson added that it had been said a previous meeting that there was a comparison to the number of beds at St. Mary's Hospital.*

*Chip Dodd asked if there had been consideration in planning for the SEVTC for construction that will withstand hurricanes and flooding. The Commissioner indicated that the facility is faced with that issue now. Bob Shrewsbury agreed with this comment and added that the new structure will indeed be more hurricane proof. He also shared that it is critical to have transportation resources in the event there is evacuation to take people to SVTC in Petersburg.*

*Chip Dodd asked that with recent aging statistics for the ID population if any expansion or increasing capacity for training centers and community homes will be planned to meet more intense needs. The Commissioner replied that this needs to be collaborative process along with the General Assembly to consider issues just as these in order to allocate needed resources.*

*Senator Miller asked what role the SIS will play in the selection process. Sherwin explained that the SIS was not really a consideration in the selection process. Senator Miller clarified that it will not be used in any way for selection and Sherwin responded yes.*

*Dr. Reinhard invited Lee to comment on the overall use of the SIS in the future of service delivery. Lee shared that the SIS has only been used for about a year in VA and represents the first time we will have one standardized assessment instrument for all individuals whether they live in community options or facilities. We are just in the beginning stages and within three years everyone will have received a SIS assessment.*

*Becky Woodruff has a concern regarding how the SIS was used this time. She questioned the information about scores being changed when submitted to the Richmond office. Lee responded that this has been answered in writing and explained that scores were not changed by anyone but a trained interviewer and any changes done were to insure rating accuracy and inter-rater reliability. When info comes in and is reviewed by the administrator or master trainer and data shows that the SIS was not administered in a consistent manner, the feedback is returned to the interviewer and the ratings are modified.*

*Alice asked how this determination is made. Lee explained he is not a master training and doesn't have all the details to answer the technical questions. Lee invited interested family members and others to attend SIS training sessions. The training session information is on the DBHDS website and will be shared with those who are interested. The Commissioner added that if SIS assessments were not used in the proposed selection process and he doesn't see need to assume that there was any motivation in changing scores. He sees the SIS as a tool to understand the needs of individuals across the Commonwealth. There is no intent to trick anyone in this process. Lee added that in investigating the issue of score changing there were an equal number of scores that were increased as decreased.*

*Pat Bennett asked how the SIS was selected as the assessment instrument. Lee answered that prior to his appointment as the OID director, the person centered process had begun in Virginia and the AAIDD had endorsed the SIS as an instrument that*

*incorporates the principles of person centeredness. Pat asked if it covers all functional levels and Lee responded yes.*

*Jennifer Fidura added that over the years a number of assessment instruments have been used and we have gotten better at how assessments are completed. She acknowledged that there are other instruments and shared that the SIS is currently the nationally recognized instrument. Jennifer added that many members of the GA are very knowledgeable about the needs of individuals with ID, but many are not and it will be extremely valuable to present data resulting from the SIS to help demonstrate the needs of individuals going forward. Pat Bennett asked if medical needs are included on the SIS and Lee Price responded that they are as a part of the risk assessment.*

*Wanda Bernard Bailey strongly suggested that the City of Chesapeake have an opportunity to be ahead of the game in the construction projects and if there will be a state of the art facility that there is communication with the city's planning department. The mission of the city is to be of help to this process and Joe responded that he will pass along this invitation to DGS.*

*The Commissioner thanked the senators and delegates in attendance for their time and interest.*

#### **PUBLIC COMMENT PERIOD**

**11:30 AM**

- 1. Tom Swanston – He recently had an opportunity to meet with representatives from the Department of Justice and they are pleased there is a collaborative process in place for SEVTC. Mr. Swanston was asked to share with the committee the importance of people keeping their jobs as transitioning of individuals occur. The lead counsel of disability rights was also in attendance at the meeting with Mr. Swanston and wants to keep abreast of how we are working to ensure people keep their jobs. There was also discussion and concern about how LAR/guardianship choice represents the choice of individuals. Mr. Swanston has been asked to keep the department of justice informed and he has agreed to do so.*
- 2. Kelly Tucker – Chesapeake Service Systems has brochures for those in attendance. She asked about choice not being the sole basis for selection to remain at SEVTC and wants to know how choice is being determined and included for individuals. She asked if tours and community experiences would be made available for individuals. Lee Price responded that CSBs have been arranging visits for families and some are selecting providers in the community based on those visits. All families and individuals need to do is contact their case manager to arrange for those community experiences.*
- 3. Queen Jones for Elvin Reid – She commented that the Olmstead decision gives people the choice to live at SEVTC or the community. She asked if people still have a choice. She asked if a survey has been taken of residents to see where they want to live. She asked how DBHDS can justify the investment in cook/chill and SIS assessments when in tight budget times people are being laid off from their jobs. She commented the criteria proposed seem to leave out a lot of people who are living at SEVTC. Families are nervous and concerned. People who have jobs should be able to keep them.*

*Following the remarks by those registered for public comment, there were additional comments and questions from the Advisory Committee and audience members: Senator Blevins commented that he has received emails and information stating that every resident at SEVTC can be served and supported in a community setting based on the report from HSRI. He asked if this is actually the case. Lee Price responded that the HSRI study found two major things: 1) for all those living in the training center, there is someone with that same need living in the community; 2) SEVTC residents generally have a higher level of intense need than those who reside in the community. Lee commented that these statements are true, but added that match is a very important consideration in what we are doing. He doesn't currently feel that there are waiver services that will support every need for every resident in the location they choose to live. There is still a need for an environment in place that will serve those with very intense needs and it is not easy to develop community services that can take the place of those currently provided at training centers. The Commissioner added that this was also a point made at the BHC subcommittee meeting yesterday – that the community ICF/MR has the same designation as training centers. Chuck Hall added that his expectation of the 75 beds at SEVTC will be able to support any resident of Hampton Roads who has a special and, perhaps, temporary need because of the staffing and expertise offered at SEVTC. The CSBs find value in this being in place because intense support needs cannot be created everywhere. Alice Johnson thanked Senator Blevins for bringing this point forward and felt that the statement from the HSRI study was taken to the extreme by some individuals and caused a lot of damage in the last month. She would like to see that information just go away.*

*Ann Marie Sivertson said she didn't want to harp on the SIS assessments, but families sat through several hours of assessment meetings. Families were told they couldn't see the questions or results and evaluations would be shared in several weeks. To date, no reports or information have been received. She asked if people will be getting these results with redacted names or not. Lee responded yes they will be shared and doesn't know why reports/results have not been disseminated. Ms. Sivertson also asked if any other groups have requested the SIS evaluations with names redacted or not. Lee Price and Dr. Reinhard indicated they are not aware of any such request. Sherwin Davis added that SEVTC is currently printing the SIS reports and will share those with families. Mark Diorio added that training centers are required to do a comprehensive functional assessment and there is no one instrument for this. The instructions/manual for the SIS indicated that it should not be used as a stand alone instrument. It is one part of a set of a bunch of tools that are used to determine a person's level of need. It allows a more person-centered look at an individual's level of support need rather than levels of retardation. The SIS was also intended to be a tool used in strategic planning for service delivery. Ms. Sivertson responded that there was such a hurry to complete the assessments and now they are not being used in the selection process – why are we trashing the whole thing? The Commissioner says while there may have been an intent to use it more prominently in the process, it does not have to be trashed and can be used for systemic information.*

*An individual from the audience encouraged that the selection should be delayed as long as possible because the status of individuals can change quickly and frequently over time.*

*Gene Sivertson commented about the rush to complete the SIS and it now not being used at all for the selection process. He added that Lee Price, the Commissioner, the Secretary or the Governor has not responded to correct the information printed in the newspaper about the SIS. Lee responded that his interpretation of the HSRI report has already been stated. Mr. Sivertson asked if it can be stated to the public and asked for Lee and the Commissioner to consider this. Mr. Sivertson followed with a comment that the Commissioner's remark earlier about the designation of community ICF and training center ICF is not accurate. Community ICFs do not have transportation, round the clock medical care and smaller ICFs cannot afford to have these services 24 hours. He also added that he thinks considerations are not being made for those who want to stay here and there are more than 75 people who want to stay. Mr. Sivertson asked for clarification of the Commissioner's previous statement about using 65 of the 75 beds for individuals at SEVTC. The Commissioner said we will use the facility the best we can, but the pilot of the selection process indicates that 65 beds are needed leaving some capacity for individuals in the community or individuals that leave SEVTC and may need to return temporarily. Mr. Sivertson commented that there is not a clear and concise understanding of what the GA's intent was and the Department's interpretation if some beds are being reserved for the community. He requests that the Department work to minimize conflicting information.*

*Bethany Marcus, clinical psychologist at SEVTC asked if difference/similarities in community ICFs and training center could be provided to families. In her experience, some services are delivered differently for community ICFs. The Commissioner agreed that this will be provided.*

*Jean Beal commented that she doesn't understand why they haven't received survey information from the SIS. It was a very hard process and her daughter couldn't answer any of the questions. She also wants to know when the smaller centers will be built and how long will it take. Joe Cronin responded that schedules are not in place at this time because they will be built in different locations, but it is anticipated they will be coming on line sooner than the new training center. Mrs. Beale asked how we can downsize SEVTC with people on the waiting list in the community. The Commissioner responded that we are carrying out the intent of the General Assembly outlined in budget language in partnership with the Advisory Committee. Mrs. Beale thanked the staff for the care they give at SEVTC.*

#### **FUTURE MEETING SCHEDULE**

**11:55 AM**

- ✓ **September 24, 2009**
- ✓ **October 27, 2009**
- ✓ **November 19, 2009**

**Next Meeting: Thursday, September 24, 2009 ♦ 10:00 AM – 12:00 PM**