



Community Living Alternatives

Presentation to the Health and Human Services
Subcommittee of House Appropriations
January 19, 2009





Background

- ▶ Governor Kaine's Amendments to Budget Bill 2008 – 2010 (House Document 1) Item 315 CC
 - Directs the DMHMRSAS to "...close Southeastern Virginia Training Center (SEVTC) by June 30, 2009."
 - Directs the Commissioner to "...establish a state and community planning team for the purpose of developing a plan for the closure of the facility."

- ▶ One of five (5) regional training centers for adults with intellectual and developmental disabilities operated by the DMHMRSAS
- ▶ Serves Health Planning Region V (HPRV)
 - Chesapeake, Colonial, Eastern Shore, Hampton-Newport News, Mid Peninsula Northern Neck, Norfolk, Portsmouth, Virginia Beach, and Western Tidewater CSBs/BHAs
- ▶ There are currently 172 individuals from these communities residing at SEVTC who will be transitioned to community alternatives



What's Needed For Successful Transition

- ▶ Comprehensive plan development that includes **ALL** stakeholder participation
- ▶ Engagement and support of the families, consumers and SEVTC employees who will be affected by this closure
- ▶ A fully implemented **AND** resourced continuum of community based residential and support options



What's Needed For Successful Transition

- ▶ Increased Community Residential Capacity:
 - Small intensive group homes with high staff to consumer ratio
- ▶ Effective Systems of Support:
 - Regional Community Support Center to support individuals living in the group homes by providing services that are not readily available in the community for this population
 - Psychiatric, Specialized Medical and Dental services
 - Clinical services such as occupational and physical therapy, speech, recreation therapies, dietary
 - Crisis stabilization and Respite services
 - Staff training



Barriers to Successful Transition

- ▶ Lack of current community ICF capacity
- ▶ Limited existing waiver providers able to provide intensive medical and behavioral interventions needed
- ▶ Lack of adequate resources to develop the required community housing and supportive services
- ▶ Lack of local HPR V leadership and responsibility for the operational management of the transition planning and process
- ▶ Unrealistic time frame



Simply put...

Five months is ***NOT*** an adequate amount of time to plan and ensure a smooth closure of SEVTC with successful transition of the current residents into community based alternatives



Guiding Principles for Successful Transition

- ▶ HPR V Regional Partnership should be responsible for the operational management of the transition planning and process
- ▶ The Regional Partnership should include designees from
 - The nine (9) HPRV CSBs/BHAs
 - SEVTC
 - DMHMRSAS
- ▶ There must be meaningful participation of consumers and their families in all transition processes, to the extent practical



Guiding Principles for Successful Transition

- ▶ Appropriate housing and treatment alternatives must exist or be developed within local communities to effect a responsible transition to a level of care appropriate for each affected consumer resident
- ▶ A timely and meaningful workforce transition plan must be developed and implemented for affected employees
- ▶ All “savings” recouped from this facility closure ***must*** be reinvested in local community supports



Guiding Principles for Successful Transition

- ▶ Crisis Management and Diversion mechanisms and services must be fully developed and implemented which includes
 - Access to inpatient/acute care
 - Access to crisis stabilization care



Guiding Principles for Successful Transition

- ▶ Implementation of a full continuum of local community treatment and residential care options to include
 - Addition of new ICF-MR bed capacity
 - Addition of properly licensed group homes and sponsored placement bed alternatives
 - Addition of day support treatment capacity
 - Contractual arrangements with willing and able specialized providers of crisis management, inpatient care, medical and dental supports



Consumer Guiding Principles

- ▶ Consultants should be provided for individuals with specialized needs
 - Regional Community Support Center should be expanded to include treatment and consultation
 - Training must be provided to establish continuity of care
- ▶ A “safety net” protocol should be resourced
 - Consumer need **NOT** budget should guide placement



Consumer Guiding Principles

- ▶ Placements must be “Person Centered”
 - Collaboration with all appropriate stakeholders
 - ***Consumer Choice*** is honored whenever possible
 - CSBs are the central point for case management, supervision and oversight of care
- ▶ Health, safety and quality of services is the primary consideration for community placement
- ▶ Guardianship, if needed, should be established to ensure consumer advocacy



Impact on Hampton and Newport News

- ▶ H-NN has thirty nine (39) individuals who reside at SEVTC
 - Length of stay ranges from **2** years to **32** years
 - **9** can be transitioned to community living with MR Waiver supports
 - **30** will require transition to ICF MR based on intensive medical needs and/or co-occurring psychiatric disorders
 - Many will require care comparable to level of care at the training center



Existing Capacity and Current demand for H-NN CSB

- ▶ 11 MR Waiver Homes with 2 available beds
- ▶ One 6 bed ICF MR Home under construction, available July 1, 2009
- ▶ 92 individuals on our MR Waiver Urgent Care waiting list
- ▶ 144 individuals on our MR Waiver Non Urgent Care waiting list
- ▶ 10 – 15 young people with special needs graduating high school transitioning to adult services



A Place Like Yours





Impact on Virginia Beach CSB

- ▶ Virginia Beach has twenty six (26) individuals who reside at SEVTC
 - Length of stay ranges from **1** year to **34** years
 - **12** can be transitioned to community living with MR Waiver supports
 - **14** will require transition to ICF MR based on medical need
 - **17** individuals included above require care comparable to level of care at a training center



Existing Capacity and Current Demand for VB CSB

- ▶ 6 MR Waiver Homes with 27 filled beds
- ▶ 3 ICF MR Homes with 37 filled beds
- ▶ 99 individuals on our MR Waiver Urgent Care waiting list
- ▶ 217 individuals on our MR Waiver Non Urgent Care waiting list
- ▶ 40 young people with special needs graduating high school transitioning to adult services



A Place Like Yours





Recommendations

- ▶ Resolution from House Appropriations to amend recommendations to the Governor's Budget 2008 – 2010 that would
 - Delay the closure of SEVTC until June 30, 2010 *at the earliest*
 - Provide for the allocation of a portion of the capital amount of \$23.8 million to the affected CSBs/BHAs to acquire property and begin the construction of sufficient ICF-MR and congregate Waiver living facilities



Recommendations

- Direct the DMHMRSAS to assist the CSBs/BHAs in expediting the certification of appropriate ICF/MR facilities and/or develop an HPR V Waiver assuring slot availability for service to this population
- Direct the DMHMRSAS to acknowledge that the annual cost of housing and care for community placement of each resident at SEVTC is an estimate, and does not constitute a CAP on funding



Recommendations

- Include a provision that closure of SEVTC will occur ***ONLY*** if there are adequate and appropriate facilities, services and work force resources in place within HPR V to meet the needs of the affected consumers and their families



Thank You !!!