



COMMONWEALTH of VIRGINIA

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DBHDS Settlement Agreement Stakeholder Group

Wednesday September 30, 2015: **1:00 – 4:00 p.m.**

Henrico Community Services Board
10299 Woodman Rd, Glen Allen, VA 23060 in Conference Room C

MEETING MINUTES

Members Present: Connie Cochran (DBHDS), Peggy Balak (DBHDS), Heidi Lawyer (VBPD), Elizabeth Poe (VNPP), Norma Draper (Family of individual in the community), Catherine Harrison (DRS and CIAC), TC Bullock (SHRC), Katherine Olsen (Peer Mentor - Voices of VA), Ann Bevan (DMAS). Heather Dooley (DD Case Management), Dee Keenan (DBHDS), Jamie Liban (ARC), *Lara Lafin (Fairfax-Falls Church CSB)*; Dan H. Reichard III (Stand Up, Inc), Ingrid W. Barber (Allegheny Highlands CSB), Jennifer Faison (VACSB), John Tishman Sr. (family member of individual from TC), Bradford Hulcher (Autism Org: Autism Society of Central Va).

Members Absent:, Gerald O'Neill (Resources for Independent Living, Inc), Shannon Pociask (Hope House), Dave Wilber (vaACCSES), Margaret Graham (Loudon County CSB)

Call To Order Welcome and Introductions: *Connie Cochran, Assistant Commissioner, Developmental Services*
The Assistant Commissioner welcomed the stakeholder group as well as the audience for their attendance.

Update on the Settlement Agreement

Peggy Balak, Settlement Agreement Executive Advisor

Ms. Balak gave a brief update on Settlement Agreement activities emphasizing that one of the biggest challenges to coming into compliance with Settlement Agreement (SA) is building capacity to support the new I/DD system. The various project teams have been continuing to revise, implement and expand their plans to meet the increasing expectations. Three *requests for proposals* (RFPs) have been released to solicit providers that are able to support individuals with specialized needs. Additional updates were given about modifications to the framework for the New Individual and Family Support Program, Crisis services and Nursing Facility Diversion.

Discussion following the presentation included question related to the role of the new Community Integration Option (CIO) Specialists, requests to discuss some of the items mentioned in the Department of Justice's (DOJ) Motion for Court Ordered Schedule, inquiry about how Stakeholder Members can best share their opinions with DBHDS about how to reach compliance with the SA as well how to provide feedback about how DBHDS progressing.

Ms. Balak stated that the CIO Specialists will facilitate coordination between the CSBs and Housing Authorities to ensure needed services are provided to individuals living independently.

Some of the members expressed their opinion that there is not in-depth discussion about the provisions that are found to be non-compliant by the Independent Reviewer (IR) and that there is not adequate time for feedback. Several members shared their interest in hearing member feedback during the public comment period. Ms. Balak stated she is happy to re-organize the agenda to focus more in-depth about fewer topics as well as consider members' requests for specific topic presentation (Call for Agenda Items). However, the SA Advisor's presentation is not the forum to provide in-depth information that is better communicated by the topic leads. Members agreed that Ms. Balak's presentation is an effective way to give a global report about overall SA implementation and progress. Mr. Cochran suggested building in more time after Ms. Balak's presentation for responses related to what she has discussed. There was a request to have the meeting minutes emailed to the members directly.

A member asked for more information about DBHDS' strategic plan for moving people out of nursing facilities (NF), stating that at one point there was a work group which included members from the public, DBHDS and DMAS, but that was discontinued. A request was made to consider reinstating the work group to determine the best way to move individuals out of nursing facilities and ICFs as well as to study how to bring kids back to Virginia who are being supported out of state. Ms. Balak shared that DBHDS continues to work on a plan but that it is looking at the issue of kids in NFs separately from kids in ICFs, and DBHDS is open to the idea of formalizing a way to receive stakeholder feedback surrounding this issue.

This discussion was concluded by Acting Commissioner Barber's comment that the Commonwealth is moving forward in responsible way to reach compliance with the SA. He stated Virginia may not be moving as quickly as DOJ may want but there are many lives to look after and additional lives that are going to be taken care of so it is imperative the plan moves forward steadily but not so fast that it becomes reckless.

Budget Updates

Don Darr, Assistant Commissioner for Finance, Administration, and Technology

Mr. Darr provided a DOJ Funding and Expenditure Update stating, as expected, FY 2015 actual expenses were lower than budget. Carry forward funds have been requested for 1) Bridge and Transitional Funding; 2) Data Tracking Consultant; 3) Developmental Disability Health Support Networks; 4) Licensing System; 5) Transition Tracking system; 6) Retention bonuses at Northern Virginia Training Center (NVTC); 7) and Independent housing funds.

All budget requests can be found on the Department of Planning and Budget (DPB) website along with the amendments, the justification, and methodology. Mr. Darr presented a calendar of how the budget process will proceed. On December 17th the Governor will release his proposed budget. In late February, the Senate and House Money Committees will report out their budgets. The reconvened session will occur in mid-April if the session ends as scheduled, any funds that are requested and approved for current fiscal year will not be available until June.

A question was posed about items that were listed two times on the budget. Mr. Darr explained that some things are listed twice because if there are Medicaid dollars involved a request is also submitted by DMAS. Mr. Darr offered to provide a more detailed response, on an individual level, after the meeting.

A member asked if the mental health back fill plan is calculated into the savings. Mr. Darr stated, in the past DBHDS has relied on Medicaid dollars to help fund mental health facilities but as part of the SA the Commonwealth agreed to stop this practice. There are new General Fund (GF) dollars that fund the cost for the MH facilities. DBHDS put in additional GF money into the mental health budget to fund the deficit. None of the savings from training center closure is being diverted.

Training Center Updates

Debbie Smith (DBHDS), Director, TC Discharges and Community Integration

Ms. Smith, provided information about current census, where individuals have moved, acuity level of those who have moved compared to those who still remain in the TCs, types of day activities chosen by individuals who have moved from TCs, and the number of deaths of individuals who have moved from the TC compared to those who resided in the training center during the time between October 2011 and September 2015.

A member asked why would someone with a mild intellectual disability be living in a TC. Ms. Smith responded that the reason is typically either the parent's choice or the individual lacks Medicaid Funding. A member asked if the category "Family Home" is truly a family home and Ms. Smith responded in the affirmative.

Quality Service Reviews (QSR)– State Perspective

Dee Keenan, Assistant Commissioner, Quality Management and Development

Ms. Keenan gave an overview of what the SA requires to meet compliance in the area of Quality Service Reviews (QSR). She stated that it is not only a requirement of the SA but an important piece of the Commonwealth's system transformation process because it can provide validation of other quality management activities that are occurring. She then explained that the first QSR sample for the Person-Centered Reviews (PCRs) will be comprised of 400 individuals from across the state. The process will include both a record review and face-to-face interviews of individuals receiving services, families and professional staff. The Provider Quality Reviews (PQRs) are another component of the QSR review and will look at 50 providers of various types of services provided by CSBs and private providers.

Members asked how the QSR will interface with DBHDS Quality Management and the Office of Licensing (OLS). Ms. Keenan responded that there are five teams of interviewers across the state, each with a team lead. A mechanism is in place to contact the OLS or the Office of Human Rights (OHR) if immediate concerns arise during visits. In addition, Delmarva has set up a web portal and as interviews occur, a full report is posted with flagging if there is a concern. Central office staff will triage those concerns. In addition, reports will be shared with providers and CM organizations, but still figuring out the best method to do this.

DELMARVA

Anna Quintyne, Team Lead, Virginia Quality Service Reviews

Timothy L. Coons, M.A., M.S., C.R.C., Program Manager, Virginia Quality Service Reviews

Representatives from Delmarva explained the purpose of the QSR contract, the QSR processes, how the PCRs are conducted, the components of the PCR, and how the eight domains from the SA are defined in relation to the PCR in order to collect information. Delmarva then explained the PQR process, the tools used to collect information, what occurs during the onsite reviews and how the PQR is scored. The Partnership for People with Disabilities is completing the individual and family interviews.

Delmarva shared that during this process they learned that DD service plans are different and DD case managers are not required to complete all of the same paperwork as ID case managers. They also stated that some families think the individual/family interviews are redundant. It will be important for case managers to remind families that if they help their child answer the questions from the individual review that they answer as if they are the child (not wear the parent

hat). A member stated that she is concerned that the QSR interviews may result in families thinking that DD case managers are not doing something they should be doing. It was agreed that Delmarva and the case managers will need to reassure the families. Delmarva also stressed that the record reviews are interactive and they will communicate with providers if they are not finding all the information they need.

A member asked if Delmarva will look at just those individuals on the waiver or also at individuals on the waitlist, including those who have received funds through the Individual and Family Support Program (IFSP). Ms. Keenan replied that the current sample did not include those on waitlist because it is harder to get contact information for those individuals but that DBHDS and Delmarva will look at this population before next year and see how to include individuals on the waitlist next year.

Members asked if the provider observations are planned and noted that the QSR process seems similar to an accreditation process, which can be very time consuming. Delmarva responded that visits are planned ahead of time but not down to the day/time and that the length of time depends on the size of the agency and how many sites are visited. The process can last from 2-5 days.

Facilitated Discussion with Stakeholder Group

Peggy Balak, Settlement Agreement Executive Advisor

Ms. Balak facilitated a discussion about how best to get feedback from members of the stakeholder group as well as responded to additional questions from her presentation. She stated that an email will be sent out to members prior to the next SA Stakeholder Meeting with a “call for agenda items”. Members should respond with ideas they have for meeting topics to discuss in more detail as well as ideas about how to organize the agenda or structure the meeting to be more helpful to members and to DBHDS.

A member referred back to a slide of Ms. Balak’s presentation stating that while there are several areas of the state that are lacking services she hopes DBHDS is looking at all parts of the state to make sure there are providers for all services in all parts of the state. Further discussion included a comment that it makes the most sense to develop an overall strategy of getting kids out of institutions as an entirety not focusing on children in nursing homes versus children living in ICFs. Members stated this is the type of discussion they would like to have either during the stakeholder meeting or as part of another forum.

Ms. Rheinheimer and Ms. Norton from DBHDS briefly discussed what is being done so far to encourage provider development. The Provider Development Group has starting creating a list, by region, of providers who are providing specialized services and working with providers who already providing services to add additional services.

Public Comment – No Public Comment

Closing Remarks by Mr. Cochran

Adjournment – Adjourned at 4:00 pm.