



VACSB DS Council Update 1/20/16

Peggy Balak

Catherine Hancock

Heather Norton

Deanna Parker

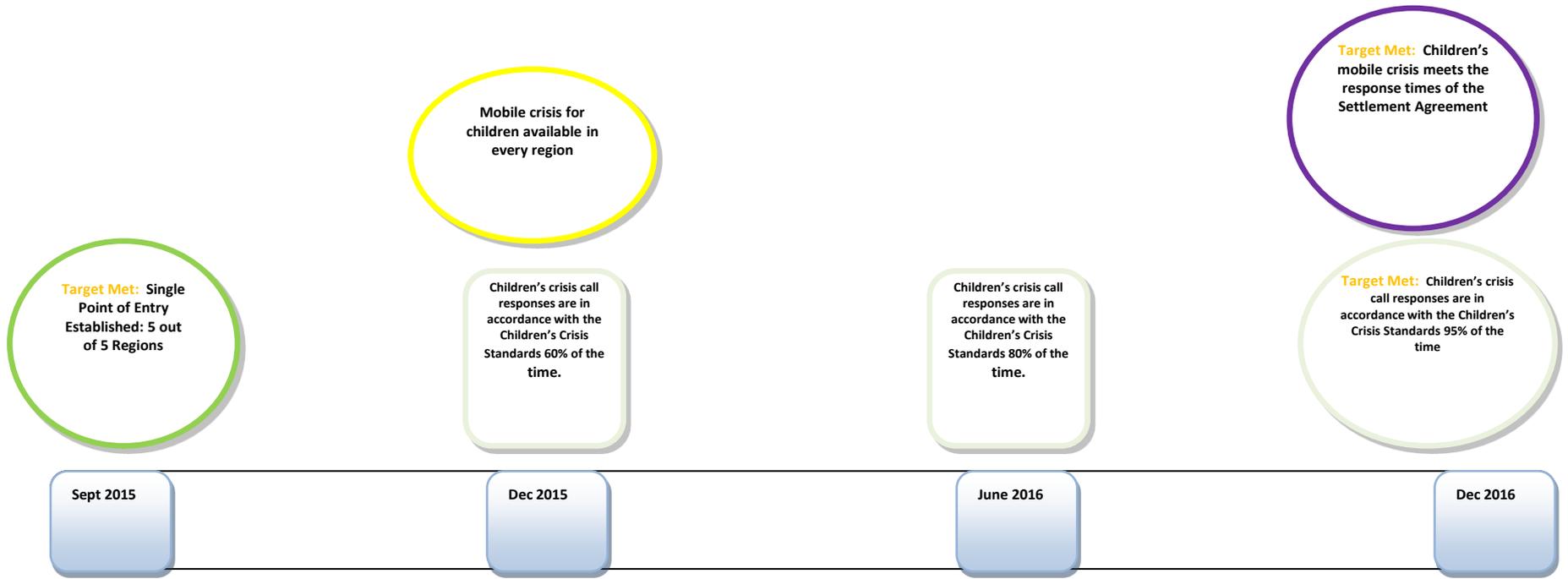
Independent Reviewer

- Areas for Growth
 - Crisis
 - Employment/Community Engagement
 - Quality
 - Nursing Home/ICF transitions
- 8th Review Period
 - Crisis
 - Employment/Community Engagement
 - Licensing and Case Management
 - IFSP
- Compliance

Department of Justice



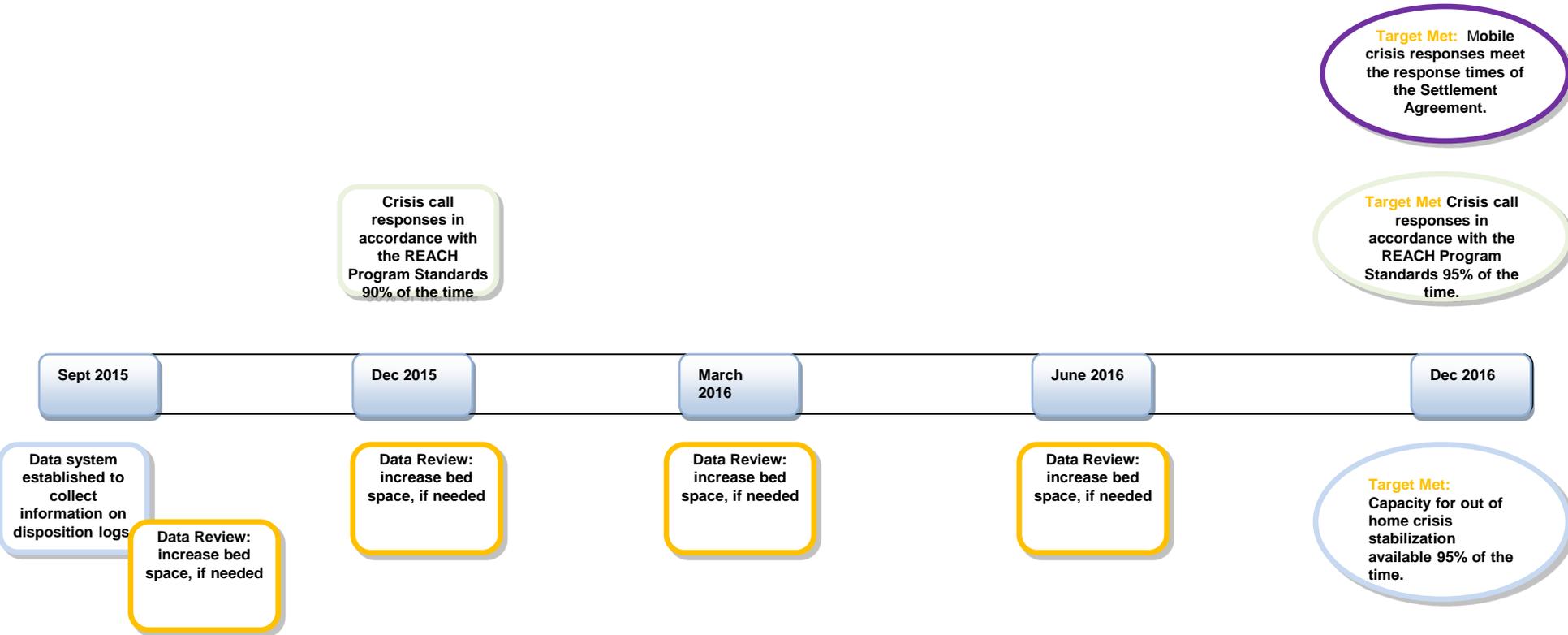
Children's Crisis Timeline



Performance Indicators

- A plan for accessing crisis stabilization beds for children will be developed that will address how to track the use of crisis beds, lengths of stay, and disposition following a stay.
- DBHDS will create respite capacity across the state for children and families to access as a means to prevent crises. Respite beds will be utilized as a preventative strategy to crises, as well as when appropriate during a crisis with mobile supports.
- DBHDS will meet with each of the children's crisis programs quarterly and review their adherence to the standards and performance contract as well as perform a clinical review of two cases with staff as part of the quarterly review. The clinical reviews will include an assessment of the clinical appropriateness of the crisis prevention plan, the disposition, and the appropriateness of the crisis response. DBHDS will document the review and any areas of strengths and needs for improvement.
- DBHDS will conduct annual quality reviews of the children's crisis programs. This review will include a review of data, individual cases including cases where an individual was admitted to a state psychiatric hospital, and adherence to the standards and performance contract. DBHDS will document the review and any areas of strength as well as needs for improvement.
- DBHDS will conduct a retrospective review all I/DD admissions of children to state psychiatric hospitals during FY15.
- DDS Crisis Services will design and implement improvement plans as a result of the reviews noted above. DBHDS will ensure that these improvement plans are implemented, and will revise the improvement plans as necessary to ensure that they are having the desired result.
- DDS Crisis Services will track both the number of individuals known to children's crisis who come in contact with Law Enforcement as well as the number of Law Enforcement Officers trained across the Commonwealth.

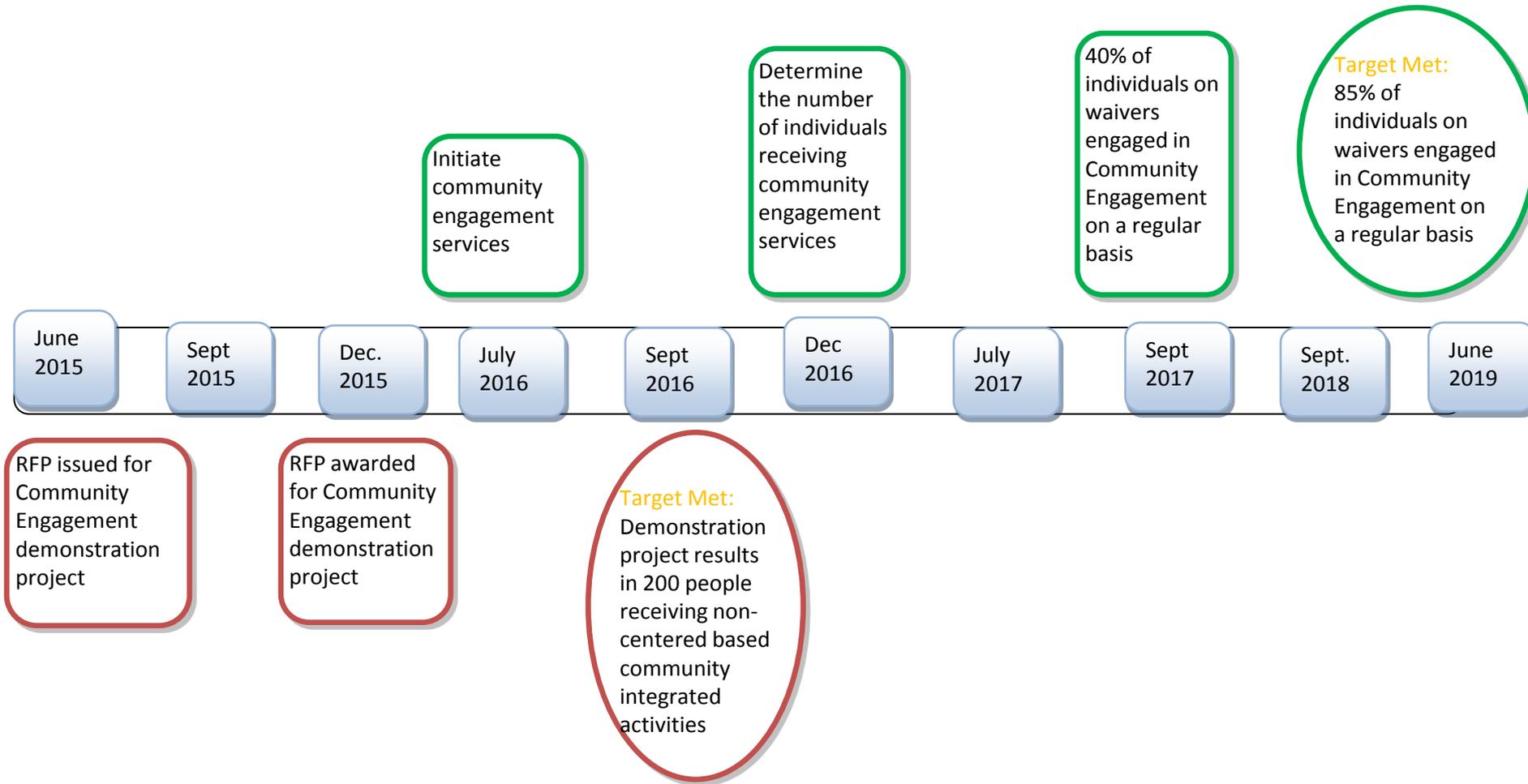
Adult Crisis Timeline



Performance Indicators

- DBHDS will meet with each of the REACH crisis programs quarterly and review their adherence to the standards and performance contract as well as perform a clinical review of two cases with staff as part of the quarterly review. The clinical reviews will include an assessment of the clinical appropriateness of the crisis prevention plan, the disposition, and the appropriateness of the crisis response. DBHDS will document the review and any areas of strengths and needs for improvement.
- DBHDS will conduct annual quality reviews of the adult REACH crisis programs. This review will include a review of data, individual cases including cases where an individual was admitted to a state psychiatric hospital, and adherence to standards and performance contract. DBHDS will document the review and any areas of strength as well as needs for improvement.
- DBHDS will conduct a retrospective review of all I/DD admissions to state psychiatric hospitals during FY15. This data will be compiled and recommendations for improvements will be made. DBHDS will establish additional outcomes and/or performance indicators needed to address the needs of this population based on the findings of the review and will take further action as needed to meet these outcomes. The retrospective review will include but not be limited to the collection and analysis of the following data elements: Admit date; Discharge Date; Reason for admission; Where admitted from; Barrier to Discharge; Diagnostic Criteria; REACH involvement.
- DDS Crisis Services will design and implement improvement plans as a result of the reviews noted above. DBHDS will ensure that these improvement plans are implemented, and will revise the improvement plans as necessary to ensure that they are having the desired result.
- DDS Crisis Services will track both the number of individuals known to REACH who come in contact with Law Enforcement as well as the number of Law Enforcement Officers trained across the Commonwealth.

Community Engagement



Performance Indicators

Training

- Through statewide training and dissemination of fact sheets, assist providers, families, individuals, and other stakeholders to understand that Community Engagement is based on the premise that the ultimate goal is meaningful inclusion in the community for all.
 - Training will be provided and accessible to leadership from provider agencies (both day and residential) on why community engagement is important, how to implement community engagement, and how to attain quality outcomes of community engagement. (6/30/16)
 - Mandatory training will be completed by all case management entities (CSBs, Private Case Management Providers) on what community engagement is, accessing services, having the conversation with the individuals they support, and developing appropriate community engagement goals or goals that address barriers to community engagement. (6/30/16)
 - Information will be provided and accessible to individuals with DD and their families on what to expect regarding the new services and where to request assistance for accessing services. (6/30/16)
- DBHDS will work with state and local education agencies on ensuring Community Engagement is discussed during special education transition planning meetings in the context of Employment 1st policies for transition age youth.
- Develop Fact Sheet for DOE (3/30/16)
 - Develop a “guide book” for conversion to be shared with providers who want to implement Community Engagement Activities. (12/30/16).
 - DBHDS will make technical assistance resources available for providers to access regarding conversion to a community engagement services model by June 30, 2017.

Provider Capacity

- Develop a statewide map of current day provider program sites and number of individuals served. (3/30/16)
- Identify the baseline number of organizations providing “community engagement” services by 12/31/16.
- Identify areas of the state that need additional community engagement providers by 3/30/17.
- Increase the number of providers offering Community Engagement services, especially in areas of the state that need additional community engagement providers. (6/30/17)

Quality Monitoring/Improvement

- Develop a monitoring tool to assess appropriate implementation of Community Engagement Activities including whether activities are consistent with individual support needs. (6/30/16)
- Train QMR, Medicaid, and licensing auditors on monitoring tool by 9/30/16.
- Implement monitoring tool by 1/1/2017.
- Use information gathered from initial audits to develop quality outcome measurements. (6/30/17)

Employment

Determine # of individuals who are employed and % of indiv. who have been employed for 12+ months

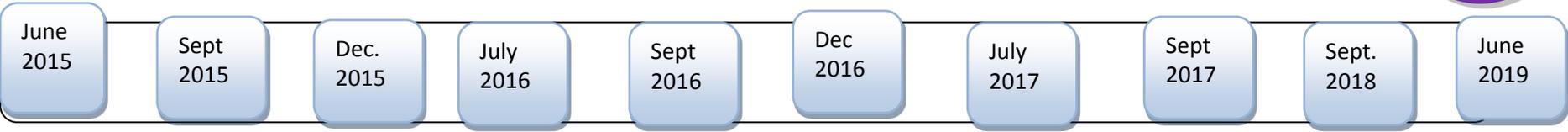
Determine % of adults on the waiver/waitlist working in supported employment

80% of individuals who are employed have been employed for 12+ months

22% of adults on the waiver/waitlist are working in supported employment

Target Met 85% of individuals who are employed have been employed for 12+ months

Target Met: 25% of adults on the waiver/waitlist are working in supported employment



Determine % of adults with ISPs who have employment or employment related goals

35% of adults with ISPs will have employment or employment related goals

50% of adults with ISPs will have employment or employment related goals

Waiver Updates

- **Waiting List**
 - **Waiting List Categories**
 - Priority One
 - Priority Two
 - Priority Three
 - **Re-Evaluating Waiting List Individuals**
 - Each individual to be reviewed. DBHDS has made some projections on how many individuals may end up in the levels for the GA/Governor
 - **Slot Assignment Process**
 - Assignment Committee Parameters
 - Assignment Committee Letter
 - Assignment Committee Application
 - Process if less than 40 slots

IDD Waiting Lists Change

Age Cohorts of Individuals on the Combined ID and DD Waiver Wait Lists (December 2015)						
< Age 5	Age 6 to 13	Age 14 to 17	Age 18 to 21	Age 22 to 27	Age 28 to 64	Age 65 Plus
646	3,018	1,539	1,431	1,691	1,947	107
51% or 5,203			14%	36% or 3,745		
Priority I – w/in One Year	Priority II – w/in Two Years	Priority III – Five Years Out	T: 10,288			
Includes youth in transition from schools	Includes individuals with services inadequate to meet needs	Includes individuals with services which may continue to meet needs (many individuals on EDCD Waiver)	Possible Regrouping After Individual Review			
Estimate of 36% or 3,700 +/-	Estimate of 24% or 2,500 +/-	Estimate of 40% or 4,100 +/-	Based on Various Factors			
Over Age 22: 36%	New Graduates: 14%	Youth Under Age 18: 51%	By Age Only*			
*Would need to allow for addressing urgent & emergencies regardless of age to adjust categories						

Strategies to Reduce Wait List with Redesign and Managed Wait List to Achieve Equilibrium:

- 1) Shifting Individuals from EDCD Waivers; 2) Changing Mix of Future Waiver Slots for the amended waivers; 3) Focusing on meeting Priority I first and then Priority II Needs.
- Different Strategies could result in conversion (by individual/family choice) of up to 1,000 Community Living (ID Waiver) waiver slots over four to five years to the Building Independence Waiver (current Day Supports Waiver) and Family & Individual Waiver (Current Developmental Disabilities Waiver), which are roughly half the cost on average.

Waiver Redesign Implementation Groups

Task	Work Plan Coordinator
Contracting <ul style="list-style-type: none"> • KePro subgroup 	Ann Bevan Sam Pinero for subgroup reporting
Service Authorization <ul style="list-style-type: none"> • WaMS implementation subgroup 	Sam Pinero Beverly Rollins for subgroup reporting
Waiver Operations <ul style="list-style-type: none"> • Transition Issues 	Dawn Traver (DBHDS owned tasks) Ali Faruk for subgroup reporting
Waiver Administrative Activities <ul style="list-style-type: none"> • Regulations subgroup • Provider manual subgroup 	DBHDS owned tasks: Dawn Traver/Deanna Parker DMAS owned tasks: Nichole Martin Dawn Traver (DBHDS) Nichole Martin (DMAS) Doesn't exist yet
Medicaid Payor Systems	Tracy Harris
Communication, Education, Training <ul style="list-style-type: none"> • My Life My Community Communication group • Communication Waiver reform subgroup 	Gail Rheinheimer Ann or Beverly for reporting Deanna

Waiver Redesign Training

Experts

- Support coordinator/case management supervisors
- staff trainers
- others who can act as liaisons with DBHDS staff

- Please provide the names of “experts” to CRC (no more than the number of SC/CM Supervisors per CSB)

2 Day Training

- Who: Experts
- When: March 9th and 10th from 10-5 and 9-4
- Where: Four Points Sheraton, Richmond, VA

Housing Update

DBHDS continues to work with VHDA and local voucher programs by making referrals for rental assistance resources for people with I/DD in the target population. Below is an update related to the team's efforts to connect people in the target population to independent housing.

Baseline Number of Individuals in Independent Housing in DOJ Target Population (ID Waiver 250; DD waiver 93) (as of July 2015)	343
<u>Rental Choice VA (18 rental assistance slots)</u>	
Total # of rental subsidies	8
Number of RCVA slots utilized	8
Number of Individuals in Target Population living in rental housing	8
<u>VHDA HCVP Set-aside (97 vouchers)</u>	
Total # of rental subsidies	97
Number of Referrals received by DBHDS (Most referrals received are from areas outside of VHDA program limits)	372
Number of Referrals made to VHDA (since November 21, 2014)	293
Number of Individuals looking for housing (Active Referrals)	33
Number of vouchers leased	56
Number of vouchers remaining to be utilized	8
Number of Individuals in Target Population living in rental housing	56
Number of Individuals in rental housing via Port Out	15
TOTAL - Number of People with I/DD living in their own housing (includes July 2015 baseline)	422

Referrals for Housing Rent Subsidies

Additional DOJ Target Population Referrals are needed in the following areas:

Health Planning Region	PHA	Localities Served by PHA	Public Housing or Housing Choice Voucher/# HCV	Potential need for additional referrals for DOJ Target Population
1	Harrisonburg	Harrisonburg City, Rockingham County	HCV Preference	Referrals available
2	Alexandria	Alexandria City	HCV Set-aside/8	4
3	Danville	Danville, Martinsville	HCV Set-aside/25	18
3	Roanoke	Bedford City, Bedford County, Covington City, Roanoke County, Roanoke City, Salem City	HCV Set-aside/10	10
3	People Inc.	Washington County, Cities of Abingdon and Bristol	HCV Preference	Referrals available
4	Petersburg	Petersburg City	Public Housing Preference & HCV Preference	2
4	Richmond	Richmond City and 25 mile radius around city (e.g., Chesterfield, Henrico, Hanover, etc.)	HCV Set-aside/20	17
5	Accomack-Northampton	Accomack County, Northampton County	HCV Preference	Referrals available
5	James City	James City County	HCV Preference	1
5	Franklin	Franklin City, Southampton County	Public Housing Preference	Referrals available
5	Hampton	Hampton City	HCV Set-aside/25	14
5	Newport News (Pending Approval)	Newport News City	HCV Set-aside/12	12
5	Virginia Beach	Virginia Beach City	HCV Set-aside/15	0
1, 2, 3, 4 5	VHDA	Balance of State Localities	HCV Set-aside/97	8
TOTAL			212	86

Early Intervention

- Growth Continues at 5% per year (*17,022 Infants & Toddlers SFY2015*)
- Focus on Fiscal Management-
 - FY16- \$959,057
 - FY17 - \$1.7 million
 - FY18 - \$2.5 million
 - Ongoing work to strengthen skills and relationships
 - Importance of reporting expected deficits
- Reviewing Additional Funds Requests
 - Priority is for services
 - Concern about removal of local funds from budgets at mid-year



Questions

*Any Additional Questions Regarding
Waiver Redesign Implementation:
Please Email or Contact Deanna
Parker @ DBHDS*