

DBHDS

Virginia Department of
Behavioral Health and
Developmental Services

Virginia's Implementation of The Settlement Agreement with the U.S. Department of Justice

James W. Stewart

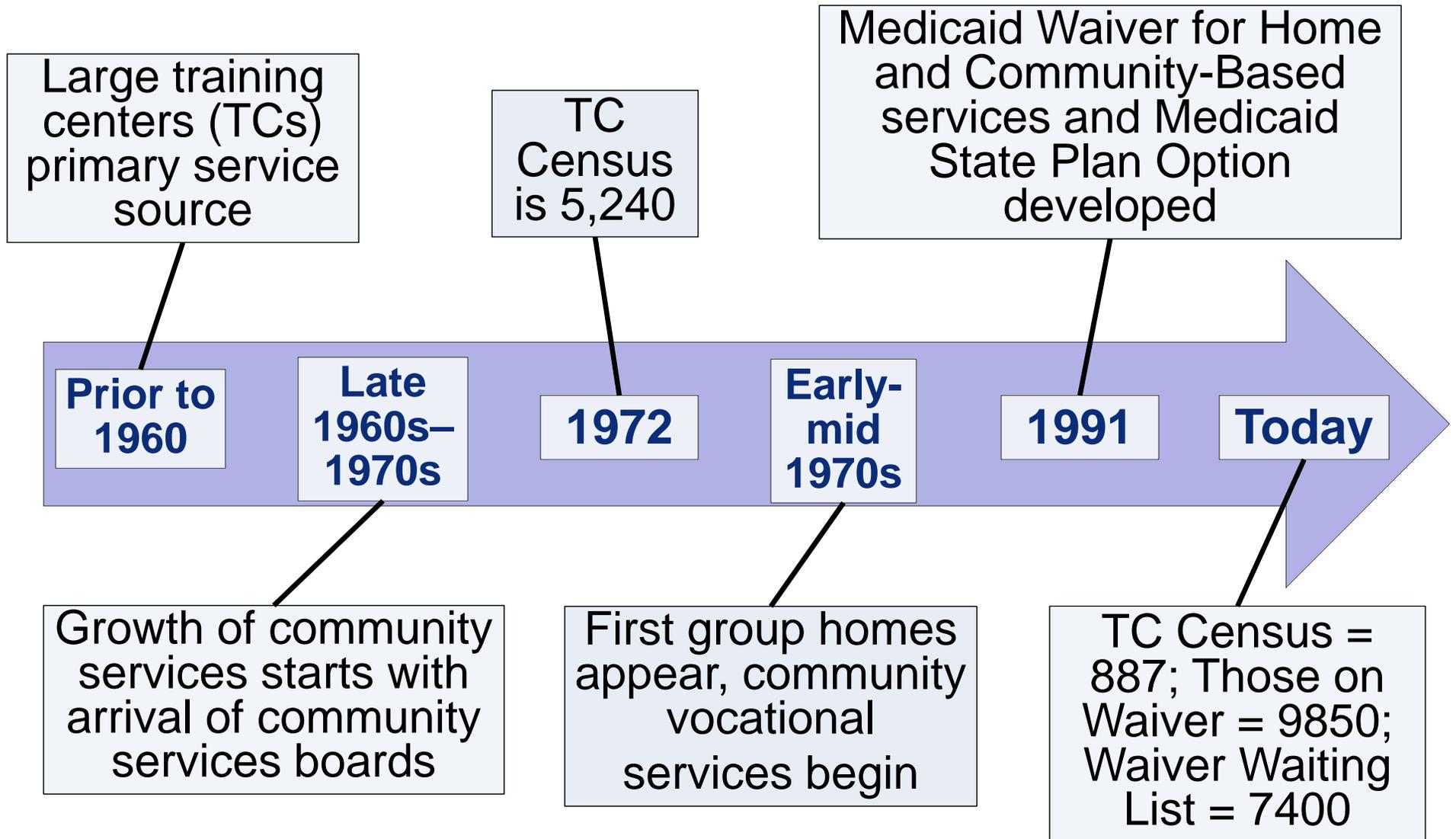
Commissioner

Virginia Department of Behavioral
Health and Developmental Services

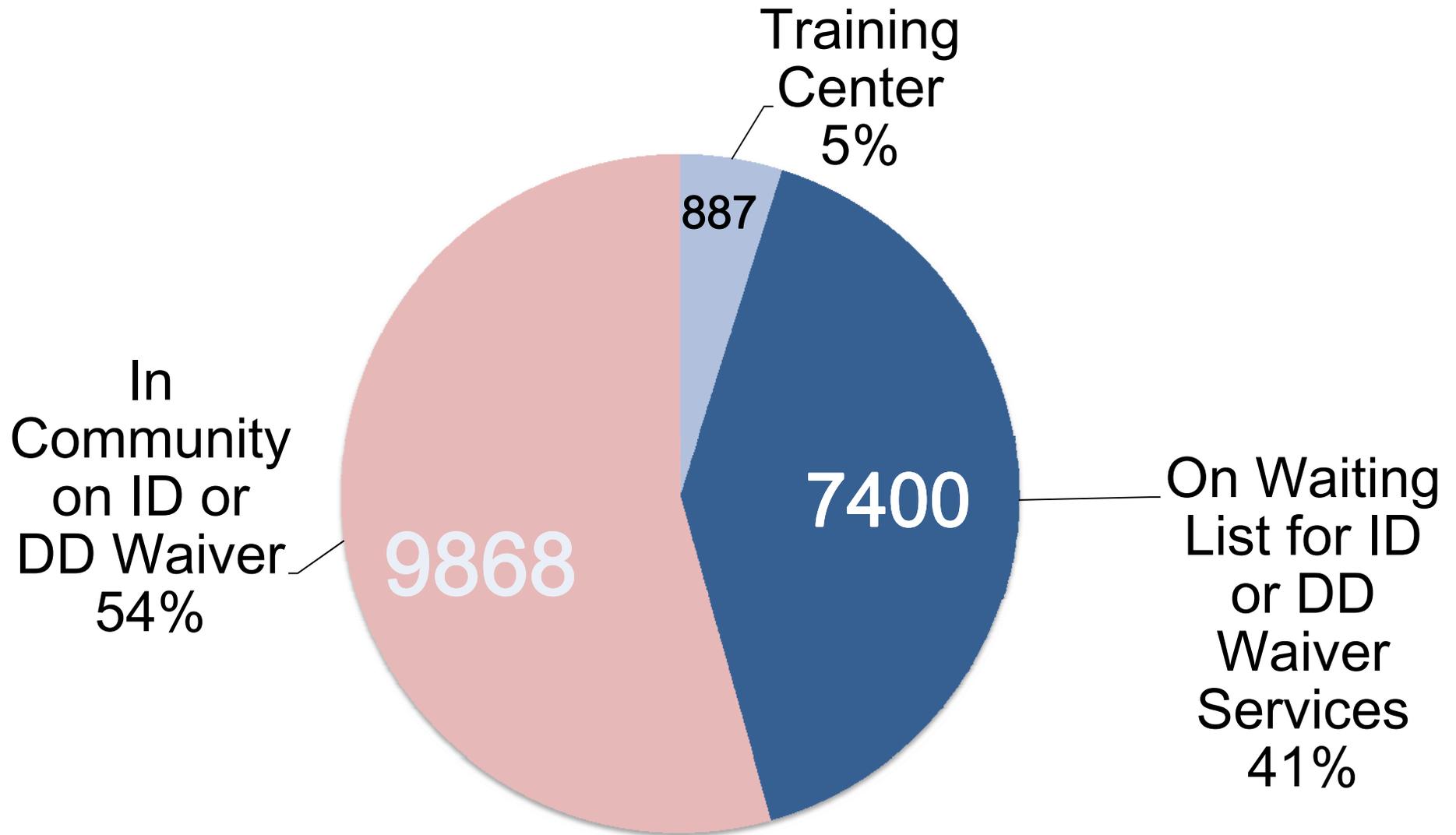
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Virginia's Movement Towards Community-Based Services



Individuals Served By Virginia's Developmental Disability System



U.S. Department of Justice (DOJ) Investigation

- **2008:** DOJ started investigating Central Virginia Training Center (CVTC) pursuant to the Civil Rights of Institutionalized Persons Act (CRIPA).
- **2010:** DOJ expanded to cover all five training centers and community-based services, Virginia's compliance with the Americans with Disabilities Act (ADA) and the U.S. Supreme Court *Olmstead* ruling.

February 2011 DOJ Findings

Finding 1

Virginia does not provide services in the most integrated and appropriate setting

Finding 2

Virginia is not developing a sufficient quantity of community services

Finding 3

Virginia has a flawed discharge process at training centers

Reaching a Settlement Agreement

- **March 2011:** Virginia began negotiations with DOJ to reach a settlement to avoid a costly and lengthy legal battle.

Virginia's primary goals: 1) To ensure the agreement results in the best possible outcomes for Virginians with ID and DD, and 2) To ensure the agreement is fiscally responsible.

- **January 26, 2012:** Virginia and DOJ reached a settlement agreement that was court-approved on August 23, 2012.

Target Population

Individuals with ID/DD who meet any of the following:

- Currently reside at any of the training centers;
- Meet the criteria for the Intellectual Disability (ID) waiver or Developmental Disability (DD) waiver wait lists; or,
- Currently reside in a nursing home or Intermediate Care Facility (ICF).

Four Main Areas of Settlement Agreement

Serving individuals with DD in the most integrated setting and building quality community-based alternatives for individuals, particularly individuals with complex needs

Quality and risk management system, including monitoring and evaluating services, and implementing quality improvement processes at an individual, provider, and state-wide level

Transitions from training centers

Supporting independent housing and employment options for individuals with DD

DOJ-Required Medicaid Waiver Slots

Virginia will create 4,170 waiver slots by June 30, 2021:

State Fiscal Year	Individuals in Training Centers to Transition to the Community	ID Waiver Slots for Individuals on Urgent Wait List	DD Waiver Slots for Individuals on Wait List
2012 ¹	60	275	150
2013	160	225*	25**
2014	160	225*	25**
2015	90	250*	25**
2016	85	275	25
2017	90	300	25
2018	90	325	25
2019	35	325	25
2020	35	355	50
2021	0	360	75
Total	805	2915	450

1. These FY2012 slots have already been funded and assigned to individuals.

*25 slots each year are prioritized for individuals less than 22 years who reside in nursing homes or large ICFs.

**15 slots each year are prioritized for individuals less than 22 years who reside in homes or large ICFs.

Implementation of Crisis Services for Adults

Statewide implementation of a crisis system for those with ID/DD - the Systemic Therapeutic Assessment Respite and Treatment (START) model.

Goal: Maintain individuals in their homes and avoid crises.

Accomplishments

- Operational in all 5 regions in July 2012
- 3 Regions (3, 4, and 5) already providing 24-hr. mobile crisis support
- Regions 1 and 2 using a private provider (licensed Oct. 2012) and 24-hr services will begin immediately
- 1st on-site location opened in Roanoke in Dec. 2012. Other regional locations to open soon.
- 282 individuals have been referred (12/1/12)

Employment First

Virginia must provide integrated day activities to the target population, including an Employment First policy.

Accomplishments

- Completed strategic plan to increase integrated day support opportunities and Employment First in November 2012
- Employment service coordinator hired
- Held two statewide trainings for community providers on Employment First

Case Management

- Face-to-face visit *at least* every 30 days for individuals in specific groups.
- Collect data regarding number, type, and frequency of case management visits as well as key indicators

Accomplishments

- Issuance of case management guidance—begins March 6
- Completed 6 core competency-based training modules
- So far, over 3,500 CSB staff and private providers completed all 6 modules

Community Living Options (Housing)

- Develop a plan to increase independent housing options for the target population by March 6, 2013
 - Includes a one-time fund of \$800,000 to provide rental assistance in accordance with the plan above

Accomplishments

- Hired housing coordinator in April 2012
- Formed an interagency housing workgroup
 - Working together on the housing plan and options for the \$800,000 fund
 - Preparing for 2013 HUD 811 NOFA for personal rental assistance

Expanded Licensing and Human Rights Oversight

- DBHDS will continue to conduct regular, unannounced licensing inspections of community providers.
- Within one year, DBHDS will begin more frequent licensure inspections of community providers who meet specific criteria.
- In the past 18 months, licensing staff has nearly doubled from 19 to 35 total positions to provide monitoring and oversight of community providers.

Data Collection and Analysis

- Virginia will collect data about individuals receiving services and analyze at least one outcome measure from each of eight identified focus areas.
- CSBs and private providers will be required to report a subset of measures to DBHDS.
- DBHDS is working on a real-time, Web-based incident reporting system and protocol.
- Regional Quality Councils being established to assess relevant data, identify trends, and recommend responsive actions for each region.

Individual & Family Support Program

- New program will provide up to \$3000 in funds for access to resources, services and other assistance that helps individuals remain in their community homes
- Will serve up to 1,000 individuals per year
- Individuals on the ID and DD waiver wait lists eligible to apply
- Program anticipated to begin in March 2013 with 700 slots
- To qualify, the individual must demonstrate the need for the requested services, supports, or other assistance
- In October 2012, DBHDS submitted proposed emergency regulations 2012 to implement the program for executive branch review

DOJ Requirement for Discharge Planning from Training Centers

- A consistent discharge process was developed for all training centers in 2011.
- Discharge plans are in place for all individuals residing at training centers and pre- and post-move monitoring process in place.

101	Individuals transitioned to the community in FY 2012
66	Individuals transitioned so far in FY 2013 (7/1/12 – 1/1/13)
217	Families currently actively discussing discharge

Moves to Community Homes July 1, 2012 – January 2, 2013

Training Center	Number of Moves
CVTC	14
NVTC	5
SEVTC	12
SVTC	29
SWVTC	6
TOTAL	66

Discharge Outcomes

Positive outcomes related to individuals' moves:

- Increased skill development
- more participation in community integration activities
- increased family involvement
- reduction in targeted behaviors
- more choices given to individuals

Positive outcomes related to individuals' homes:

- 95.8% of the 24 individuals with identified need had been provided all needed supports for adapted environment and equipment
- 96.9% of their homes were free of any safety issues
- 100% of their homes were clean and had adequate food and supplies
- 92.3% of their homes were located near community resources

From the first report of the Independent Reviewer (Dec. 6, 2012)

Training Center Closure Schedule

FY	Training Center
2014	Southside Virginia Training Center, Petersburg
2015	Northern Virginia Training Center, Fairfax
2016	
2017	
2018	Southwestern Virginia Training Center, Hillsville
2019	
2020	Central Virginia Training Center, Lynchburg

- Southeastern Virginia Training Center will remain open and continue to downsize to 75 beds.

Discharge Projections

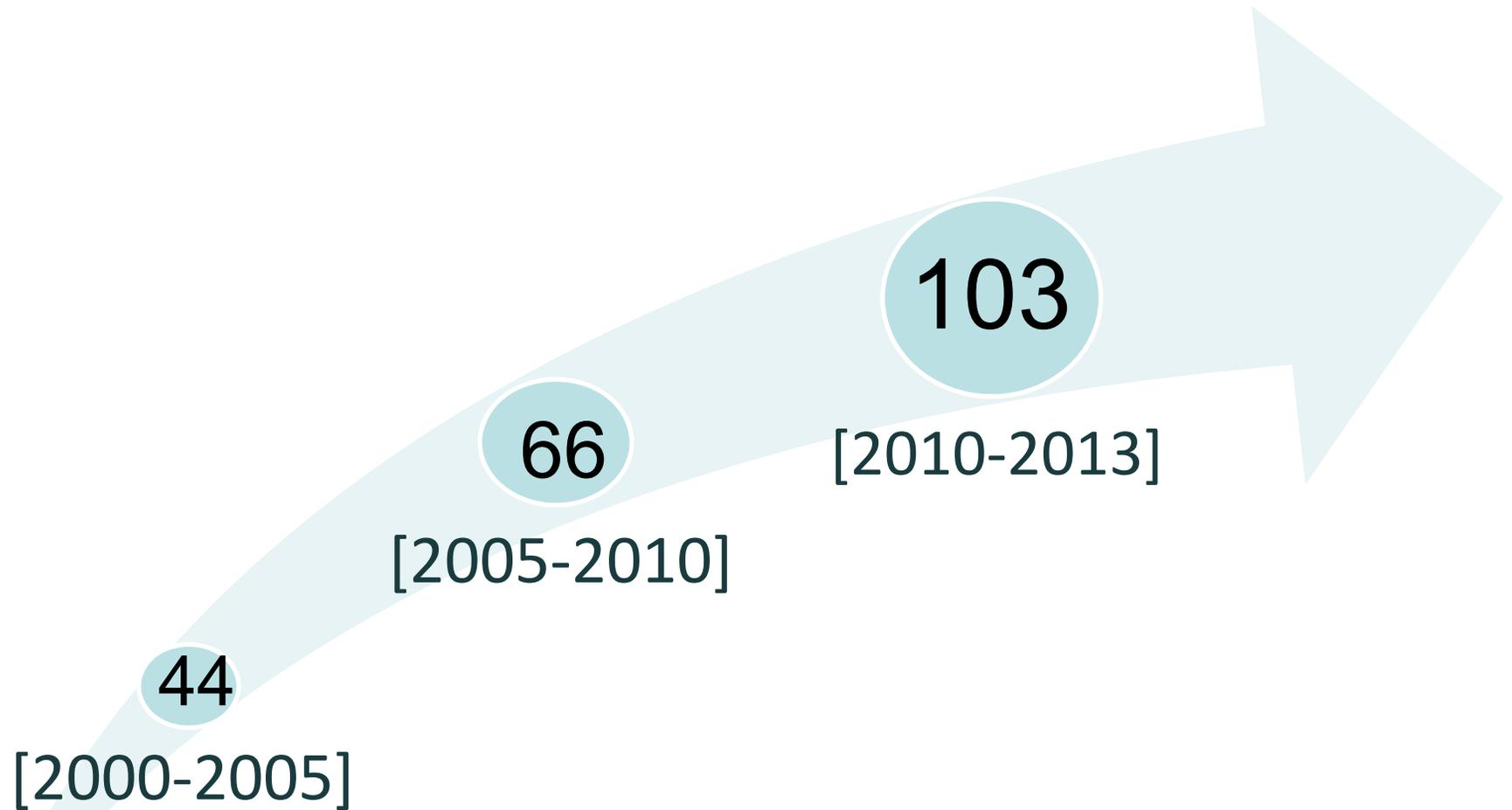
FY	SVTC Original	SVTC- Revised	NVTC Original	NVTC Revised	SWVTC Original	SWVTC Revised	CVTC Original	CVTC Revised
2012	40	40		0		0	20	20
2013	97	68	51	25		15	25	35
2014	97	127	51	64		20	25	25
2015			50	64		20	48	50
2016					58	40	48	56
2017					58	40	48	50
2018					58	38	48	50
2019							48	35
2020							47	26

Virginia's Five Training Centers

January 1, 2013

Name	2000 Census	2005 Census	2010 Census	Current Census	Percent Decrease
Southside (SVTC) Closure date: 2014	465	371	267	166	64%
Northern (NVTC) Closure date: 2015	189	182	170	147	22%
Southwestern (SWVTC) Closure date: 2018	218	214	192	167	23%
Central (CVTC) Closure date: 2020	679	564	426	315	54%
Southeastern (SEVTC) Remains open at 75 beds	194	192	143	92	53%
TOTAL	1,745	1,523	1,198	887	49%

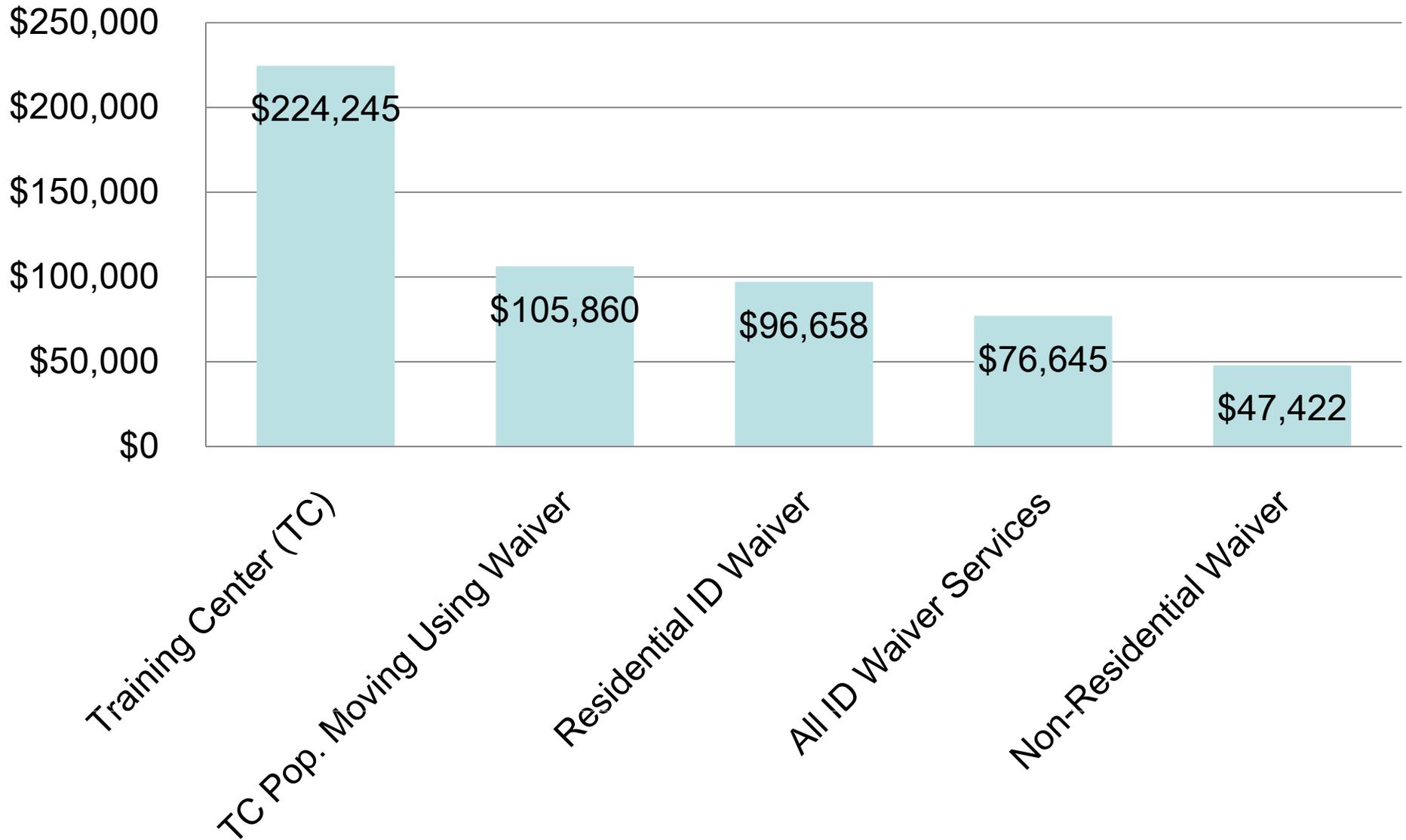
Statewide Average Annual Discharges



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FY12 Average Annual Costs Per Person



Improve Waivers to Resolve Current Challenges

Virginia must evaluate methods to move toward a more flexible array of services that support system values and resolves challenges with current waivers:

- Flexibility to address the most complex medical and behavioral needs
- Expand the array of residential supports to include smaller, more integrated environments
- Expand group and individual supported employment options
- Establish a sustainable program as the number of waiver recipients rises

Waiver Changes

- DBHDS and DMAS jointly planning for waiver changes over the next two years
 - Move to needs-based waivers (not ID/DD based)
 - Recommend needed rate changes to serve those with the most complex needs and align incentives
 - Explore Individual Resource Allocation
- RFP to retain national organization to assist with study — due this month or next month

Shifting the Array of Services

More Integration and Options for Independence



Training
Centers,
Nursing
Facilities,
Community
ICFs

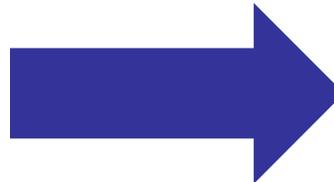
Group Homes

Sponsored
Residential

Family Home

Individual's
Own Home or
Apartment

Current Array of Services



Future Array of Services

Summary of Total Cost of the DOJ Settlement Agreement

Total 10-Year Cost	\$2.4 Billion
Total general fund cost of services	\$1.2 Billion
Total general fund savings and offsets	\$ 826.9 Million
Total estimated new general fund required	\$ 387.7 Million

General Assembly Action on the Settlement Agreement

GA Action to Implement 1st Two Years of Agreement

\$60M in the BHDS Trust Fund in FY12 and FY13 moved to the DBHDS operating budget. These funds will provide most (but not all) FY13/FY14 costs (approx. \$30M/year).

FY13/FY14 funding reflects both expenses to expand community programs and oversight and savings associated with reduced training center census.

Future Needs: Funding will be needed for FY14/FY15 and beyond to continue with implementation required by the settlement agreement.

Governor's Budget Amendments for Developmental Disability Services

Expand adult crisis services for individuals with intellectual and developmental disabilities

FY 2014 – \$3.8M

Provides additional funds for full implementation of adult crisis services required by the settlement agreement.

Create crisis services for intellectually and developmentally disabled children

FY 2014 – \$1.25M

Provides funds for mobile crisis, in-home and psychiatric services in accordance with the settlement agreement.

Carry forward funds associated with implementation of settlement agreement

- Adds language that carries forward from the first year to the second year any unspent funds associated with implementation of the DOJ settlement agreement.
- The funds for implementation of this agreement were appropriated in FY 2013 for both FY 2013 and FY 2014.

Governor's Budget Amendments for Developmental Disability Services

Provides exceptional rates for qualifying community placements (DMAS amendments)

Authorizes higher congregate care rates in the Medicaid ID waiver for individuals with high needs coming out of state facilities or at imminent risk of institutionalization.

- Increase narrowly targeted to those with most intensive behavioral and medical challenges who are moving to settings with no more than four individuals.
- In response to DOJ settlement requirement to support individuals in the most integrated community settings.
- Action contained in budget bill language only; estimated cost is \$3.68M annually.

Independent Reviewer

- Delivered 1st report Dec. 6, 2012; covers 3/6/12 – 10/6/12
- IR said he was, “pleased to report that the Commonwealth has demonstrated a good faith effort to comply” and that, “considerable progress has been made.”
- Made seven recommendations focusing primarily on improvements to the individual support planning process, staff training and amending the Medicaid waiver payment structure and rates.