

ATTENDEES: *Tim Capaldo (Norfolk CSB), Jennifer Fidura (VNPP), Chuck Hall (Hampton-Newport News CSB), Sherwin Davis (SEVTC), Jamie Trosclair (The Arc of VA), Brian Whitesell (SEVTC), Zachary DeVore (VOPA), Teja Stokes (DMHMRSAS), Lee Price (DMHMRSAS), Bill Butler (DMAS), Jason Rachel (Olmstead Community Integration Implementation Team), Delegate John Cosgrove (General Assembly), Alice Johnson (SEVTC Family Member), Becky Woodruff (SEVTC Family Member), Bob Shrewsberry (SEVTC), Sandra Cobb (Self Advocate), Chip Dodd (Private Provider)*

WELCOME AND INTRODUCTIONS

Teja Stokes began the meeting with an explanation that Commissioner Reinhard was called to a meeting in Richmond and unable to attend the Advisory Committee meeting.

UPDATE ON SIS ASSESSMENTS

Lee Price distributed a report for the Human Services Research Institute (HSRI) on the application of the Supports Intensity Scale (SIS) in Virginia. The department was very involved in providing statistical information to HSRI. The report had two basic findings: Virginia's results for the SIS are substantially close to national norms and that statistically everyone at SEVTC can be served in a community-based setting with the proper supports. The report also shows that there is a high concentration of individuals at SEVTC with high levels of need.

Chuck Hall, Executive Director, Hampton-Newport News CSB asked for the purposes of this study does 'community' mean waiver homes. Mr. Price responded that the sample included 521 individuals receiving only waiver services and did not include anyone from an ICF/MR in the community. He also noted that in regard to national norms, when looking across different states it is difficult to make exact comparisons. For instance Oregon has no ICFs. This is more of a sample of the general population.

Mr. Gene Sivertson, parent of an individual at SEVTC, asked in reference to 'national' standards how many states were involved in that set of statistics. Mr. Price replied that only a few states were involved in this report versus a national standard (which he guessed would be 32 or more). Ms. Stokes reported that in establishing the standards, HRSI used all the states that use the SIS, but for the comparison in the report reviewed today HSRI only used 5 of the states involved in SIS. Mr. Sivertson clarified that his point that the standard is based on small number of states. Ms. Stokes further clarified there are a couple of comparisons in the report: 1) SEVTC population to 521 on waiver in the community across Virginia, not just in this region and 2) Virginia to 5 other states that use the SIS.

Mr. Sivertson stated it seemed accurate that the 521 are not representative of the national standard, and that with only 5 states using it, the SIS is still relatively young. As parents, he and his wife still have questions, and would like to have access to answers to a set of questions. Mr. Price responded that he would be delighted to answer any further questions, after the meeting when he's had more time to review the report.

Ms. Ann Marie Sivertson, parent of an individual at SEVTC, asked if all 75 at CVTC previously tested by SIS in a pilot program like the recently test 156 at SEVTC qualify for discharge to the community under a comprehensive waiver and asked for an explanation of a comprehensive waiver. Mr. Price responded that a comprehensive waiver refers to the number of different types of services available through that waiver. Upon Mrs. Sivertson's question of whether all individuals at SEVTC would meet waiver requirements for being in the community, Mr. Price replied that it was a good question because it is important to understand that the eligibility requirements for the comprehensive waiver are the same requirements as admission to one of Virginia's training centers. CMS created waiver as an alternative to placement in training centers.

Mr. Sivertson asked for clarification regarding waiver dollars for ICF facilities in the community – he indicated his understanding is that there is no waiver money for ICF services in the community. Committee members explained that waiver services are funded by Medicaid, and the waiver is meant to serve as an alternative to ICF. Therefore, an individual does not receive waiver services living in an ICF in the community.

Mr. Sivertson directed a question to Delegate John A. Cosgrove as to whether the General Assembly comprehended that the language would involve directing funds to be spent on waivers and group home placement, not ICFs. Delegate Cosgrove responded that as the decision was set by the House Appropriations committee, and he is not a member, that he could not answer the question at that time. Bill Butler from DMAS confirmed that the waiver is not utilized by ICF. Upon Mr. Sivertson's inquiry of where to find that information, Mr. Butler indicated that it is listed in any regulation related to the waivers and referenced a regulation citation. Mr. Sivertson requested that the information be included in the written answers to his questions.

Jennifer Fidura stated that 'community' covers a broader scope of options and services than just those funded by the waiver; there are a number of ways services are funded from Medicaid, community ICF-MR, community group home and so forth. A waiver is still Medicaid, just not ICF-MR – this group is talking about both. Mr. Sivertson asked if the money in the allocation was to allow for ICF-MR placement. Ms. Fidura indicated it was, because when you look at the capital funding program you see it includes both. Further, ICF-MR in the community - unlike waiver- does not have to have individually funded slots. It is self-sufficient, and the intent of the General Assembly is clear: the money is there to pay for services. Ms. Stokes confirmed that ICF-MR is part of the General Assembly allocation.

Mr. Price indicated that there are not plans for a new waiver. Rather, through the renewal process, if staff recognizes additional enhancements which would assist individuals remaining in the community, those can be added to the waiver. This matter is part of the MR system study recently conducted.

Mrs. Sivertson followed up with the question of whether all 75 individuals scored for community placement, and Mr. Price strongly clarified that everyone in the discussion needs to understand there is not a threshold score for community placement in the report. The report indicates that people are being served in the community with the same level of intense needs as in training centers. He also noted on page 2, regarding medical supports, that the individuals at CVTC have more intense medical needs than the population at SEVTC.

Mr. Hall reviewed that this was one assessment tool, from an organization with national validation, which has concluded that current residents at SEVTC can be served in the community as well as they currently are in the training center. He further stated that the purpose of the report was not to make policy decisions to change the plans to rebuild SEVTC, the number of group homes, or the number of ICF-MRs. Rather the General Assembly can respond regarding the number of waiver slots and provider reimbursement rates – but that discussion is for another time.

Mr. Sivertson raised the issue of cost. Mr. Hall responded that to discuss cost to argue over the current plan. He submits that the only issue is how to fairly assess the needs of the 75, and where congregate settings would be established. Mr. Sivertson responded that he would be sending a list of questions to Mr. Price and Ms. Stokes following the meeting.

Ms. Stokes thanked everyone for their patience as the group had some dialogue and asked if there were any further questions or comments from the committee members.

Ms. Alice Johnson, parent of an individual at SEVTC, expressed her concern about not hearing anything yet on how the 75 residents will be chosen, only that any could be put somewhere else, with the proper services. She pointed out that at SEVTC, families are guaranteed those services. However, with ICF-MRs, the same services are not mandated, but ‘can’ be provided – and that is a big difference. Her understanding of what the group needs to do is to decide who would go to each of these facilities. Ms. Johnson felt the group was still going around in circles and has been going on a long time. If this report does not tell us who will remain, who will not, then she would like to know who will provide that answer. Mr. Price responded that the report was never intended to provide that answer. SIS is an assessment tool, along with others, to help inform those decisions.

Ms. Johnson responded that the time and money spent to find out the information in the report was wasted – and the group did not learn anything new. Mr. Price begged to differ. Ms. Johnson stated that the group already knew everyone could be served in the community and know it’s provided, no ICF-MRs. She questioned how the department can justify even comparing individuals needing ICF-MRs with 521 that don’t. If someone is going to make a judgment call, she felt like cases should be compared. Ms. Johnson said all the families want is to find out who is going to make a decision on who stays and goes and discussion can’t go on further until that is resolved. She has the impression that the department has money to play with while a lot of people’s lives are on the line. She wants the group to go back and focus on where individuals will be going, because so far the group hasn’t gotten anything accomplished.

Becky Woodruff asked that her statement be included in full in the meeting minutes. Ms. Woodruff provided the following statement:

My name is Becky Woodruff and I am the legal guardian of a resident of SEVTC. I was invited to be a participant on the Advisory Committee regarding the closing of SEVTC. I readily agreed as I was of the opinion that the residents needed someone to speak for them in this circumstance. I realized that the committee members had no voting privileges but I naively didn’t expect for my opinions to be ignored/dismissed as I now feel they have been. It is obvious to me now that the majority of the committee is composed of members of those groups who are determined to force our residents out into the so-called “traditional” communities with no true regard for

our loved ones as individuals with distinct needs that we, as their family members are more aware of than anyone in Richmond could ever be. There is no reason nor rational for us to ever want less than the VERY BEST for our loved one. Unless the committee members know our loved on personally, they have no real knowledge of what's truly "best" for each of them. My daughter, and I do love her as such even though I didn't give birth to her, is not an unknown mentally challenged and medically fragile entity to be lumped into a "group" or "category" with no personality or individuality. Personally, I feel that she and others are being regarded as such by the upper echelon in DMHMRSAS and those groups such as ARC and VOPA who are trying to do away with her home where there is staff who know her personally and are aware of her needs, wants, and likes as well as the best way to meet her individual needs. They love her too and it shows in the way that they care for her on a daily basis. There are other, more independently mobile residents who have the freedom to safely walk around their neighborhood/community (SEVTC). If they are forced to move to a more traditional neighborhood they will lose this particular freedom. What happened to the idea of LEAST RESTRICTIVE ENVIRONMENT? Is it to be applied only to the conditions of my daughter's bedroom and bed railings? Is it no longer valid in all areas of her life? When was this deemed not important and by whom? I am now and plan to continue to be involved with the Advisory Committee unless I am asked to withdraw from it. I do want to state, for the record, that even though I am a member of this committee I DO NOT agree with all of the recommendations set forth by it.

UPDATE ON CAPITAL INVESTMENT SUBCOMMITTEE

Ms. Stokes indicated that in collaboration with DGS and other stakeholders, the subcommittee met last week. Mr. Joe Cronin, Director, Architecture and Engineering, DMHMRSAS gave a summary and handouts.

Mr. Cronin reported that the DGS was tasked with being lead agency for development of the new 75-bed SEVTC, and the construction of the 12 ICF-MRs and 6 group homes in the community. Joseph Damico, Deputy Director of DGS and Chinh Vu, Project Manager, DGS, Bureau of Facilities Management were present at the subcommittee meeting for discussion and answering questions. Mr. Cronin presented on the roles and responsibilities of each agency. Mr. Cronin reviewed the PPEA time line which included public notice of the project on May 15 for proposals to be received no later than July 15 by DGS. Approximately two weeks following the July 17 deadline, there will be a review of submissions and the selection of a proposal to move forward with the design. PPEA allows agencies to sign a contract with a developer on the design, to build precisely what is needed. Only after agreement on what an agency will get, and what it will cost does an agency sign a contract. The contractor has the ability to move forward with certain aspects of the design while the contract is being finalized.

Mr. Cronin indicated the handout was a fairly accurate summary, with a lot of questions back and forth between subcommittee members and Mr. Vu, particularly clarifications on the PPEA process. Mr. Cronin reported that Mr. Vu indicated his greatest need on the community side is to determine where these facilities need to be located, because he needs to move forward quickly so construction can begin as soon as possible. It would have the earliest impact on individuals at SEVTC, and would take advantage of the currently attractive housing market.

Ms. Fidura asked if it was possible to have more than one developer, and Mr. Cronin reported it is, but his understanding is the DGS preference would be to have one. Ms. Fidura further queried that, particularly with group homes, that ‘construction’ could also be acquisition and renovation (this route could result in savings and stretching the funding further). Mr. Cronin confirmed the Appropriation Act language allowed for all three.

Chip Dodd reminded members that at one of the previous meetings he’d asked if the group could study (via a survey of CSBs and hospitals) what the current need is for crisis care, and inquired if any assessment had been done in that regard. He emphasized the need to understand all current needs, including medical needs because the community is having a hard time finding doctors willing and able to take these cases, much less travel offsite to a location. Another issue Mr. Dodd raised as a concern was whether –as proposals are reviewed- they could be modified after selection. Meaning, how detailed are the plans at the time the contract is signed.

Ms. Stokes responded to the latter part and reported that Mr. Vu did a fabulous job of explaining a very technical thing – the PPEA process. The proposal is a resume for that developer, their best thinking for the project needs and wants.

PUBLIC COMMENT PERIOD

Ms. Sandra Cobb stated that she is not interested in moving to the community.

Before continuing with the other speakers, Ms. Stokes recognized that individuals present in the audience may have more questions on SIS and would like an update on the PPEA process. She indicated that so far, communication was working well with submission of questions through SEVTC Family and Friends via Mrs. Sivertson. Questions submitted in this way would include answers in meeting summaries for the Advisory Committee.

Mrs. Evelyn Gilbert expressed her concern that all individual cases are not all black and white. Staff keep saying that all individuals can be served in the community, but she remembers Mr. Hall saying that there would need to be a special building for her son. As a parent, she reported it is very scary, because her son can’t talk (he can, but is autistic), and in the community there would be no one to ensure that the facility was run the way it should be. She appreciated Ms. Johnson’s comments, and agreed that she wanted to know who would be making the determination of who leave, and when those determinations would be made.

Ms. Stokes responded that the determinations have not yet been made, but that a small workgroup, chaired by Sherwin Davis of SEVTC, will develop a process to make the determination.

Ann Marie Sivertson asked Mr. Cronin, regarding an ‘unsolicited’ proposal, how a developer would know to submit a proposal. Mr. Cronin indicated knowledge of the need for a proposal can happen in a number of ways, but simply someone can see a need and submit a proposal. When a plan begins to go forward and is under discussion, there is a lot of information coming from a state agency that would be available to someone to see that there is a need and construction is going forward. Initially, the state looked at having all residents move to community housing, and then modified the proposal to include both this renovation as well as beds in the community. That was very typical of how PPEAs come

forward. In response to Ms. Sivertson's follow up question of who submitted the one unsolicited proposal, Mr. Cronin reported that the developer was W.M. Jordan. However, he reminded everyone that DGS is the lead agency for the PPEA. No one will see any other proposals until July 17, as it is similar to a bidding process and developers often wait until the last day to In response to Ms. Sivertson's next follow up question of whether developers must stay within budget, Mr. Cronin stated that yes, DGS will maintain the budget. In response to Ms. Sivertson's next follow up question of whether it is possible for someone to take money other than the capital outlay money to rebuild - a trade of some kind in the capital outlay- Mr. Cronin indicated he didn't quite understand the question, but he stated that for example, someone could build with so many dollars on this other land. He explained that the PPEA is a very flexible document that blends a melding of interests, and it would be up to DGS. However, DGS would use the appropriated funds for exactly the means as spelled out in the Appropriation Act. Alternate financing can be used, and is often part of a proposal – for example, property can be proffered as part of that. Basically, the PPEA is very flexible in what can be achieved within the document.

Gene Sivertson asked what would be in the proposal by W.M. Jordan, and if it included a trade of some of the SEVTC property to build whatever residents needed. Mr. Cronin indicated that there are two parts to the proposal: one open, one confidential. Financial aspects of the proposal are confidential as it would inform competitors. But, his understanding from DGS is its intent to reduce size of facility and to sell a portion of the property with funds going back into the Trust Fund. In response to Mr. Sivertson's follow up question of whether it was known when the proposal was submitted, and who selects which part of property, Mr. Cronin responded that it was common knowledge that upon closing SEVTC the land would be surplus, and reducing the overall size would provide excess property. Further, once parties are into the interim agreement, decisions about where buildings are sited and how to best use the property is discussed. In this instance, it hasn't been decided, though the department has looked at many, many site plans and those have all been made available to anyone. In response to Mr. Sivertson's next follow up question of whether the department would select a place that was the highest terrain or lowest and fill it, Mr. Cronin indicated he is an engineer, not an architect. However, as parties work through the design, the needs of individuals to be able to move around are first and foremost as a priority. (The original design put sidewalks at the lowest place on the property and they often are covered with water.) But, Mr. Cronin stated there isn't a great deal of terrain difference on the campus. Mr. Sivertson expressed his opinion that the terrain seems to be better up near the front and hoped Mr. Cronin would encourage the developer to use that section. Mr. Sivertson further stated that he understands no specifications were given by the department of what it thinks the rebuild should look like, but wondered how it could be determined how many millions would be needed to plan. Mr. Cronin stated that in fact a tremendous amount of work went into the planning phase and all of that work has been in the public domain so that anyone submitting a proposal could look at it. In summary, Mr. Cronin stated that DGS, and in particular Mr. Vu, would be in conversations with the department about special needs of individuals, modality, moving around, and maintaining the standard of construction for ICFs-MR on this campus a little more rigorous than in the community. Mr. Sivertson stated he felt much more comfortable that Mr. Cronin's opinion would be considered in the process, and hopes that staff remains open to including families in the process.

Mr. Tom Swanston, Executive Director of Chesapeake Services System stated it was interesting to be having this meeting the week of the 10th anniversary of the Olmstead

decision. He indicated as a private provider of supported employment his business had had a unique relationship with SEVTC which he hopes will continue. When discussing community living, such a large part is not just where individuals live, but also what they do. His company currently have has a number of SEVTC residents on the payroll. He reported that they would be absolutely devastated if they lost their jobs. He encouraged the building of employment opportunities.

Ms. Kelly Tucker indicated that she had just moved from Maryland and was involved with the closure of the Rosewood facility. She spoke to how Maryland group homes (assisted living units) could not be more than a certain number of miles between each because the desire was to really disperse residences in the community. She wondered if this committee was looking at things like that, or rather a neighborhood of all group homes. Ms. Fidura responded that in Virginia, specifications such as those are not in state Code as in New York and other states. She further stated that from the perspective of both CSBs and private sector providers attempts are made to be as integrated as possible; however, there is not necessarily a way to know where the other homes are because as long as the home has 8 beds or fewer, there is no zoning scrutiny. She reported that on rare occasions, providers have found themselves in the same neighborhood – though they truly try not to have that happen, and CSBs feel the same. Mr. Hall reported that the spirit is to create homes like everyone else, smaller is better – and the biggest challenge for SEVTC is to remain true to those principles within budget resources. He asked if the plan was to place them separately with the response being yes. There was additional discussion by committee members regarding zoning oversight.

Mr. Price stated that a few months ago, he had a phone conversation with his Maryland equivalent and was very impressed with what Maryland did. The facility was the size of SEVTC, and everyone went to a waiver home of 4 or less. Though the values are the same, MD and VA are not the same as far as ability to do what MD did. MD looked at where people had originally come from and scanned within a 10 mile radius for the availability of housing. Virginia's system involves CSBs coordinating the move for individuals into the community. Further, in regard to the size of waiver homes, most available dollars in VA are going to be through Money Follows the Person (4 or less). He stated that it seemed to make the most sense to have duplexes for provider ability to make that work.

Ms. Sivertson asked Ms. Tucker whether Maryland has a licensing body that tracks abuse and neglect in community homes and whether providers were all self-reporting. Ms. Tucker indicated that yes abuse and neglect are reported via a few different agencies – even when just suspected. And, cases are reported through the provider agency, but also through whoever heard it – case manager, etc. Ms. Sivertson commented that at the present time Virginia lacks enough licensing specialists and asked Mr. Price what the plans are to increase oversight inspections when all the additional community facilities are built to supplement SEVTC. Mr. Price indicated that the agency is aware of this need. Ms. Stokes indicated that staff could obtain information from Maryland and include this with the list of responses to questions submitted from SEVTC Friends and Family.

Mr. Hall stated that, while it was unfortunate to have suffered a loss, he applauded Dr. Shrewsberry and his staff on the handling of the H1N1 cases. He further stated his hope that staff could report to the commissioner that communication to CSBs was not handled well – there were CSB staff in all units at SEVTC where there were cases. In his opinion, when it comes to system of care, the department must keep CSBs better informed. Ms. Stokes

stated she would take that comment back to Dr. Reinhard, and thanked Mr. Hall for recognizing the great job of SEVTC in handling and containing crisis. She stated that everyone's sympathies were with Ms. Johnson and her family.

FUTURE MEETING SCHEDULE

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

Ms. Stokes directed everyone to the list of meetings on the agenda and indicated there would be no meetings in summer months, but if there were major happenings before the September meeting, staff would communicate to interested parties through the established network, as well as Dr. Shrewsberry and his staff. By September, more will be known about the PPEA.

Mrs. Beale commented that families don't think it is possible to provide better care than that given at SEVTC, and all families want their loved one to be part of the remaining 75. The families don't want anyone to fall through the cracks, concern is not just for their own loved one.

NOTE: No questions were submitted from SEVTC Friends and Family for inclusion in the Advisory Committee meeting summary. This group elected to submit questions directly to the Department to achieve a more timely response.

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